

Ocular Lubricant Prescribing Guidance

For minor conditions such as dry or sore eyes a product should not be prescribed and the patient should be advised on self-management, further patient information use the following link <https://www.nhs.uk/conditions/dry-eyes/>

MILD Dry Eye

This category includes patients with sore eyes, seasonal irritation from conditions like hay fever, contact lens wearers, VDU users and mild age-related dry eyes.

For short term conditions advise Patients to purchase eye drops over the counter (OTC)

Hypromellose 0.3%, 0.32% or 0.5% eye drops
(Directions: 1-2 drops when required
up to 3 times a day as directed)

PLUS Self-care advice by pharmacy professional

For long term conditions

Hypromellose 0.5% eye drops

Prescribe by Brand:

Aapromel *contains preservative £0.97/10ml

Puroptics *contains preservative £0.95/10ml

For patient who require a preservative free product
on FP10 prescription, prescribe Hypromellose 0.3%
eye drops

Prescribe by brand:

Evolve 0.3% preservative free eye drops £2.03/10ml

MODERATE to SEVERE Dry Eye

This patient cohort is likely to have the following factors:

- **Needing ocular lubricants at least 3 times a day**
- Needing more than one type of ocular lubricant or be on preservative free drops.
- Have systemic conditions e.g. autoimmune diseases including Thyroid disorders, Sjögren's syndrome, Rheumatoid arthritis, Graft versus Host disease etc
- Suffer from corneal conditions like corneal erosions, corneal dystrophies, blepharokeratitis, neurotrophic/ anaesthetic cornea, limbal stem cell loss etc.
- Have lid abnormalities like entropion etc awaiting corrective lid surgery
- Need regular follow ups in eye clinic for monitoring of dry eye

For non-contact lens wearer:

Prescribe 1st Line:

Carbomer Gel : Clinitas Carbomer Gel 0.2% *contains preservative (Carbomer 980) £1.49/10g

Carmellose : Eyeaze Carmellose 1% preservative free Eye drops £1.81 /10ml

Sodium Hyaluronate : ClinOptic HA 0.1% and 0.21% preservative free Eye drops £4.15 /10ml

For contact lens wearer or those with an allergy to preservatives:

Prescribe 1st Line:

Carmellose : Eyeaze Carmellose 1% preservative free Eye drops £1.81/10ml

Sodium Hyaluronate : ClinOptic HA 0.1% and 0.21% preservative free Eye drops £4.15 / 10ml

For Products on the MPD click the link : [Here](#)

Prices listed from Drug Tariff March 2024

More severe dry eye conditions – consider Secondary Care referral.

Some products may be initiated by Secondary Care Only. These will be listed on the MPD as non-formulary and should be used only after 1st line formulary choices have been tried.

Guidance regarding over the counter (OTC) lubricants prescribing

Scope of this guidance:

Following the [NHS England guidance](#) on conditions for which over the counter (OTC) items should not routinely be prescribed in primary care; this document has been produced to support clinicians with implementation of the recommendations. It can also be used by other allied healthcare providers e.g. community pharmacists to help provide information to patients on self-care for mild dry eyes.

This guidance is intended to encourage the public to self-care for minor illnesses as the first stage of treatment. It is envisioned that in most cases (unless specified) these minor conditions will clear up in a short time with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

Pathophysiology:

Dry eye syndrome or dry eye disease is a common multifactorial condition characterised by variety of symptoms when the eyes don't make enough tears, or the tears evaporate too quickly. Common symptoms of dry eye syndrome include dryness, irritation or discomfort, excessive reflex watering, and intermittent blurring of vision. Symptoms typically worsen with prolonged visual tasks, exposure to wind and air conditioning.

Management:

The aims of treatment are to restore the ocular surface and improve ocular comfort. Many cases of sore eyes resolve to an acceptable level of comfort with minimal intervention and can have contributing factors like environment or systemic medications. Dry eye, however, is a chronic and often relapsing condition and in moderate to severe dry eye disease, there is accompanying inflammation, ocular surface damage, hyperosmolarity and neurosensory abnormalities that would require hospital management and lifelong intense treatment.

Mild dry eye

Self-care should be recommended as first line of therapy for patients without inflammation and long-term conditions. These patients are also most likely to be controlled with preserved first line drops except where preservative free lubricants are necessary like in contact lens wearers.

Moderate to severe dry eye / surface disease would need prescribed lubricants where it is essential to preserve sight/ function using lubrication.

Tips for Primary Care Physicians

1. For any new patients with dry eye/ sore eye symptoms please follow the guide with advice and recommend self-care as first line.
2. For any new patients with systemic conditions or severe symptoms where initial primary care management has failed; consider specialist referral to establish diagnosis and on-going management.
3. For existing patients on lubricants, seek advice from Ophthalmic clinicians if in doubt whether patient suitable for self-care. However, as a rough guide, if patient is under hospital review for dry eye or is using preservative free lubricant 3 times a day then that patient is likely to need drops on repeat prescription.
4. Any existing patients attending eye clinic for conditions other than dry eye (e.g. glaucoma) may still fall into self-care category.

Self-care tips on management of dry eyes

1. Keeping eyelids clean
2. To take breaks to rest eyes when using a computer screen
3. To use a humidifier to stop the air getting dry
4. To get plenty of sleep to rest eyes
5. If wearing contact lenses, to take them out and wear glasses to rest eyes
6. To not smoke or drink too much alcohol
7. To not spend too long in smoky, dry or dusty places
8. To not spend too long in air conditioned or heated rooms