

A REVIEW ON NANOEMULSIONS FOR OPHTHALMIC DRUG DELIVERY: ADVANCES AND FUTURE PERSPECTIVES

Sagnik Sarkar, Ishita Ranjan, Shahma Shirin, Kundan Kumar, Dr.H.Gayathri*

***Department of Pharmaceutics, SRM College of Pharmacy SRM Institute of Science and Technology**

<https://doi.org/10.63001/tbs.2026.v21.i01.pp1250-1266>

KEYWORDS

*Nanoemulsions,
Ophthalmic
Drug Delivery,
Droplet Size,
Thermodynamic
Stability,
Surfactants,
Co-surfactants,
Droplet Coalescence,
Phase Separation,
Bioavailability
Ocular Irritation*

Received on: 18-12-2025

Accepted on: 08-02-2026

Published on:

16-02-2026

ABSTRACT

Nanoemulsions have emerged as a promising platform for ophthalmic drug delivery due to their ability to enhance drug solubility, stability, and bioavailability while ensuring patient compliance. This review provides a comprehensive overview of the formulation, advantages, challenges, and applications of nanoemulsions in ophthalmology. Recent advancements in nanoemulsion technology and their potential to overcome ocular barriers are highlighted, along with future directions in the field.

1. Introduction

Ocular drug delivery presents significant challenges due to the unique anatomy and physiology of the eye, including barriers such as the cornea, conjunctiva, and rapid tear turnover. Nanoemulsions, submicron-sized oil-in-water or water-in-oil emulsions, offer a viable solution to these challenges. Their ability to encapsulate both hydrophilic and lipophilic drugs, combined with high stability and

biocompatibility, has garnered increasing attention for ophthalmic applications¹.

The ocular delivery of drugs remains a significant challenge in modern pharmaceutics due to the complex anatomy and physiology of the eye, which often limits the therapeutic efficacy of conventional dosage forms. The eye's unique characteristics, including the protective barrier formed by the corneal epithelium and the rapid clearance

mechanisms, hinder the effective penetration and retention of drugs at the target site. This is particularly challenging for the treatment of various ocular diseases, such as glaucoma, cataracts, dry eye syndrome, and age-related macular degeneration, which require sustained release and targeted delivery of therapeutic agents to achieve optimal therapeutic outcomes².

In response to these challenges, nanoemulsions have emerged as a promising alternative for ocular drug delivery. Nanoemulsions are colloidal dispersions consisting of fine droplets of oil and water stabilized by surfactants, with droplet sizes typically ranging from 20 to 200 nm. Their small particle size, enhanced bioavailability, and ability to incorporate both hydrophilic and lipophilic drugs make them a versatile carrier system for ophthalmic formulations. These formulations offer several advantages over traditional dosage forms, such as improved drug solubility, sustained release, and prolonged ocular residence time, which are critical for enhancing therapeutic efficacy and reducing the frequency of administration³.

Recent advancements in the development of nanoemulsions have focused on optimizing their stability, release kinetics,

and ocular bioavailability. Innovations in surfactant selection, oil phase composition, and preparation techniques have significantly improved the formulation of nanoemulsions for ocular applications. Furthermore, the ability to functionalize these nanoemulsions with targeting moieties, such as ligands or antibodies, opens new avenues for targeted therapy, especially for conditions like retinal diseases, where precise drug delivery is essential⁴.

This review aims to provide an overview of the recent advances in the development of nanoemulsions for ophthalmic drug delivery, highlighting their formulation strategies, challenges, and future perspectives. By exploring the current state of the art in nanoemulsion-based ocular drug delivery systems, this review will shed light on the potential of these innovative formulations to revolutionize the treatment of ocular diseases and improve patient outcomes. Moreover, it will discuss the emerging trends in the field, such as the integration of nanoemulsions with other drug delivery platforms and the use of nanomaterials for enhanced drug targeting and controlled release⁵.

2. Key Features of Nanoemulsions

2.1. Nanoemulsions for ophthalmic drug delivery are carefully engineered systems

composed of several key components, each playing a vital role in ensuring the formulation's stability, efficacy, and biocompatibility within the ocular environment. The structure of these systems typically involves an oil phase, an aqueous phase, and a combination of surfactants and co-surfactants that together create a stable dispersion of tiny droplets, usually ranging from 20 to 200 nm in size. The careful selection and optimization of these components are crucial for achieving the desired therapeutic effect in ocular drug delivery⁶.

1. Oil Phase

The oil phase in a nanoemulsion plays a critical role in enhancing the solubility of lipophilic (fat-soluble) drugs, which are often poorly soluble in water. The choice of oil phase directly affects the stability and bioavailability of the formulation, as well as the release profile of the drug. The oil phase serves as the matrix in which the drug is dissolved, and the selection of oil can influence the drug's permeation through the corneal layers.

Common oils used in ocular nanoemulsions include:

- **Castor oil:** Castor oil is often used due to its ability to dissolve a variety of lipophilic drugs and its known safety profile in ophthalmic formulations. It also exhibits mild

lubricating properties, making it particularly beneficial for the treatment of dry eye conditions.

- **Isopropyl myristate:** Another widely used oil in ophthalmic formulations, isopropyl myristate is known for its ability to enhance the permeability of the corneal barrier. This oil is often selected when improving the ocular bioavailability of drugs is a priority, as it can facilitate the penetration of the drug across the corneal membrane.
- **MCT (Medium-Chain Triglycerides):** MCT oil has also been utilized in ocular formulations due to its suitable polarity, non-toxic nature, and ability to improve the solubility of hydrophobic drugs.

The oil phase not only acts as a carrier for lipophilic drugs but also influences the overall viscosity of the formulation, which can affect the residence time on the ocular surface and contribute to prolonged drug release.

2. Aqueous Phase

The aqueous phase in a nanoemulsion is typically water or a water-based solution that maintains compatibility with the ocular environment. It ensures the formulation is isotonic, non-irritating, and safe for use in

the delicate tissues of the eye. The role of the aqueous phase extends beyond mere solvent properties; it helps control the droplet size and ensures the stability of the entire system⁷.

The aqueous phase is often formulated with ingredients that mimic the natural tears, ensuring that the eye does not experience adverse reactions such as irritation, dryness, or discomfort. For example, buffering agents, electrolytes, and preservatives may be included to maintain the pH and osmolarity at levels that align with the physiological conditions of the eye. The selection of the aqueous phase is particularly important because any incompatibility between the formulation and the ocular environment can lead to inflammation or other adverse effects.

3. Surfactants and Co-surfactants

Surfactants and co-surfactants are essential for the formation and stabilization of nanoemulsions, as they reduce the surface tension between the oil and aqueous phases, enabling the formation of tiny droplets. These components are critical in controlling the droplet size, ensuring stability over time, and preventing phase separation. They also enhance the solubilization of poorly water-soluble drugs in the oil phase and improve the formulation's ability to

spread over the ocular surface, thereby increasing the drug's bioavailability⁸.

- **Surfactants:** The primary function of surfactants in ocular nanoemulsions is to stabilize the oil-in-water dispersion and reduce the interfacial tension between the two phases. Commonly used surfactants in ocular formulations include Polysorbates (e.g., Polysorbate 80), which are often employed for their mildness and ability to form stable nanoemulsions. Polysorbates can also enhance the solubilization of the drug, thereby improving its ocular bioavailability. Cetyl alcohol, oleic acid, and polyethylene glycol (PEG)-based surfactants are also commonly used, depending on the desired characteristics of the formulation.
- **Co-surfactants:** Co-surfactants are added to further stabilize the nanoemulsion, typically by reducing the size of the droplets and increasing the stability of the dispersion. Common co-surfactants include ethanol and propylene glycol, which act by modifying the surfactant interfacial properties and further enhancing the solubility of the lipophilic drug. Ethanol, for

instance, reduces the viscosity of the nanoemulsion, which helps the formulation spread more easily across the corneal surface. It also assists in drug penetration by disrupting the lipid bilayer of the corneal epithelium, thus facilitating the transport of the active pharmaceutical ingredient (API) into the deeper layers of the eye.

2.2. Preparation Techniques

The preparation of nanoemulsions for ophthalmic drug delivery requires precise control over the formulation process to ensure that the resulting system is stable, efficient, and compatible with the delicate ocular environment. There are two primary categories of methods for preparing nanoemulsions: high-energy methods and low-energy methods. Both techniques have their advantages and challenges, and their selection depends on the desired properties of the final product, such as droplet size, stability, and drug release characteristics⁹.

1. High-Energy Methods

High-energy methods involve the application of external energy to break down the larger oil droplets into smaller sizes, thereby producing nanoemulsions. These methods typically result in smaller droplet sizes and require specific equipment to achieve the desired dispersion. High-

energy techniques are particularly useful when the formulation needs to achieve a specific droplet size distribution or when the active ingredient is not easily soluble in the oil phase.

- **Ultrasonication:** Ultrasonication is one of the most widely used high-energy methods for producing nanoemulsions. This technique utilizes high-frequency sound waves (typically in the range of 20 kHz to 100 kHz) to generate intense shear forces through cavitation, which results in the formation of tiny droplets in the emulsion. Ultrasonication offers several advantages, including ease of use, relatively low cost, and the ability to produce nanoemulsions with small and uniform droplet sizes¹⁰.

In ophthalmic drug delivery, ultrasonication can enhance the solubilization of lipophilic drugs and improve their bioavailability by reducing the droplet size to the nanoscale, ensuring better corneal penetration. The main limitation of this method is the heat generated during the process, which can lead to drug degradation or changes in the formulation's stability. To mitigate this, the system is often cooled during the process.

- **High-Pressure Homogenization:** High-pressure homogenization is

another high-energy method where the emulsion is forced through a narrow valve under high pressure, creating intense mechanical forces that break the oil droplets into smaller sizes. The process is repeated several times to achieve the desired droplet size. High-pressure homogenization can produce very fine emulsions with narrow droplet size distributions, which are crucial for ensuring optimal ocular drug delivery.

The main advantages of high-pressure homogenization include its ability to produce highly stable emulsions with droplet sizes typically in the range of 20-200 nm, as well as its scalability for large-scale production. However, this method can be costly and energy-intensive, and it may require the use of specific equipment that can handle the high pressures involved¹¹.

2. Low-Energy Methods

Low-energy methods rely on the intrinsic properties of the materials used to spontaneously form nanoemulsions under mild conditions, without the need for external energy input. These techniques offer significant advantages in terms of reducing the thermal and mechanical stress on the system, which is particularly important when formulating sensitive drugs

or when preserving the integrity of the formulation.

- **Spontaneous Emulsification:** Spontaneous emulsification is a low-energy process that occurs when the oil and aqueous phases, often containing surfactants and co-surfactants, are combined under specific conditions (e.g., temperature, pH, or solvent composition). This method takes advantage of the thermodynamic properties of the surfactant system to spontaneously form nanoemulsions without the need for external energy input.

The process is driven by the formation of a microemulsion intermediate, which then spontaneously forms a nanoemulsion as the system reaches equilibrium. The primary advantages of spontaneous emulsification are its simplicity, low cost, and minimal thermal and mechanical stress on the formulation. However, the droplet size and distribution can be more difficult to control, and the method may not be suitable for all drug types, especially if the oil and aqueous phases do not mix well.

- **Phase Inversion Temperature (PIT) Method:** The PIT method is a low-energy technique in which nanoemulsions are formed by

varying the temperature to induce phase inversion. In this process, a microemulsion is initially prepared by mixing the oil, water, surfactant, and co-surfactant phases at a specific temperature. The temperature is then gradually changed, leading to phase inversion where the composition of the emulsion changes, resulting in the formation of a nanoemulsion¹².

During phase inversion, the system transitions between different phases, which

ultimately leads to the formation of stable nanoemulsions with very fine droplet sizes. This method is particularly useful for the preparation of nanoemulsions with controlled droplet sizes and is relatively simple compared to high-energy methods. However, the PIT method may require careful monitoring of the temperature range and composition to ensure the desired properties of the final product. The method also requires precise control of the formulation's components to prevent instability.

Comparison of High-Energy and Low-Energy Methods

Characteristic	High-Energy Methods	Low-Energy Methods
Energy Requirement	High (requires specialized equipment)	Low (spontaneous or temperature-induced)
Droplet Size	Smaller, uniform droplet size (20-200 nm)	Larger droplet size, more difficult to control
Process Complexity	More complex and energy-intensive	Simpler, less equipment-intensive
Scalability	Scalable for large-scale production	Scalable but more challenging for large-scale
Drug Stability	Potential for drug degradation due to heat/pressure	More stable, minimal heat or mechanical stress
Cost	Higher due to specialized equipment and energy needs	Lower, more cost-effective

2.3. Physicochemical Properties

The physicochemical properties of nanoemulsions are critical to their effectiveness as a drug delivery system, particularly in the context of ophthalmic applications where the drug must be efficiently delivered to the target site while ensuring safety and stability within the sensitive ocular environment. Several key properties—such as droplet size, thermodynamic stability, and high surface area—play a crucial role in determining the performance of nanoemulsions in delivering therapeutic agents to the eye¹³.

1. Droplet Size (20–200 nm)

One of the most important physicochemical characteristics of nanoemulsions is their droplet size. Typically ranging from **20 nm to 200 nm**, the size of the droplets has a significant impact on both the stability of the formulation and its ability to deliver drugs effectively to the ocular tissues.

- **Smaller Droplets for Enhanced Penetration:** The small size of the droplets allows nanoemulsions to penetrate the corneal layers more easily than conventional emulsions. The corneal epithelium acts as a barrier that limits the permeation of larger particles, but the nanoscale droplets can navigate through these barriers more effectively, ensuring

better drug absorption and bioavailability.

- **Improved Retention Time:** Smaller droplet sizes also improve the retention time of the formulation on the ocular surface. The smaller droplets are less likely to be rapidly cleared by tear drainage mechanisms, allowing for prolonged contact with the eye and sustained drug release.
- **Uniformity and Stability:** A uniform droplet size distribution (narrow polydispersity index) ensures consistent drug delivery, as uneven droplet sizes could lead to unpredictable drug release rates. The control over droplet size also contributes to the overall stability of the formulation, reducing the likelihood of phase separation or sedimentation.

2. Thermodynamic Stability

Thermodynamic stability refers to the ability of the nanoemulsion to maintain its structure and properties over time under various environmental conditions, such as temperature fluctuations, storage, and during administration. The stability of the nanoemulsion is crucial for ensuring consistent drug delivery and avoiding

unwanted side effects due to phase separation or changes in the droplet size¹⁴.

- **Phase Stability:** Nanoemulsions are typically considered thermodynamically stable because they exist in a state of near-equilibrium, where the energy required to break the emulsion apart is minimal. The use of surfactants and co-surfactants, which reduce the interfacial tension between the oil and aqueous phases, plays a key role in stabilizing the system.
- **Long-Term Storage Stability:** For ophthalmic applications, it is essential that the nanoemulsion remains stable over the shelf life of the product. Stability studies are often conducted to assess the nanoemulsion's resistance to phase separation, changes in droplet size, or any physical degradation. Proper formulation, including the right choice of surfactants and co-surfactants, ensures that the nanoemulsion can withstand long-term storage without significant loss of performance¹⁵.
- **Resistance to Aggregation or Coalescence:** Nanoemulsions must resist aggregation (clumping of droplets) or coalescence (merging

of droplets), both of which can cause the formulation to lose its desired properties and lead to inefficiency in drug delivery. The selection of appropriate stabilizers (surfactants) ensures that the system remains stable during storage and after instillation into the eye¹⁶.

3. High Surface Area for Improved Drug Absorption

One of the key advantages of nanoemulsions is their **high surface area**, which directly contributes to their ability to enhance drug absorption. The small size of the droplets increases the interfacial area between the drug and the surrounding environment, improving the solubility and bioavailability of lipophilic drugs.

- **Increased Drug Solubility:** The large surface area allows for a higher concentration of drug molecules to be present at the oil-water interface, enhancing the solubilization of poorly soluble drugs. This is particularly beneficial for ocular drug delivery, where many therapeutic agents exhibit low solubility in aqueous solutions. The improved solubility ensures that a sufficient amount of drug reaches the target site for therapeutic action¹⁷.

- **Enhanced Permeability:** The higher surface area allows for more efficient interaction between the drug and the ocular tissues. As the nanoemulsion droplets are smaller and have a greater surface-to-volume ratio, they facilitate better interactions with the eye's epithelial cells, increasing the permeability of the corneal membrane. This results in a more effective drug delivery system, especially for hydrophobic drugs that struggle to permeate through the cornea in their traditional form.
- **Faster Onset of Action:** With the increased surface area, the drug is more readily available for absorption, leading to faster onset of action. This is particularly important in the treatment of acute ocular conditions, where a rapid therapeutic response is needed¹⁸.

3. Advantages of Ophthalmic Nanoemulsions

1. **Improved Drug Bioavailability:** Increased residence time and penetration through ocular barriers¹⁹.
2. **Reduced Irritation:** Biocompatible ingredients minimize discomfort.
3. **Sustained Release:** Controlled drug delivery enhances therapeutic outcomes.
4. **Versatile Drug Loading:** Ability to encapsulate hydrophobic and hydrophilic drugs.
5. **Ease of Administration:** Compatible with conventional eye drop formats.

4. Applications in Ophthalmology

4.1. Dry Eye Syndrome

- Cyclosporine-loaded nanoemulsions (e.g., Restasis®) improve tear production and reduce inflammation²⁰.

4.2. Glaucoma

- Lipophilic drugs like timolol delivered via nanoemulsions exhibit prolonged intraocular pressure control²¹.

4.3. Ocular Infections

- Antimicrobials (e.g., ciprofloxacin) formulated in nanoemulsions demonstrate enhanced efficacy against bacterial and fungal pathogens²².

4.4. Retinal Diseases

- Nanoemulsions enable targeted delivery of drugs to the posterior segment of the eye²³.

5. Challenges in Ophthalmic Nanoemulsions

While nanoemulsions offer significant advantages in ophthalmic drug delivery, there are several challenges associated with their formulation, stability, and large-scale production. These challenges need to be carefully addressed to ensure the safety, effectiveness, and commercial viability of ophthalmic nanoemulsions. Below are some of the key challenges:

1. Stability Issues

One of the primary concerns with ophthalmic nanoemulsions is long-term stability. Despite their ability to form stable systems under certain conditions, nanoemulsions are still susceptible to several stability issues, which can significantly affect their performance²⁴.

- **Droplet Coalescence:** Over time, the individual droplets of the nanoemulsion can merge or coalesce, leading to an increase in droplet size. This can result in a loss of the nanoscale properties of the formulation, affecting its bioavailability and drug delivery

efficiency. Coalescence occurs when the emulsifying agents fail to maintain the structural integrity of the system, particularly under unfavorable conditions such as changes in temperature or the ionic environment.

- **Phase Separation:** Nanoemulsions may also face phase separation, where the oil and aqueous phases separate over time, leading to instability. This can happen due to changes in temperature, pH, or ionic strength, or as a result of the loss of surfactant effectiveness. In the context of ophthalmic formulations, phase separation can compromise the intended drug dose and delivery mechanism²⁵.
- **Strategies for Addressing Stability:** To mitigate stability issues, the formulation of the nanoemulsion must include the careful selection of surfactants and co-surfactants that offer strong stabilizing effects. Additionally, optimization of storage conditions, including temperature control and appropriate packaging, is crucial to prevent phase separation or coalescence during storage.

2. Toxicity Concerns

Although nanoemulsions are generally well tolerated by the ocular surface, toxicity concerns related to the components of the formulation, particularly the surfactants, need to be carefully addressed. The ocular tissues are delicate, and any irritation caused by the formulation can lead to discomfort, inflammation, or damage²⁶.

- **Surfactant Toxicity:** High concentrations of surfactants are often required to stabilize the oil-in-water nanoemulsion system, but excessive surfactant concentrations may lead to ocular irritation or toxicity. Surfactants can disrupt the tear film or corneal epithelial cell membranes, resulting in irritation, burning, or stinging sensations. In severe cases, prolonged exposure to high surfactant concentrations may lead to damage of the corneal barrier, impacting vision and eye health.
- **Cytotoxicity:** Surfactants like polysorbates or cetyl alcohol, although widely used in nanoemulsions, may cause toxicity at higher concentrations. It is essential to choose surfactants that are safe for ocular use and at concentrations that do not provoke a cytotoxic response. Low-toxicity

surfactants, such as non-ionic surfactants, are generally preferred for ophthalmic formulations²⁷.

- **Strategies for Reducing Toxicity:** To address toxicity concerns, the formulation should aim to use the minimum effective concentration of surfactants. Biocompatible and mild surfactants, such as Polysorbate 80 or Brij 35, are commonly used in ophthalmic formulations to reduce irritation. Additionally, careful evaluation through in-vitro and in-vivo tests should be conducted to ensure that the final formulation does not induce harmful effects on ocular tissues.

3. Scalability Issues

Scaling up the production of ophthalmic nanoemulsions from the laboratory to large-scale manufacturing presents several challenges. Maintaining consistency and quality during large-scale production is critical for the success of these formulations in the commercial market²⁸.

- **Homogeneity of Droplet Size:** One of the most significant challenges in scaling up nanoemulsion production is ensuring the uniformity of droplet size. In smaller laboratory-scale batches, it is easier to achieve precise control

over the size distribution, but as the scale increases, maintaining a consistent droplet size across larger volumes becomes more difficult. Inconsistent droplet sizes can affect the formulation's stability, drug release profile, and ocular penetration.

- **Process Reproducibility:** Large-scale production requires processes that are not only efficient but also reproducible. Ensuring that the manufacturing process remains consistent across different batches is essential for maintaining the quality of the final product. Small changes in process parameters, such as surfactant concentrations, mixing speed, or temperature, can lead to significant variations in the final product's characteristics²⁹.
- **Cost and Equipment:** The equipment used for laboratory-scale nanoemulsion production, such as high-pressure homogenizers or ultrasonic processors, may not be suitable for large-scale manufacturing without significant modifications or scaling. This can result in high costs associated with equipment investment and operational expenses³⁰.

- **Strategies for Overcoming Scalability Issues:** To address scalability challenges, manufacturers must optimize production protocols and process parameters. The use of pilot-scale production followed by scale-up studies helps identify and address potential issues early in the process. Additionally, advanced techniques such as microfluidization or continuous flow reactors are being explored as alternatives to traditional methods, offering better control over droplet size and homogeneity on a larger scale.

6. Recent Advancements

6.1. Stimuli-Responsive Nanoemulsions

- Formulations sensitive to pH, temperature, or enzymatic activity for targeted release³¹⁻³³.

6.2. Hybrid Systems

- Nanoemulsion-nanoparticle hybrids combining the benefits of both systems for enhanced performance³⁴.

6.3. Natural Ingredients

- Incorporation of biopolymers or plant-based oils to improve

biocompatibility and reduce toxicity³⁵.

Conclusion

Nanoemulsions have revolutionized ophthalmic drug delivery by addressing critical challenges and enhancing therapeutic outcomes. While significant advancements have been made, further research into novel formulations, scalability, and regulatory aspects is necessary to fully realize their potential. The future of ophthalmic nanoemulsions lies in their ability to integrate innovative technologies for personalized and effective eye care solutions.

REFERENCES

1. Gholizadeh S, Wang Z, Chen X, Dana R, Annabi N. Advanced nanodelivery platforms for topical ophthalmic drug delivery. *Drug Discov Today*. 2021;26(6):1437–49.
2. Akhter MH, Ahmad I, Alshahrani MY, et al. Drug delivery challenges and current progress in nanocarrier-based ocular therapeutic system. *Gels*. 2022;8(2):82.
3. Gorantla S, Rapalli VK, Waghule T, et al. Nanocarriers for ocular drug delivery: current status and translational opportunity. *RSC Adv*. 2020;10(46):27835–55.
4. Onugwu AL, Nwagwu CS, Onugwu OS, et al. Nanotechnology based drug delivery systems for the treatment of anterior segment eye diseases. *J Control Release*. 2023;354:465–88.
5. Kang-Mieler JJ, Rudeen KM, Liu W, Mieler WF. Advances in ocular drug delivery systems. *Eye (Lond)*. 2020;34(8):1371–9.
6. Vaneev A, Tikhomirova V, Chesnokova N, et al. Nanotechnology for topical drug delivery to the anterior segment of the eye. *Int J Mol Sci*. 2021;22(22):12368.
7. Gupta A, Kafetzis KN, Tagalakis AD, Yu-Wai-Man C. RNA therapeutics in ophthalmology—translation to clinical trials. *Exp Eye Res*. 2021;205:108482.
8. Adrianto MF, Annuryanti F, Wilson CG, Sheshala R, Thakur RRS. In vitro dissolution testing models of ocular implants for posterior segment drug delivery. *Drug Deliv Transl Res*. 2022;12(6):1355–75.
9. Kumaran K, Karthika K, Padmapreetha J. Comparative

- review on conventional and advanced ocular drug delivery formulations. *Int J Pharm Pharm Sci.* 2010;2(4):1–5.
10. Patel A, Cholkar K, Agrahari V, Mitra AK. Ocular drug delivery systems: an overview. *World J Pharmacol.* 2013;2(2):47–64.
 11. Bravo-Osuna I, Andrés-Guerrero V, Arranz-Romera A, Esteban-Pérez S, Molina-Martínez IT, Herrero-Vanrell R. Microspheres as intraocular therapeutic tools in chronic diseases of the optic nerve and retina. *Adv Drug Deliv Rev.* 2018;126:127–44.
 12. Huang H, Yang XR, Li HL, Lu HS, Oswald J, Liu YM, et al. iRGD decorated liposomes: a novel actively penetrating topical ocular drug delivery strategy. *Nano Res.* 2020;13(11):3105–9.
 13. Morrison PW, Khutoryanskiy VV. Advances in ophthalmic drug delivery. *Ther Deliv.* 2014;5(12):1297–315.
 14. Pflugfelder SC, Stern ME. Biological functions of tear film. *Exp Eye Res.* 2020;197:108115.
 15. Imperiale JC, Acosta GB, Sosnik A. Polymer-based carriers for ophthalmic drug delivery. *J Control Release.* 2018;285:106–41.
 16. Wels M, Roels D, Raemdonck K, De Smedt SC, Sauvage F. Challenges and strategies for the delivery of biologics to the cornea. *J Control Release.* 2021;333:560–78.
 17. Durairaj C. Ocular pharmacokinetics. *Handb Exp Pharmacol.* 2017;242:31–55.
 18. Bachu RD, Chowdhury P, Al-Saedi ZHF, Karla PK, Boddu SHS. Ocular drug delivery barriers-role of nanocarriers in the treatment of anterior segment ocular diseases. *Pharmaceutics.* 2018;10(1):28.
 19. Agrahari V, Mandal A, Agrahari V, et al. A comprehensive insight on ocular pharmacokinetics. *Drug Deliv Transl Res.* 2016;6(6):735–54.
 20. Kim YC, Chiang B, Wu X, Prausnitz MR. Ocular delivery of macromolecules. *J Control Release.* 2014;190:172–81.
 21. Eghrari AO, Riazuddin SA, Gottsch JD. Overview of the cornea: structure, function, and development. *Prog Mol Biol Transl Sci.* 2015;134:7–23.

22. Gaudana R, Ananthula HK, Parenky A, Mitra AK. Ocular drug delivery. *AAPS J.* 2010;12(3):348–60.
23. Janagam DR, Wu L, Lowe TL. Nanoparticles for drug delivery to the anterior segment of the eye. *Adv Drug Deliv Rev.* 2017;122:31–64.
24. Zhang T, Xiang CD, Gale D, Carreiro S, Wu EY, Zhang EY. Drug transporter and cytochrome P450 mRNA expression in human ocular barriers: implications for ocular drug disposition. *Drug Metab Dispos.* 2008;36(7):1300–7.
25. Kölln C, Reichl S. mRNA expression of metabolic enzymes in human cornea, corneal cell lines, and hemicornea constructs. *J Ocul Pharmacol Ther.* 2012;28(3):271–7.
26. Karla PK, Earla R, Boddu SH, Johnston TP, Pal D, Mitra A. Molecular expression and functional evidence of a drug efflux pump (BCRP) in human corneal epithelial cells. *Curr Eye Res.* 2009;34(1):1–9.
27. Ahmed S, Amin MM, El-Korany SM, Sayed S. Corneal targeted fenticonazole nitrate-loaded novasomes for the management of ocular candidiasis: Preparation, *in vitro* characterization, ex vivo and in vivo assessments. *Drug Deliv.* 2022;29(1):2428–41.
28. Loftsson T, Stefánsson E. Cyclodextrins and topical drug delivery to the anterior and posterior segments of the eye. *Int J Pharm.* 2017;531(2):413–23.
29. Huang D, Chen YS, Rupenthal ID. Overcoming ocular drug delivery barriers through the use of physical forces. *Adv Drug Deliv Rev.* 2018;126:96–112.
30. Barar J, Javadzadeh AR, Omid Y. Ocular novel drug delivery: impacts of membranes and barriers. *Expert Opin Drug Deliv.* 2008;5(5):567–81.
31. Bock F, Maruyama K, Regenfuss B, et al. Novel anti(lymph)angiogenic treatment strategies for corneal and ocular surface diseases. *Prog Retin Eye Res.* 2013;34:89–124.
32. Shivhare R, Pathak A, Shrivastava N, Singh C, Tiwari G, Goyal R. An update review on novel advanced ocular drug delivery system. *World J Pharm Pharm Sci.* 2012;1:545–68.
33. Watsky MA, Jablonski MM, Edelhauser HF. Comparison of

- conjunctival and corneal surface areas in rabbit and human. *Curr Eye Res.* 1988;7(5):483–6.
34. Ramsay E, Ruponen M, Picardat T, et al. Impact of chemical structure on conjunctival drug permeability: adopting porcine conjunctiva and cassette dosing for construction of in silico model. *J Pharm Sci.* 2017;106(9):2463–71.
35. Ahmed I, Gokhale RD, Shah MV, Patton TF. Physicochemical determinants of drug diffusion across the conjunctiva, sclera, and cornea. *J Pharm Sci.* 1987;76(8):583–6.