

Policy statement: Prescribing of Dry eye lubrication

Mid Essex Clinical Commissioning Group supports the prescribing of dry eye lubrication **ONLY** where the use of dry eye lubrication is essential to preserve sight function for:

- Severe ocular surface disease (OSD) caused by the following conditions Sjögren's syndrome, auto immune disease (e.g. Rheumatoid arthritis, ulcerative keratitis), neurotrophic cornea
- Previous corneal conditions, recurrent corneal erosions, corneal injury

Refer to table 1 for the dry eye formulary.

Prescribing of dry eye lubrication for simple dry eye syndrome is not supported. Patients are expected to follow self-care advice and where necessary purchase dry eye lubricants to manage their dry eye symptoms. This includes for tired eyes, hayfever symptoms, contact lens wearers, old age related dry eyes

Refer to the policy on ["Prescribing of medicines that are available to purchase"](#) and the [patient FAQ on OTC medicines LINK](#).

General Management advice for all patients

- Dry eye syndrome or dry eye disease is a common condition characterised by inflammation of the ocular surface that occurs when the eyes don't make enough tears, or the tears evaporate too quickly.
- Symptoms of dry eye syndrome include dryness, irritation or discomfort, and intermittent blurring of vision. Symptoms typically worsen with prolonged visual tasks, exposure to wind and air conditioning.
- The aims of treatment are to restore the ocular surface and improve ocular comfort.
- Most cases of sore tired eyes resolve themselves.
- Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment.

Self-care advice

Advise patients that by taking suitable precautions, the symptoms of dry eye syndrome can be lessened and, in mild cases, this may be sufficient to avoid the need for treatment.

These precautions include:

- Maintain good eyelid hygiene
- Limit contact lens use to shorter periods, especially if these cause irritation
- Cigarette smoke impacts on dry eye syndrome, stop smoking.
- Use a humidifier to moisten ambient air
- Avoid prolonged periods in air-conditioned environment
- If using a computer for long periods, place the monitor at or below eye level, avoid staring at the screen for prolonged periods, take frequent breaks.

See the patient information leaflet for further advice

If clinically appropriate, medications that exacerbate dry eye syndrome should be reviewed and where appropriate changed or stopped e.g. topical and systemic antihistamines, tricyclic antidepressants, selective serotonin reuptake inhibitors, diuretics, beta-blockers, isotretinoin, and possibly anxiolytics, anti-psychotics and alcohol.

Recommendations:

- New patients follow treatment pathway on page 2.
- If a recommendation to prescribe comes from optometrist/ophthalmologist:
 - For simple dry eyes – advise patient to purchase recommended product.
 - Prescribe where patient has a diagnosis as stated above and if the recommended product is on the formulary.
- Review existing patients prescribed dry eye preparations.
 - Advise patients all with simple dry eye syndrome to purchase dry eye preparations.
 - Continue prescribing if they have a diagnosis as stated above. Follow the dry eye formulary.



Dry eye treatment pathway

Patient presents with dry eye symptoms

Does the patient have any of the following red flags:

- A serious eye condition such as acute glaucoma, keratitis, iritis, or corneal ulcer is suspected — same day assessment is required
- Patient has abnormal lid anatomy or function
- Deterioration of vision
- There is diagnostic uncertainty

Direct referral for specialist assessment

Following investigation prescribe where dry eye lubrication recommended for one of the listed diagnosis— go to “continue prescribing”

NO

Simple dry eye syndrome?

YES

NO

Advise on purchasing dry eye products OTC and give the self-care leaflet. Treat blepharitis if present (see patient leaflet)

Suspected Sjögren’s - Refer for specialist assessment if not previously assessed
Rheumatoid arthritis
Prescribe Group A dry eye lubrication. Prescribe according to the dry eye formulary table. Give self-care leaflet.

Continue prescribing

Continue prescribing

Not effective

Try another product in Group A used for at least 6-8 weeks
Check patient concordance before progressing

Not effective

If symptoms change, or worsen such that one of the red flags is suspected

GP to refer patient for specialist assessment.

Not tolerated/ Preservative allergy

Try gentle preservative/ free eye drops Group C.
Try 1 product within this list. Adequate trial for 6-8 weeks
Switch to a 2nd Group C if not effective.
Check patient concordance before progressing

Not tolerated / preservative allergy

Try section B products.
Try 1 product within this list. Adequate trial for 6-8 weeks. Switch to a 2nd Group B if not effective.
Check patient concordance before progressing

Not effective/ not tolerated

Select third in section C whilst awaiting specialist appointment

Not effective/ not tolerated

Try a third in section B whilst awaiting specialist appointment

Quantities to prescribe
1ml = 20 drops
10ml = 200 drops
Bottles of drops must be discarded 1 month after opening (unless otherwise stated)
Single unit dose vials (UDVs)
A single UDV contains sufficient quantity for administration into both eyes.

Table 1: Dry Eye formulary

	Brand		Drug Tariff (Jan 19)	In use expiry	Additional advice/ comments
For night-time application with Group A, B or C drops	Paraffin based ointments	VitA-POS (preservative free)	£2.75 (5g)	6 months	Can be administered with other drops in the daytime
		Xailin Ointment	£2.51 (5g)	2 months	
Group A 1st line	Generic	Hypromellose 0.3% eye drops	£1.21 (10ml)	1 month	
	Isopto Plain	Hypromellose 0.5% eye drops	£0.81 (10ml)	1 month	
	Clinitas®	Carbomer 0.2% eye gel	£1.49 (10g)	1 month	Can be administered for night time use with other drops in the daytime
	Sno Tears®	Polyvinyl alcohol 1.4% eye drops	£1.06 (10ml)	1 month	
Group B 2nd line	Oxylal®	Sodium Hyaluronate 0.15% eye drops	£4.15 (10ml)	1 month	
	Systane®	Hydroxypropyl guar eye drops	£4.66 (10ml)	1 month	
	Celluvisc®	Carmellose 1% PF eye drops	£3.00 (30x0.4ml)	Single use	
Group C Preservative free	Evolve®	Hypromellose 0.3% 10mL preservative free bottle	£1.98 (10mL)	90 days	PF sterile eye drop in multi-dose bottle. May be used by contact lens wearers
	Refresh ophthalmic	Polyvinyl alcohol 1.4%	£2.25 (30x0.4ml)	Single use	May be used by contact lens wearers
	Hylo-Fresh®	Sodium Hyaluronate 0.03% 10mL preservative free bottle	£4.95 (10mL)	6 months	PF sterile eye drop in multi-dose bottle. May be used by contact lens wearers
	Celluvisc®	Carmellose 1% PF	£3.00 (30x0.4ml)	Single use	May be used by contact lens wearers
	Systane UDVs	Hydroxypropyl single dose units	£4.66 (30x0.8ml)	Single use	
Specialist recommendation	Generic	Fluorometholone 0.1%	£1.71 (5ml)	1 month	Inflammation present
		Prednisolone 0.5%	£2.00 (10ml)		
Secondary care prescribing only	Ikervis®	Ciclosporin 1mg/ml	£72 (30x0.3ml)	1 month	Where requiring repeated and frequent courses
	Ilube drops	Acetylcysteine 5% eye drops	£16.90 (10ml)	1 month	Short term use Filaments present

Title	Dry eyes prescribing policy
Document reference	DryEyesPOL201901V3.0FINAL
Author	Medicines Optimisation Team, Mid Essex CCG
Reference:	<p>NHS England https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf</p> <p>Prescrip Bulletin 202 Eye Preparations March 2018 (NHS email required for subscription) https://www.prescrip.info/our-resources/bulletins/bulletin-202-eye-preparations/</p> <p>NICE Clinical knowledge summaries – Dry Eye Syndrome August 2017 https://cks.nice.org.uk/dry-eye-syndrome</p> <p>All Wales Medicines Strategy Group Dry eyes http://www.awmsg.org/docs/awmsg/medman/Dry%20Eye%20Syndrome%20Guidance.pdf</p> <p>Drug Tariff November 2018 https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff</p> <p>Serum Eye Drops for the Treatment of Severe Ocular Surface Disease Clinical Guidelines September 2017, The Royal College of Ophthalmologists https://www.rcophth.ac.uk/wp-content/uploads/2017/11/Serum-Eye-Drops-Guideline.pdf</p> <p>Understanding dry eye, The Royal College of Ophthalmologists & Royal National Institute of Blind People March 2013 https://www.rcophth.ac.uk/wp-content/uploads/2015/02/RCOphth-RBUIB-Understanding-dry-eye-2013.pdf</p>
Document location Website	Medicines Optimisation> Self-care resources Medicines Optimisation> Prescribing policy statements Clinical pathways and medication guidelines>Chapter 11 Eye
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Previous version	Key Changes
Dry Eye Treatment Guide version 1.0	Document management added. Inclusion of NICE TA369 – ciclosporin for treating dry eye disease.
January 2016	Addition of criteria for prescribing Addition of self-care, when to refer, advice on preservative free Addition of products and pricing Advice on expiry dates