

Prescribing guidance for ocular surface diseases, including dry eye

An NHS England document provides clear guidance on “[Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](#)”:

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. Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter. Patients with chronic eye conditions should be prescribed appropriate treatment in line with this guidance.

General exceptions that apply to the recommendation to self-care are listed within section 1.5 of the document.

The Minor Eye Conditions Service (MECS) is a free NHS service available from a number of local opticians, which sees patients with problems such as sore eyes, red eyes or visual disturbance.

The service can be accessed by anyone aged two years of age or older and registered with a GP in Scarborough, Ryedale and Vale of York and those over the age of 18 in the Harrogate district.

<https://northyorkshireccg.nhs.uk/your-health-and-local-services/minor-eye-conditions-services/>

Further advice

- Consider any precipitating factors before prescribing ocular lubricants, including allergy, infection, blepharitis, medication (e.g., diuretics, drugs with anticholinergic effects, β -blockers) and environmental factors. Long sessions of reading, TV watching, and computer use reduce blink rate and exacerbate the problem.
- Ocular lubricants should be prescribed by BRAND where stated to ensure the most cost-effective preparations are used.
- Each type of eye drop should be prescribed for 4 to 6 weeks before a different type is prescribed.
- Patients should be asked what products (if any) they have already tried and for how long they have used them so that suitable alternatives can be tried next.
- If a patient needs to use hypromellose eye drops more frequently than 4 times a day, a more viscous lubricating eye drop should be prescribed.
- If a patient needs to use carbomer more frequently than 3 times a day, a more viscous lubricating eye drop should be prescribed.
- Be aware of initial blurred vision in patients using the more viscous formulations.

When to obtain specialist advice

If a patient has:

- Tried 3 different types of ocular lubricants and continues to have symptoms of dry eye.
- A reduction in vision.
- Dry eye accompanied with red eye.
- Other atypical features, for example young patient, corneal opacity, exclusively unilateral symptoms, previous ophthalmic surgery, etc.

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OCULAR LUBRICANTS

Consider preservative-free preparations for patients that are:

- Intolerant of preservatives.
- Have significant dry eye requiring drops more than 4 times per day.
- Using multiple preserved topical eye medicines.
- Using soft or hybrid contact lenses.

KEY **GREEN:** Suitable for primary and secondary care prescribing.
AMBER Specialist Recommendation: Can be prescribed by primary care after recommendation by a Specialist with appropriate supporting information. No written shared care document necessary.
RED: Secondary care prescribing only. Not suitable for primary care.

| MILD DRY EYE | | |
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| Hypromellose 0.3% AAPROMEL 10mL £0.69 AACULOSE 10mL £0.71 TEARDEW 10mL £0.99 Expiry: 28 days after opening | Carbomer 980 0.2% CLINITAS GEL 10g £1.49 Expiry: 28 days after opening | Carbomer 0.2% (PF) EVOLVE CARBOMER 980 10g £2.80 Expiry: 3 months after opening |
| | Carmellose 1% (PF) CELLUSAN 30 x 0.5mL £3.00 | |

| SIGNIFICANT DRY EYE | | |
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| <p>Should NOT be treated with preserved eye drops Persistent epithelial defects, neurotrophic keratitis, exposure keratitis Options listed may also be considered for EVAPORATIVE dry eye</p> | | |
| <p>Sodium hyaluronate 0.2% (PF) HYDRAMED 10mL £5.60 Expiry: 90 days after opening</p> | | |
| <p>Preparations containing <u>only</u> sodium hyaluronate</p> | | |
| <p>Sodium hyaluronate 0.4% (PF) HYDRAMED FORTE 10mL £5.60 Expiry: 90 days after opening</p> | <p>Sodium hyaluronate 0.2% (PF) HYLO-FORTE 10mL £9.50 Expiry: 6 months after opening</p> | <p>Sodium hyaluronate 0.4% (PF) HYDRAMED FORTE 30 x 0.5mL £5.60</p> |
| <p>HYLO-FORTE is a more viscous preparation – consider for patients that return for a new prescription more frequently than once per month.</p> | | |
| <p><u>Combination</u> preparations containing sodium hyaluronate</p> | | |
| <p>Coenzyme Q10 with sodium hyaluronate 0.1% (PF) VISUXL 10mL £10.30 Expiry: 6 months after opening</p> | <p>Trehalose 3% with sodium hyaluronate 0.15% (PF) THEALOZ DUO 10mL £8.99 Expiry: 3 months after opening</p> | |
| <p>Consider for patients with compliance issues (twice a day dosing)</p> | | |

| EVAPORATIVE DRY EYE | |
|---|--|
| <p>Options listed for SIGNIFICANT DRY EYE may also be considered here</p> | |
| <p>Any green lubricant above and heat and massage to the lid margin (posterior blepharitis treatment) and consider self-purchase of heat bag (e.g. eye bag or equivalent)</p> | |
| <p>Perfluorohexyloctane (PF – <i>but not licensed for use with contact lenses</i>) EVOTEARS 3mL (rebate in place) Expiry: 6 months after opening</p> | |
| <p>Sodium hyaluronate 0.05% and ectoin 2% (PF) HYLO-DUAL 10mL (rebate in place) Expiry: 6 months after opening</p> | |

OINTMENT-BASED, E.G. FOR NIGHT TIME USE
Persistent epithelial defects, neurotrophic keratitis, exposure keratitis

Paraffin-based
HYDRAMED NIGHT 5g £2.32
 £4.96
Expiry: 90 days after opening

Paraffin-based
XALIN NIGHT 5g £2.56
Expiry: 60 days after opening

Paraffin-based (lanolin-free)
HYDRAMED NIGHT SENSITIVE 5g
Expiry: 90 days after opening

OTHER RELATED PREPARATIONS

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| Filamentary keratitis (Specialist Initiation) | Acetylcysteine 5% ILUBE 10mL £33.46 |
| Severe blepharitis / dry eye / keratitis (Specialist Initiation) | Ciclosporin 0.1% IKERVIS 30 units doses £72 |
| Posterior blepharitis | Oral doxycycline, azithromycin or lymecycline |
| Corneal oedema / Fuchs endothelial dystrophy (Specialist Initiation) | Sodium chloride 5% SODIEYE 10mL £15.98 |
| Last line treatment for severe dry eye, exposure keratitis and neurotrophic keratitis | Autologous serum ('Special') Hospital ONLY |