## Editorial

## **Off The Label - Not Uncommon**

In the field of medicine including ophthalmology since a long while there has been a practice to use an approved drug for an indication not approved by the regulating authorities i.e. off the label use.

This trend is becoming more wide spread in ophthalmic practice all over the world like the use of intravitreal:

- antibiotics (for prevention and cure of endophthalmitis)
- Steroids (triamcilone acctonide for situations like venous occlusions, uveitis, diabetic macular edema etc)
- Anti HIV drugs as injections or slow release inserts
- Various gases and temponading materials and chemo therapeutic adjuncts like 5FU with heparin during vitreo-retinal surgery.
- Lately the rampant use of Avastin (an anti V.E.G.F. branded as magic drug for varculopathic conditions like S.M.D, diabetic retinopathy, rubiosis iridis and similar other conditions.

We have also been using many off the label other drugs routinely for example mitomycin and 5FU in glaucoma filtering surgery, during pterygium operations and refractive surgery procedures like P.R.K. etc.

When approved therapy fails or is not affordable, the use of off the label drugs as salvage therapy makes it a standard of care, gradually adopted as primary therapy and after a while is even thought off as legal and necessary part of medical practice. All said and done still it does not absolve us of liabilities and we should be reasonably certain in good faith about its efficacy and benefits with no serious risks to our patients.

Let us reemphasize that the sole purpose of the use of the off the label drugs is to benefit our patients suggested by its reported wide spread use by reasonable number of pioneers and colleagues, having been also recommended during conferences, presentations, writings and clinical trials.

We should pay special attention to proven indications, recommended concentrations and dosage, route of administration with due precautions, all the time remaining vigilant about any adverse effects.

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