

Suffolk & North East Essex Position statement & formulary - for prescribing eye lubricants

The **Prescribing** of dry eye lubrication is **ONLY supported for the management of severe symptoms** where the use of ocular lubricants is essential to preserve sight function.

Only prescribe eye lubricants if they are being used in the following situations:

- Documented severe dry eyes by a Specialist Assessment Service i.e. Hospital Eye Service, commissioned eye clinic
- Non-dry eye conditions e.g. glaucoma, keratosis, corneal transplant, neurotrophic cornea, previous corneal conditions, recurrent corneal erosions, corneal ulcer, auto immune disease (e.g. Rheumatoid arthritis, ulcerative keratitis)
- A symptom from a condition e.g. Sjogren's syndrome or Stevens-Johnson dry eye
- Post ophthalmic surgery – (*duration to be advised on discharge*). Not all ophthalmic surgery will require lubricants to be prescribed
- A side effect from another medicine e.g. anticholinergics, HRT, glaucoma eye drops.

All other patients are expected to self-purchase.

Prescribing of ocular lubricants for the management of mild to moderate dry eye syndrome is not supported. Patients are expected to follow self-care advice and where necessary purchase ocular lubricants for mild to moderate dry eye symptoms. This includes for tired eyes, hayfever symptoms, contact lens wearers, age-related dry eyes. This position is supported by NHS England guidance on [Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](#).

Where patients have any questions or feedback on this position statement please direct them to the SNEE [Patient Advice & Liaison Service \(PALS\)](#) at pals@snee.nhs.uk or freephone 0800 389 6819 or in writing to PALS. Endeavour House, Russell Road, Ipswich, Suffolk IP1 2BX

Red flag symptoms: [See NICE CKS](#). These include: sudden-onset pain or visual loss, persistent or severe visual loss, diplopia, unilateral symptoms, or systemic symptoms such as weight loss or fever.

Ways of helping patients with dry eyes: Advise that by taking suitable precautions, the symptoms of dry eyes can be lessened, and in mild cases, this may be sufficient to avoid the need for treatment. These include:

- **Eyelid hygiene.** Clean eyelids every day. For blepharitis – see the CKS topic on [Blepharitis](#). Products marketed for blepharitis are self-purchase. Patient information is available here: [Blepharitis - NHS](#)
- **Computer and other VDU use:** If using a computer for long periods, ensure that the monitor is just below eye level, avoid staring at the screen, and take frequent breaks to close/blink eyes
- **Contact lenses:** Limiting the use of contact lenses, if these cause irritation. Take them out and wear glasses to rest your eyes.
- **Dry air:** Using a humidifier to moisten ambient air
- **Smoking cessation:** Stopping smoking may help – offer treatment and support to stop smoking ([Feel Good Suffolk/Essex Wellbeing Service -Provide](#))
- **Medication that can cause dry eyes:** Stopping/reviewing to alternatives - medication that can exacerbate dry eyes, such as antihistamines, TCAs, SSRIs, diuretics, beta-blockers, isotretinoin, possibly anxiolytics, anti-psychotics, alcohol.
- Direct patients to the **Royal College of Ophthalmologists Booklet for patients** [Understanding Dry Eyes](#)

Formulary choice

Dry eye stage	<ul style="list-style-type: none"> • Recommend self-purchase unless any of the exception criteria are documented (page 1). A variety of products are available to purchase from opticians, pharmacies, supermarkets, health shops or online for mild to moderate dry eye. Prices vary. • Preserved drops are often well tolerated when used 4-6 times a day or less. • When to refer - patients should try at least two different products before referral is considered. Symptoms of dry eye can be seen by an NHS commissioned eye clinic. Patients can self-refer via Minor Eye Conditions Service (MECS) covers minor eye problems. • Alternatively a GP can refer via: SNEE Minor Eye Clinics (MECS) 			
Mild to Moderate:				
Severe: Prescribe only where: Initiated or recommended by an eye specialist i.e. • NHS Hospital Eye Service • commissioned eye clinic (Green traffic light status)	Formulary position	Brand name & form	Active ingredient	Expiry once opened
	First line	Evolve® Carbomer 980 0.2% gel	Carbomer 10g preservative free Phosphate free	3 months
		Blink Intensive Tears® eye drops 0.2%	Sodium hyaluronate 10ml contains OcuPure* preservative Phosphate free	45 days
	Second line All preservative free and phosphate free Continued on page 3.	VIZhyal® eye drops 0.2% & 0.4% Xailin Plus HA® eye drops 0.2%	Sodium hyaluronate 10ml preservative free Phosphate free	3 months
		Eyeaze® Carmellose 0.5% & 1% eye drops VIZcellose® 0.5% & 1% eye drops	Carmellose 10ml / unit dose vials	3 months
		Carmellose single unit dose vials 30 x 0.4ml <i>Prescribe generically</i>	preservative free phosphate free	Single use only

*OcuPure® preservative becomes preservative-free in the eye.

Dry eye Stage	Formulary position	Brand name & form	Active ingredient	Expiry once opened
<p>Severe: Continued</p> <p>Prescribe only where:</p> <p>Initiated or recommended by an eye specialist i.e.</p> <ul style="list-style-type: none"> • NHS Hospital Eye Service • commissioned eye clinic <p>(Green traffic light status)</p>	<p>Second line continued</p> <p>Higher cost alternative products</p> <p>All preservative free</p>	<p>Vismed gel® Multi 0.3% eye drops</p>	<p>Sodium hyaluronate 10ml preservative free</p>	<p>3 months</p>
	<p>Where appropriate add an ointment for night use</p>	<p>Evolve Revive® eye drops</p>	<p>Sodium hyaluronate 0.2% and carbomer 0.2% 10ml preservative free phosphate free</p>	<p>3 months</p>
		<p>HydraMed night® 5g eye ointment preservative-free phosphate free</p>	<p>Paraffin based eye ointment with vitamin A</p> <p>Paraffin based eye ointments are flammable – care should be taken to avoid burns</p>	<p>3 months</p>
		<p>Hylo night® 5g eye ointment preservative-free phosphate free</p>	<p>Light paraffin-based eye ointment with vitamin A</p> <p>Paraffin based eye ointments are flammable – care should be taken to avoid burns</p>	<p>6 months</p>
		<p>Artelac® nighttime gel 10g tube preservative – contains cetrimide phosphate free</p>	<p>Carbomer 0.2%</p>	<p>28 days</p>

Formulary position		Brand/Product name & form	Active ingredient	Expiry once opened
<i>Specific indications may be listed below where applicable</i>				
Severe: Continued Prescribe only where: Initiated or recommended by an eye specialist i.e. <ul style="list-style-type: none"> • NHS Hospital Eye Service • commissioned eye clinic (Green traffic light status)	Third line Only for failed treatment to 1 st and 2 nd line options Higher cost products	Hylo- dual Intense® eye drops	Hyaluronic acid 0.2%, ectoine (2%) 10ml preservative free phosphate free	6 months
		Hylo-forte® eye drops	Sodium hyaluronate 0.2% 10ml preservative free phosphate free	6 months
		Trehapan® eye drops	Trehalose 3%, Hyaluronic Acid 0.15% , D-Panthenol 2% 10ml Preservative free phosphate free	3 months
		Thealoz Duo Gel Unit dose vials 30 x 0.4ml preservative free phosphate free	Trehalose 3%, sodium hyaluronate 0.15%, carbomer 0.25%	Single use
	Meibomian gland Disease/ evaporative dry eye Higher cost products	VisuEVO® eye drops 10ml preservative free phosphate free	Omega 3, Vitamin D3, Vitamin A, Phospholipids liposomes	60 days
		EvoTears® eye drops 3ml preservative free phosphate free	Perfluorohexyloctane	6 months
Restricted to Consultant ophthalmologist Initiation or recommended only	Mucus production/corneal filaments Higher cost products	Acetylcysteine 5% eye drops (Ilube®) 10ml contains preservatives: benzalkonium chloride	Acetylcysteine 5%	28 days
	Corneal oedema Higher cost products	Sodium chloride 5% eye ointment 5g preservative free Eye drops	Sodium chloride 5%	28 days
		DROptonic 5% eye drops preservative free 10ml	Sodium chloride, sodium hyaluronate	3 months