

Preservative free eye drop policy

Preservative-free eye drops are more costly than preserved eye drops. The following policy which is endorsed by the Ophthalmologists is designed to ensure that there is appropriate use of preservative free eye drop formulations.

Some eye drops do sting on instillation, but this should be self limiting and resolve within 5 minutes of instilling the drops. This is not a reason alone to change to preservative free eye drops.

Commonly used preservatives are surfactants that can disrupt the tear film. Dry eye treatments that require multiple administrations of topical therapies throughout the day or are required over a prolonged period of time – months or years – may damage the delicate cells on the surface of the eye or cause inflammation and in patients with dry eye can lead to worsening of the condition. Disodium edetate is often used to augment the preservative efficacy of benzalkonium chloride and other preservatives, but it is thought that disodium edetate may also have a toxic effect on the ocular surface epithelium. If patients have more than one eye condition for which they are using eye drops, their potential exposure to preservatives is increased.

People encountering problems with preservatives or excipients can exhibit persistent red eye.

Circumstances where preservative free drops should be prescribed

- If there is a documented evidence of an allergy to a particular preservative or excipient.
- Evidence of epithelial toxicity from preservatives which would be demonstrated by persistent red eye (remember to consider if drug or another excipient is responsible).
- Soft contact lenses wearers who continue to wear their lenses, as preservatives attach to the contact lens and damage the eye.
- Long term treatment or frequency of ocular lubricant (greater than 3 months) or use of drops more than six times daily.
- If the patient has ocular surface inflammation or disease.
- Short term if there are supply problems with the preserved formulation of a particular drug, where it is desirable to continue with the same treatment.

If a patient develops a suspected allergy/ adverse reaction to a treatment recommended by a specialist, seek advice via the advice and guidance system before swapping to a preservative free formulation

References:

1. <http://cks.nice.org.uk/dry-eye-syndrome#!scenario>
2. Pharmaceutical Journal Recommending dry eye treatments in community pharmacy 2 aug 2016
3. Pharmaceutical Journal Dry eye disease: risk factors and selecting treatment 7 oct 2015
4. Moorfields eye Hospital. Prescribing Guidelines for Ocular Lubricants. <https://www.moorfields.nhs.uk/sites/default/files/NCL%20NEW%20Prescribing%20Guidelines%20for%20Ocular%20Lubricants%202017.pdf>

Author ; Jane Crewe (Pharmacist York Hospital)

Approved by : York and Scarborough Medicines Commissioning Committee

Date : March 2019 (version 1) Review date : March 2021