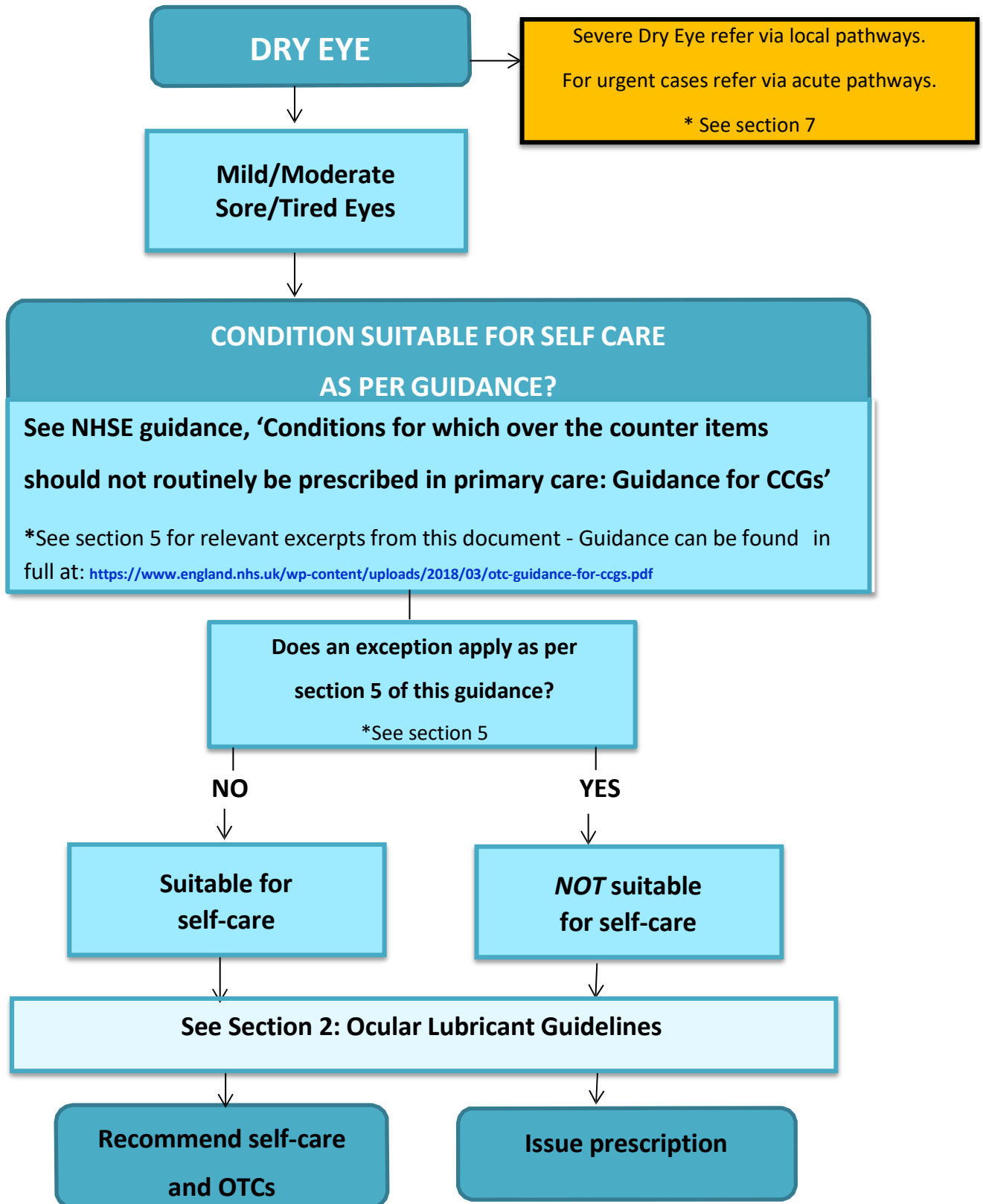


Section 1: Treatment Pathway for Adult Patients Presenting with Dry Eye



## Section 2: Ocular Lubricant Guidelines.

For prescribing: Please prescribe product by specified brand if issuing a prescription is appropriate.

For OTC: Some suggested brands may not be stocked for OTC use.

Please recommend by generic product group (e.g., Carmellose 0.5%) & community pharmacists can advise on suitable products which can be purchased. Prices taken from Drug Tariff Aug 23.

❖ = PRESERVATIVE FREE and o = PRESERVED

Mild	Moderate	Severe	Indication
Usually suitable for self-care unless exemptions apply see section 5			
1 <sup>st</sup> Hypromellose preserved/PF	1 <sup>st</sup> Sodium hyaluronate 0.2%	1 <sup>st</sup> Sodium hyaluronate 0.2%	Severe dry eye
<ul style="list-style-type: none"> <li>○ Hypromellose 0.3% eye drops (71p/10ml; exp 28 days)</li> <li>❖ Evolve hypromellose 0.3% eye drops (£2.03/10ml; exp, 3 months)</li> </ul>	<ul style="list-style-type: none"> <li>○ Blink Intensive Tears (£2.97/10ml; exp 45 days)</li> <li>❖ Hy-opti 0.2% PF £4.78 x 12ml exp 180 days)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Hy-opti 0.2% PF (£4.78 x 12ml exp 180 days)</li> </ul>	Severe dry eye with corneal damage
		2 <sup>nd</sup> Sodium hyaluronate 0.15% with Trehalose PF	
		❖ Viscotears Trehal Duo eye drops preservative free (£6.29/10ml; exp 6 months)	Severe dry eye, foreign body trauma, alterations in the continuity of the corneal and conjunctival surfaces after refractive corneal surgery and corneal transplant and alteration of ocular surface related to metabolic disorders.
		3 <sup>rd</sup> Sodium Carboxymethylcellulose	
		❖ VisuXL Gel (£7.49/10ml; exp 6 months)	
2 <sup>nd</sup> Carbomer 0.2% PF	2 <sup>nd</sup> Carmellose 0.5% PF	Acetylcysteine	<b>Initiated by a specialist</b> for dry eye syndromes associated with deficient tear secretion, impaired or abnormal mucus production.
❖ Evolve Carbomer 980 0.2% eye drops (£2.87/10g; exp 3 months)	❖ Vizcellose 0.5% eye drops (£2.88/10ml; exp 3 months)	<ul style="list-style-type: none"> <li>○ ILUBE 5% (£59.99/10ml; exp 28 days)</li> </ul>	<b>Initiated by a specialist</b> in dry eye with Meibomian Gland Dysfunction.
3 <sup>rd</sup> Polyvinyl alcohol 1.4%		Perfluorohexyloctane and Propylene glycol	
<ul style="list-style-type: none"> <li>○ Sno Tears 1.4% eyedrops (£1.06/10ml; exp, 28 days)</li> </ul>		<ul style="list-style-type: none"> <li>○ Systane Balance® (<b>Propylene glycol 0.6%</b>) (£7.68/10ml; exp 6 months)</li> <li>❖ EvoTears® (<b>Perfluorohexyloctane 100%</b>) (£9.95/3ml; exp 6 months)</li> </ul>	
		Ciclosporin	<b>Initiated by a specialist in corneal disease only.</b>
		<ul style="list-style-type: none"> <li>○ Ikervis® (£72.00/UDV; exp single use)</li> </ul>	Severe keratitis in dry eye disease that has not responded to treatment with tear substitutes.
<b>Night time formulation</b>			
<b>Paraffin based eye ointments PF</b> <ul style="list-style-type: none"> <li>• Hydramed® night eye ointment (£2.38/5g; exp 3 months)</li> </ul>			
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### 3. Guidance notes

- Optometrists and dispensing opticians may recommend formulary items to be prescribed from column 1 or 2 from the formulary ONLY if exemptions in section 5 apply; OR recommend that they are purchased by the patient. **Non-formulary items should not be prescribed or be recommended to be prescribed for dry eye in primary care.**
- All dry eye syndrome treatments should be offered in conjunction with advice on appropriate self-management ([advice link](#))
  - Eye hygiene and eye compression can reduce dry eye symptoms.
  - Consider precipitating or environmental factors before prescribing/recommending e.g., allergy, medications, long sessions of “screen time”, smoking, extended contact lens use.
- Patients' expectations are to be managed from the outset to prevent patients potentially returning for second appointments expecting prescriptions.
- Check compliance. Keep reminding patients to use their eye drops regularly.
- There is no evidence to support that any one ocular lubricant is superior to another; least costly options have been chosen in this guideline. Ocular lubricants should be prescribed by **BRAND** where stated to ensure the least costly preparations are used.
- **Finding an effective treatment can vary between patients. Try at least two products from each section for 6 to 8 weeks before stepping up to the next severity level.**
- **Paraffin based products are flammable.** Care should be taken to avoid burns e.g., smoking, close contact with naked flames.
- If dry eye products are used in conjunction with other eye preparations, a time interval of at least 5 minutes between applications should be advised, with the more viscous product being applied last. Patients should consult product literature as times may vary.
- For patients who are already being prescribed OTC products: a review should be undertaken at the next review appointment to ensure adherence, whether they are still required and whether a prescription is still appropriate.
- Unit dose vials (UDVs) are not considered as preferred preparations and should only be considered if there is no alternative, when the patient finds it difficult to use a device (e.g., arthritis in hand or tremor) or in hospital inpatient settings.
- **EXPIRY DATES:**
  - As a guide, frequency  $\geq 6$  x daily - no need for a product with > 28 days expiry. Between 2 - 5 x daily – a product with a 3-month expiry is usually cost-effective. If once daily, consider prescribing a product with 6-month expiry. (Based on 200 drops/10ml bottle - note some products may have > 200 drops/10ml).
  - Single use unit dose vials (UDVs) should be discarded after each use unless otherwise specified by the manufacturer. A single UDV contains sufficient quantity for administration into both eyes.

### Over the counter OTC

Optometrists & Pharmacists can provide advice on product choice to be bought OTC. Simple dry eye can be managed by directing the patient to self-care and to purchase dry eye lubricants over-the-counter. This includes for tired eyes, hay fever symptoms, contact lens wearers, visual display screen users, and age-related dry eyes.

KMICB support the prescribing of dry eye lubrications for new patients ONLY where the use of dry eye lubrication is essential to preserve sight function for the following patients:

- Severe ocular surface disease (OSD) caused by the following conditions: Sjögren’s syndrome, autoimmune disease (e.g. Rheumatoid arthritis, ulcerative keratitis), neurotrophic cornea
- Previous corneal conditions, recurrent corneal erosions, corneal injury
- Lid abnormalities (ectropion, entropion or reduced lid laxity where corrective surgery is not undertaken)
- Other causes ocular surface inflammation such as atopic keratoconjunctivitis and severe Meibomian gland dysfunction.

### **For existing patients discuss ongoing prescribing at the next clinical review.**

Simple dry eye is an uncomplicated condition which can be managed without medical intervention. Patients should be directed to self-care.

### Preservatives

- Preservative free preparations are appropriate for patients with:
  - true preservative allergy
  - evidence of epithelial toxicity from preservatives
  - prolonged, frequent use (e.g. daily frequency of administration greater than 6 times a day for longer than 3 months)
  - chronic eye conditions requiring multiple, preserved topical medications
  - soft or hybrid contact lens wearers
- Preservative free in the eye (PFE) formulations contain ‘disappearing’ preservatives which are present in the bottle but degrade on instillation. In severe dry eye, they may not totally degrade due to a decrease in tear volume and may be irritating.
- Eye ointments are used for local treatment of lids, for prolonged treatment at night and to reduce number of drops given. Use drops first before ointment if both are prescribed to be used together.
- If putting in more than one drop or more than one type of eye drop, patients should wait 5 minutes before putting the next drop in. This will stop the first drop from being washed out by the second drop before it has had time to work.

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#### 4. When to refer to secondary care

- If there is an underlying condition (suspected or known) that can cause dry eyes, consider referral for specialist assessment.
  
- **Red Flag symptoms:**
  - One eye affected much more than the other
  - Additional dry mouth and other mucosal tissues
  - Systemic conditions such as allergy, connective tissue disorders or cancer treatment
  - Symptoms including pain, foreign body sensation or photophobia
  - Short-term symptoms with a sudden onset
  - Reduction of vision that doesn't return after each blink
  - Stickiness, crusting discharge of the eye
  - Marked redness of the eye
  - Unsuccessful treatment attempts with 3 products recommended in this guideline
  - Signs of ulcers or corneal damage
  - Regular attendance to A&E for eye associated problems
  - Significant pain/soreness on waking with recent history of injury

Urgent referral to an ophthalmologist is required for children with any corneal change (e.g., staining or vascularisation). Apply a lower threshold for obtaining specialist advice for younger people.

## **5. General exceptions that apply to the recommendation to self-care**

There are however, certain scenarios where patients should continue to have their treatments prescribed and these are outlined below:

- Patients prescribed an OTC treatment for a long-term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g., severe migraines that are unresponsive to over-the-counter medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e., those with red flag symptoms, for example, indigestion with very bad pain.)
- Treatment for complex patients (e.g., immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.

Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. should also be given to safeguarding issues.

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## **6. Local referral to community pharmacies to receive a CPCS consultation for minor illness.**

Minor conditions of the eye: red or irritable, sticky or watery and minor eyelid problems can be triaged to the community pharmacy via the CPCS referral pathway where this is available. More information can be found at: <https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/referring-minor-illness-patients-to-a-community-pharmacist/>

Optometrists can also signpost to the community pharmacies for minor eye conditions with recommendations of suitable products to purchase.

## **7. Local referrals for dry eye -routine and urgent**

Local community pathway ophthalmology information can be found on the website of Primary Eyecare (Kent and Medway) Ltd available from: <https://pekm.co.uk/>

Rapid Access and ophthalmic trauma cases should be sent to hospital via the usual rapid access and emergency pathways.

Arrange same day assessment by ophthalmology if the person is suspected of having a serious and potentially sight-threatening eye condition such as acute glaucoma, keratitis, iritis or corneal ulcer.

Arrange referral to ophthalmology or the appropriate medical speciality (with urgency depending on clinical judgement) if the person:

- Is suspected of having an underlying systemic condition such as Sjogren's syndrome.
- Has persistent symptoms that do not respond to underlying systemic condition after 12 weeks.
- Has abnormal lid anatomy or function.
- Discuss with, or refer to, ophthalmology (with urgency depending on clinical judgement) if uncertain of diagnosis.
- Has persistent or worsening symptoms, despite compliance with recommended treatment regime.

## 8. Resources & Aids for patients:

- Understanding Dry Eye Leaflet - [Understanding series – Dry eye \(rcophth.ac.uk\)](https://www.rcophth.ac.uk)
- NHS Health A to Z Dry Eyes - <https://www.nhs.uk/conditions/dry-eyes/>
- Compliance aids: [Know Your Drops | Moorfields Eye Hospital NHS Foundation Trust](#)
- A range of Eye drop dispenser aids are available via FP10 (ComplEye, Opticare, Opticare Arthro 5, Opticare Arthro 10)

## 9. References

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12. Herts Valley CCG Dry eye treatment guideline. July 2020 [Dry eye treatment guideline 2020.pdf \(hertsvalleysccg.nhs.uk\)](#)

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