DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Dry eye prescribing – position statement

Introduction
Derby and Derbyshire Integrated Care Board (DDICB) currently spends approximately £1m on prescribing for dry eye preparations. Simple dry eye is an uncomplicated condition which can be managed without medical intervention. Patients should be directed to self-care.

DDICB recommends:

"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. See table 1 - dry eye lubricant options for self-care.

DDICB 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 following patients:

- Severe ocular surface disease (OSD) caused by the following conditions; Sjögren's syndrome, auto immune 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

General Management advice for all patients

- Dry eye syndrome or dry eye disease is a common condition characterised by inflammation of the ocular surface that occurs when the eyes don't make enough tears, or the tears evaporate too quickly.
- 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.
- The aims of treatment are to restore the ocular surface and improve ocular comfort.
- Many cases of sore tired eyes resolve to an acceptable level of comfort with minimal intervention. Dry eye, however, is a chronic and often relapsing condition.
- 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.

Non-pharmacological management of dry eyes

- keep your eyelids clean
- take breaks to rest your eyes when using a computer screen
- make sure computer screen is at or below eye level so you do not strain your eyes
- use a humidifier to stop the air getting dry
- get plenty of sleep to rest your eyes
- if you wear contact lenses, take them out and wear glasses to rest your eyes
- do not smoke or drink too much alcohol
- do not spend too long in smoky, dry or dusty places
- do not spend too long in air conditioned or heated rooms

Refer to the self-care section of the Joined Up Care Derbyshire website, where condition specific patient information leaflets can also be found.

Primary care management & Referral –
Mild & Mild/moderate dry eye:

- For treatments of minor conditions such as dry eyes/ sore tired eyes, patients are encouraged to self-care by measures such as good eyelid hygiene and avoidance of environmental factors.
- Mild & Mild-Moderate symptoms of dry eye can be treated with simple eye lubricants (drops, gels and ointments). These can be easily purchased over-the-counter. **See table 1** for treatment options.
- Monitor response to treatment- if ineffective at 8 weeks, consider purchasing another agent

If a recommendation to prescribe comes from an ophthalmologist:

- For simple dry eye – advise the patient to purchase the recommended product.
- Prescribe where the patient has a diagnosis as stated on p1 and if the recommended product is on the formulary.

Review existing patients prescribed dye eye products.

- For new patients with simple dry eye advise to purchase dry eye products over the counter
- Continue prescribing if they have a diagnosis as stated on p1. Follow the dry eye formulary.

Mild/moderate dry eyes:
Referral to the corneal/ocular surface clinic can be made for any patients who GPs are not happy managing (patients with persistent, unresolving symptoms).

For non-emergency/urgent patients GPs may want to refer into the Minor Eye Conditions Service (MECS) delivered by community optometrists. Optometrists will examine and treat the patients appropriately or make an onward referral to the corneal/ocular surface clinic if necessary.

Derbyshire MECS practice list https://primaryeyecare.co.uk/find-a-practice/
A postcode can be used to locate the MECS practices closest to a patient's postcode. Using the service filter for 'Urgent or Minor Eye Services' will identify a list of closest MECS practices

Severe dry eyes:
Patients with severe symptoms who are not managed on preservative-free lubricants alone should also be referred to the hospital eye service. When prescribing is deemed necessary, **table 2** contains cost effective formulary choices.

Table 1: Dry eye lubricant options for self-care (purchase OTC)

Ensure patients are appropriately sign-posted to self-care resources/ leaflets
The majority of patients in primary care can be managed with 1st line agents.

<table>
<tr><th></th><th>Active ingredient</th><th>Example of cost effective brands</th></tr>
<tr><td rowspan="3">1st line treatment options

• Hypromellose should be appropriate for the majority of patients presenting with mild dry eye syndrome. Hypromellose eye drops may need to be instilled frequently initially until symptoms improve, then applied at a decreased frequency. Once symptoms are controlled, if the patient's maintenance regimen is greater than 4–6 times a day, a review may be needed with consideration of alternative or additional options.

• Dry eye syndrome treatments containing carbomers or polyvinyl alcohol require less frequent administration but may be less well tolerated than hypromellose.

• Within the 1st line regimen, using both hypromellose and carbomers may be appropriate to try before progressing to 2nd line treatment options.

If failure to improve symptoms after 6-8 weeks, progress to second-line treatment options.</td><td>Hypromellose 0.3%</td><td>AacuLose Hypromellose, Teardew</td></tr>
<tr><td>Polyvinyl alcohol 1.4%</td><td>Liquifilm Tears, Refresh Ophthalmic PF UDV</td></tr>
<tr><td>Carbomer 0.2%

NatPSA Potential contamination of some carbomer-containing lubricating eye products.
See notes on p.5.</td><td>Ocufresh Carbomer 0.2% Lubricating Eye Gel, Clinitas Carbomer Gel, GelTears, Liquivisc, Viscotears</td></tr>
<tr><td rowspan="2">Alternative treatment options

• There is no evidence to support any differences in efficacy between the different strengths available for sodium hyaluronate, although the different delivery systems of the products may affect patient acceptability.
• Some sodium hyaluronate delivery systems give longer in-use expiry dates. If required, these should be considered on an individual patient basis.

If failure to improve symptoms after 6-8 weeks, refer for specialist input.</td><td>Carmellose 0.5%</td><td>AaqEye Carmellose* / Aqualube ,Optive</td></tr>
<tr><td>Sodium hyaluronate e.g. 0.2%</td><td>Blink Intensive Tears</td></tr>
</table>

Table 2: Dry eye lubricant options to to aid selection when prescribing is necessary

Preparation	Active ingredient	Pack size	Cost Per Pack	Monthly cost based on QDS use	Expiry once opened	Other brands (more expensive)
Preparations containing preservatives						
AaproMel 0.3%	Hypromellose 0.3%	10ml	£0.69	£0.69	28 days	AacuLose Hypromellose or Teardew 0.3%
Liquifilm Tears	Polyvinyl alcohol 1.4%	15ml	£1.93	£1.93	28 days	
Ocufresh Carbomer 0.2% Lubricating Eye Gel NatPSA Potential contamination of some carbomer-containing lubricating eye products. See below.	Carbomer 0.2%	10g	£1.34	£1.34	28 days	Clinitas Carbomer Gel, GelTears, Liquivisc
AaqEye Carmellose* / Aqualube*	Carmellose 0.5%	10ml	£1.73	£1.73	28 days	Optho-Lique Optive
Blink Intensive Tears	Sodium hyaluronate	10ml	£2.97	£2.97	90 days	
Systane Ultra	Propyleneglycol/ Polyethylene glycols 400 0.3%/0.4%	10ml	£6.86	£6.86	6 months	
Optive fusion	Sodium hyaluronate 0.1%, carmellose 0.5%	10ml	£7.49	£7.49	90 days	
Optive plus	Carmellose 0.5%, Caster oil 0.25%, glycerine 1%	10ml	£7.49	£7.49	6 months	
Systane Balance	Propylene glycol 0.6%	10ml	£7.68	£7.68	6 months	
Preservative Free preparations (consider prescribing if patients begin to use drops more than four times per day)**						
Eyeaze Carmellose 1%/ $ VIZcellose 1%$	Carmellose 1%	10ml	£1.81/ £1.82	£1.81/ £1.82	90 days	Celluvisc (UDV)
Evolve Hypromellose 0.3%$	Hypromellose 0.3%	10ml	£2.03	£2.03	90 days	Tear-Lac
HydraMed night	Retinol palmitate 250iu/g. WSP, light LP, wool fat	5g	£2.38	£2.38	90 days	Hylo Night
Xailin Night	WSP, white mineral oil, lanolin alcohols	5g	£2.70	£2.70	28 days	
Eyeaze Carmellose 0.5%$/ VIZcellose 0.5%$	Carmellose 0.5%	10ml	£2.87/ £2.88	£2.87/ £2.88	90 days	Xailin Fresh (UDV)
Eyeaze 0.2% PF	Sodium hyaluronate 0.2%	10ml	£4.15	£4.15	90days	Hylo-Forte (UDV)
Lumecare singles Hypromellose 0.3%$	Hypromellose PF 0.3%	30 UDV	£4.83	£18.03	Single use	
Liquifilm Tears PF	Polyvinyl alcohol 1.4%	30 UDV	£5.35	£19.97	Single use	
Viscotears PF	Carbomer 0.2%	30 UDV	£5.42	£20.23	Single use	

***consider optive (£7.49, 10ml) if patient using less than a bottle monthly as these have 6 months expiry once opened. **$ contains Borax/ Boric acid (buffer)**

****Green Specialist** Preservative intolerance should usually be diagnosed by an ophthalmologist however if patients require drops more than four times per day consider switching to preservative free drops. If PF formulation is warranted, proprietary preservative-free formulations (often available as unit dose preparations) should be prescribed if at all possible. Manufactured “specials” are unlicensed and almost invariably cost significantly more.

Certain batches of the following eye gels are subject to recall at present (see FSN for details): AACARB, **AACOMER 0.2%,** PUROPTICS. As a precautionary measure, while further testing is conducted, avoid use of all carbomer-containing lubricating eye products for patients in the following groups:-

- individuals with cystic fibrosis;
- patients being cared for in critical care settings (e.g., adult, paediatric and neonatal ICU);
- severely immunocompromised;
- patients awaiting lung transplantation.

Where an alternative non carbomer-containing product is not available or not suitable, apply clinical risk assessment as appropriate.

Reference

- Prescqipp Bulletin 202 Eye Preparations March 2018 https://www.prescqipp.info/our-resources/bulletins/bulletin-202-eye-preparations/
- All Wales Medicines Strategy Group Dry Eye Syndrome Guidance Dec 2016
- Mid Essex CCG policy statement: prescribing of dry eye lubrication.

Document control	Date
Notes on NatPSA carbomer added	December 2023
Optive fusion expiry updated from 6 months to 90 days	April 2024
Sno-Tears removed due to discontinuation	August 2024
Hypromellose 0.3% cost-effective brands updated	October 2024