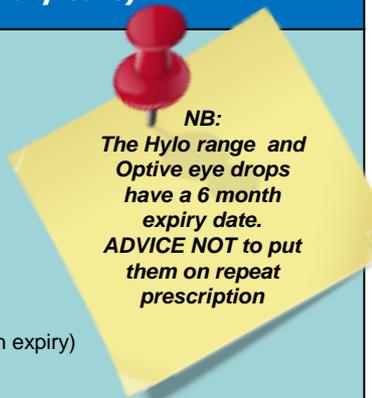




## Prescribing Guidelines for Dry Eye Management

### MILD to Moderate dry eye (Primary Care)

- 1) Hypromellose 0.3% or 0.5% (P) (most cost effective option)
- 2) Carmellose 0.5% eye drops (P) (Optive®) (6 month expiry)
- 3) Carbomer 980 Gel 0.2% (P) Clinitas®
- 4) Hypromellose 0.3% (PF) TEAR-LAC® (6 month expiry)
- 5) Hyaluronic Acid 0.1% eye drops (PF) HYLO-TEAR® (6 month expiry)
- 6) Carmellose® 1% (PF) (P) Celluvisc® Single dose unit



### SEVERE dry eye (Referral to Secondary Care may be needed)

- Hyaluronic Acid 0.1% eye drops (PF) HYLO-TEAR® (6 month expiry)
- Hyaluronic Acid 0.2% eye drops (PF) HYLO-FORTE® (6 month expiry)
- Liquid Paraffin ointment (GSL\*) VitA-POS® (for use at night time) (6 month expiry)

Legal Category  
 •(P) Pharmacy only medicine  
 •(GSL) General Sales List  
 Hylo range Medical device

### RESTRICTED

- Acetylcysteine 5% (Ilube) or 10% (without preservative bottle (unlicensed special) for patients with filaments)
- Systane® Balance for patients with Meibomian glandular disease (MGD)
- Cyclosporin eye drops & ointment are unlicensed specials and are considered **RED** drugs (*Specialist use only*)

### For Mild to Moderate Dry eyes consider PRESERVATIVE FREE formulations for patients with

True preservative allergy to 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> line treatment options

Evidence of epithelial toxicity from preservatives

Patients on a large number of drops a day to prevent epithelial toxicity

High risk patient e.g. Corneal graft

### PLEASE NOTE:

- When a patient is referred into secondary care local variations in treatment may occur. This is not an exhaustive list of other ocular lubricants that local hospitals have on formulary.
- When asked to prescribe a special, please note that the Royal College of Ophthalmologists (updated 07/05/2014) Ophthalmic Special Order Products, General Principles has been published at <http://www.rcophth.ac.uk/news.asp?section=24&itemid=1648&search=>
- Consider advising the patient to buy Over the Counter preparations where the patient pays for prescriptions as this may be a more cost effective option for the patient
- The Preservative Free preparations above ( HYLO-TEAR®, HYLO-FORTE®, TEAR-LAC®) have a 6 month expiry date once opened



With thanks to Moorfields Eye Hospital NHS Foundation Trust Prescribing Guidelines for Ocular Lubricants

Guidelines for Dry Eye Syndrome (Adapted for use locally by Clare Johns (Registered Senior Pharmacy Technician, Pharmaceutical Commissioning, Surrey Downs CCG, Hosted Service on behalf of the PCN member organisations)

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## Prescribing Guidelines for Dry Eye Management

**Dry eye syndrome** (also known as keratoconjunctivitis sicca) is the final common outcome of a number of different conditions which affect the tear film that normally keeps the eye moist and lubricated.

- Tears are a complex mixture of water, salts, lipids, proteins, and mucins. The lacrimal glands produce the aqueous components (water, salts, proteins), the Meibomian glands produce the lipids, and conjunctival goblet cells produce the mucins.
  - Tears are produced under nervous and hormonal control.
  - A steady basal flow maintains the tear film that protects the eye.
- A reflex increases flow as a response to emotion, irritation of the eye, and other nervous stimuli. Excess tearing frequently occurs in people with dry eye syndrome, for example in windy conditions.
- Tears are distributed across the eye surface by blinking, and are drained by the lacrimal ducts into the nose.
- The external surface of the eye, the tear-secreting glands, Meibomian glands, and eyelids function as an integrated unit to secrete and clear tears. Abnormalities in any component of this functional unit can result in an unstable and unrefreshed tear film and the set of symptoms called dry eye syndrome.

### What general advice about management of dry eye syndrome should I offer?

- Explain that although the condition cannot be cured, symptoms may be relieved and deterioration stopped by simple tear-replacement treatment. Referral for treatment with active medication or surgery is seldom required.
- 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 to control the blepharitis that most people with dry eye syndrome have — see the CKS topic on [Blepharitis](#).
  - Limiting the use of contact lenses, if these cause irritation.
  - Stopping medication that exacerbates dry eyes, such as topical and systemic antihistamines.
  - Using a humidifier to moisten ambient air.
  - If smoking tobacco, stopping smoking may help — see the CKS topic on [Smoking cessation](#).
  - If using a computer for long periods, ensure that the monitor is at or below eye level, avoid staring at the screen, and take frequent breaks to close/blink eyes
- If there is an underlying condition (suspected or known) that can cause dry eyes, consider referral for specialist assessment.

### **Prevalence**

- Dry eyes are common. For example, in people 65 years of age and older, reported prevalence rates range from 15–33%.
- The prevalence of dry eye syndrome increases with age.
- Dry eye syndrome is about 50% more common in women than in men.

### **References:**