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Alcaftadine (Lastacaft) for Allergic Conjunctivitis

Alcaftadine (Lastacaft – Allergan), an ophthalmic H 1-antihistamine, has been approved by the FDA for prevention of itching associated with allergic conjunctivitis in patients > 2 years old.

Table 1. Ophthalmic H 1-Antihistamines for Allergic Conjunctivitis

<table>
<thead>
<tr>
<th>Drug</th>
<th>Usual Daily Dosage</th>
<th>Pregnancy Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcaftadine Lastacaft (Allergan)</td>
<td>1 drop 1x/d B</td>
<td>0.25% soln*</td>
<td>$105.60 (3 mL)</td>
</tr>
<tr>
<td>Azelastine generic</td>
<td>1 drop bid C</td>
<td>0.05% soln*</td>
<td>103.49 (6 mL)</td>
</tr>
<tr>
<td>Optivar (Meda)</td>
<td>1 drop bid C</td>
<td>0.05% soln*</td>
<td>132.29 (6 mL)</td>
</tr>
<tr>
<td>Bepotastine</td>
<td>1 drop bid C</td>
<td>(1.5% soln*)</td>
<td>105.00 (5 mL)</td>
</tr>
<tr>
<td>Bepreve (Isa)</td>
<td>1 drop bid C</td>
<td>(1.5% soln*)</td>
<td>105.00 (5 mL)</td>
</tr>
<tr>
<td>Emedastine difumarate Emadine (Alcon)</td>
<td>1 drop qid B</td>
<td>0.05% soln*</td>
<td>81.78 (5 mL)</td>
</tr>
<tr>
<td>Epinastine Elistat (Allergan)</td>
<td>1 drop bid C</td>
<td>0.05% soln*</td>
<td>119.27 (5 mL)</td>
</tr>
<tr>
<td>Ketotifen fumarate Zaditor (Novartis)</td>
<td>1 drop q8-12h C</td>
<td>0.025% soln*</td>
<td>11.99 (5 mL)</td>
</tr>
<tr>
<td>Zaditor (Novartis)</td>
<td>1 drop qid B</td>
<td>0.025% soln*</td>
<td>14.99 (5 mL)</td>
</tr>
<tr>
<td>Alaway (Bausch and Lomb)</td>
<td>1 drop 1x/d C</td>
<td>0.025% soln*</td>
<td>123.00 (2.5 mL)</td>
</tr>
<tr>
<td>Olopatadine Pataday (Alcon)</td>
<td>1-2 drops bid C</td>
<td>(0.2% soln*)</td>
<td>127.56 (5 mL)</td>
</tr>
<tr>
<td>Patanol (Alcon)</td>
<td>1-2 drops bid C</td>
<td>(0.1% soln*)</td>
<td>127.56 (5 mL)</td>
</tr>
</tbody>
</table>

2. Cost of one bottle (size in parenthesis), according to AWP listings in Price Alert (February 15, 2011).
3. Available over the counter.

Ophthalmic antihistamines (Table 1) are also effective and have a more rapid onset of action (within a few minutes) than the oral drugs. Ophthalmic mast-cell stabilizers cromolyn (Crolom, and others), lodoxamide (Alomide), nedocromil (Alocril) and pemirolast (Alamast) have a slower onset of action than H 1-antihistamines, and are generally used for treatment of mild to moderate symptoms.1 The ophthalmic nonsteroidal anti-inflammatory drug ketorolac (Acular, and others) can also be used, but in comparative studies it was less effective than olopatadine or emedastine in reducing ocular itching.2,3 Topical ophthalmic decongestants such as naphazoline (Vasocon, and others) reduce erythema, congestion, itching and eyelid edema, but are not drugs of choice because of their short duration of action and adverse effects, including burning, stinging, and rebound hyperemia (conjunctivitis medicamentosa). Intranasal corticosteroid sprays are also effective in reducing ocular symptoms.4 Ophthalmic corticosteroids are considered a last resort due to potential exacerbations of conjunctival and corneal viral infections and increased intraocular pressure.5

TREATMENT OF ALLERGIC CONJUNCTIVITIS —

Allergic conjunctivitis is the most common form of ocular allergy. The main symptom, itching, can be relieved by an oral H 1-antihistamine such as cetirizine (Zyrtec, and others; available over the counter) or fexofenadine (Allegra, and others; available over the counter). Ophthalmic antihistamines (Table 1) are also effective and have a more rapid onset of action (within a few minutes) than the oral drugs. Ophthalmic mast-cell stabilizers cromolyn (Crolom, and others), lodoxamide (Alomide), nedocromil (Alocril) and pemirolast (Alamast) have a slower onset of action than H 1-antihistamines, and are generally used for treatment of mild to moderate symptoms.1 The ophthalmic nonsteroidal anti-inflammatory drug ketorolac (Acular, and others) can also be used, but in comparative studies it was less effective than olopatadine or emedastine in reducing ocular itching.2,3 Topical ophthalmic decongestants such as naphazoline (Vasocon, and others) reduce erythema, congestion, itching and eyelid edema, but are not drugs of choice because of their short duration of action and adverse effects, including burning, stinging, and rebound hyperemia (conjunctivitis medicamentosa). Intranasal corticosteroid sprays are also effective in reducing ocular symptoms.4 Ophthalmic corticosteroids are considered a last resort due to potential exacerbations of conjunctival and corneal viral infections and increased intraocular pressure.5

CLINICAL STUDIES — A double-blind, placebo-controlled conjunctival allergen challenge study in 58 patients >10 years old with a history of allergic conjunctivitis found alcaftadine 0.25% ophthalmic solution more effective than its vehicle in preventing ocular itching after 15 minutes and also after 16 hours.6

In a similar study that included an active control (olopatadine 0.1%) in 170 patients >18 years old,
treatment with alcaftadine 0.25% (an earlier formulation of the commercial drug) was significantly more effective than placebo, and at least as effective as olopatadine 0.1%, in preventing ocular itching at 15 minutes and at 16 hours after administration. 

ADVERSE EFFECTS — The most common ocular adverse effects of alcaftadine, which occurred in <4% of patients, were irritation, itching, erythema, and burning or stinging. Patients who find that application of any topical ophthalmic preparation leads to stinging or burning should try refrigerating the drug before use.

CONCLUSION — Alcaftadine 0.25% ophthalmic solution (Lastacaft) appears to be effective for prevention of ocular itching associated with allergic conjunctivitis. How it compares in effectiveness to other ocular antihistamines is not known, but it offers the advantage over most of once-daily administration. 

3. M Discepola et al. Comparison of the topical ocular antiallergic efficacy of emedastine 0.05% ophthalmic solution to ketorolac 0.5% ophthalmic solution in a clinical model of allergic conjunctivitis. Acta Ophthalmol Scand Suppl 1999; 228:43.
6. G Torkildsen and A Shedden. The safety and efficacy of alcaftadine, which occurred in <4%. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error, inaccuracy or omission. 

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