

## MANAGEMENT OF DRY EYE SYNDROME

**Mid and South Essex CCGs do not support the prescribing of ocular lubricants for the management of mild to moderate dry eye syndrome. Prescribing is ONLY supported for the management of severe symptoms where the use of ocular lubricants is essential to preserve sight function for:**

- Severe ocular surface disease (OSD) caused by the following conditions: Sjögren's syndrome, autoimmune disease (e.g. rheumatoid arthritis, ulcerative keratitis), neurotrophic cornea
- Current/previous corneal conditions (e.g. keratitis, iritis), recurrent corneal erosions, corneal injury
- Abnormal lid anatomy or function

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 over the counter to manage their dry eye symptoms. This includes for tired eyes, hayfever symptoms, contact lens wearers, old 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](#).

### General management:

- Dry eye syndrome is a common chronic condition characterised by inflammation of the ocular surface and reduction in quality and/or quantity of tears. This results in symptoms of discomfort, visual disturbance, and tear film instability with potential damage to the ocular surface.
- Dry eye symptoms can be due to Meibomian gland dysfunction, blepharitis, age-related lacrimal gland deficiency, low blink rate, malposition of eyelids, contact lens wear, corneal refractive surgery, medication, and underlying conditions such as Sjögren's syndrome and diabetes mellitus.
- The aims of treatment are to restore the ocular surface and improve ocular comfort and symptoms.
- Patients should be encouraged to manage both dry eyes and sore eyes by implementing self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment options.
- Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using ocular lubricants that can easily be purchased over the counter.
- If clinically appropriate, medications that exacerbate dry eye syndrome should be reviewed and where appropriate changed or stopped, such as topical and systemic antihistamines, tricyclic antidepressants, selective serotonin reuptake inhibitors, diuretics, beta-blockers, isotretinoin, and possibly anxiolytics, anti-psychotics and alcohol.

### Self-care advice:

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

- **Maintaining good eyelid hygiene:** warm compresses, lid hygiene and massage - these can be especially helpful if blepharitis or Meibomian gland dysfunction are present. The compress can be a clean cloth warmed in hot water or patients can purchase a reusable warm compress (such as EyeBag) and use daily.
- **Contact lenses:** limiting contact lens use to shorter periods, especially if these cause irritation.
- **Dry air:** using a humidifier to moisten ambient air and avoiding prolonged periods in air-conditioned environments.
- **Computer use:** 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.
- **Smoking cessation:** highlight the effect of cigarette smoke on dry eyes and encourage the patient to stop smoking.

### Prescribing guidance:

- Prescribing of ocular lubricants is only supported for the management of severe symptoms if the patient has a diagnosis as detailed in the exceptions.
- There is insufficient robust evidence to suggest that any one ocular lubricant is superior to another.
- Ocular lubricants should be tried for 4 to 6 weeks before assessing benefit. If symptoms are not relieved with the initial ocular lubricant try an alternative ocular lubricant. Try two ocular lubricants from the first line formulary treatments each for 4 to 6 weeks before stepping up to the second line formulary treatments.
- **Single dose unit products are not cost effective and not routinely recommended.**
- **Expiry dates of products vary** (please see table for expiry dates for formulary ocular lubricants).

**Preservative free formulations should be reserved for:**

- Allergy or intolerance to a preservative.
- Evidence of epithelial toxicity from preservatives (demonstrated by persistent red eyes).
- Chronic eye disease using multiple, preserved topical eye medications, or frequency of administration greater than 6 times daily.
- Soft or hybrid contact lens wearers.
- High risk patients (such as corneal grafts).

**Referral for specialist (optometrist or ophthalmologist-as appropriate) assessment is recommended if:**

- A serious eye condition such as acute glaucoma, keratitis, iritis, or corneal ulcer is suspected-same day referral and assessment is required.
- An underlying systemic condition such as Sjogren's syndrome is suspected.
- Symptoms cannot be adequately controlled in primary care (after unsuccessful treatment with 3 different ocular lubricant treatments including regular sodium hyaluronate eye drops AND have implemented warm compresses).
- The patient has abnormal lid anatomy or function.
- There is diagnostic uncertainty.

**Recommendations:**

- **Do not initiate** ocular lubricants for mild to moderate dry eye syndrome or simple dry eyes, including following a recommendation from an optometrist/ophthalmologist. Advise patients to purchase the recommended product over the counter.
- Only prescribe ocular lubricants for the management of severe symptoms if the patient has a diagnosis as detailed in the exceptions above and prescribe one of the recommended formulary ocular lubricants (detailed in table). Prescribe by brand name.
- **Review and discontinue** the prescribing of ocular lubricants for existing patients for the management of mild to moderate dry eye syndrome or simple dry eyes. Advise patients to purchase the recommended product over the counter.
- Continue the prescribing of ocular lubricants for the management of severe symptoms if the patient has a diagnosis as detailed in the exceptions above. Follow the recommended formulary ocular lubricant products (detailed in table).

There may be 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.

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

<b>References</b>	All Wales Medicines Strategy Group. Dry Eye Syndrome Guidance (December 2016): <a href="https://awmsg.nhs.wales/files/guidelines-and-pils/dry-eye-syndrome-guidance-pdf/">https://awmsg.nhs.wales/files/guidelines-and-pils/dry-eye-syndrome-guidance-pdf/</a> NICE CKS Dry Eye Syndrome (last revised August 2017): <a href="https://cks.nice.org.uk/topics/dry-eye-syndrome/">https://cks.nice.org.uk/topics/dry-eye-syndrome/</a> NHS England Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs (March 2018): <a href="https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf</a> MTRAC Commissioning Support Ocular Lubricants for the treatment of dry eye disease (June 2018): <a href="https://ccg.centreforoptimisation.co.uk/files/MTRAC%20Dry%20eye%20products%20guidance%20June%202018_public%20extract.pdf">https://ccg.centreforoptimisation.co.uk/files/MTRAC%20Dry%20eye%20products%20guidance%20June%202018_public%20extract.pdf</a> Drug Tariff online (August 2021): <a href="https://www.nhsbsa.nhs.uk/sites/default/files/2021-07/Drug%20Tariff%20August%202021.pdf">https://www.nhsbsa.nhs.uk/sites/default/files/2021-07/Drug%20Tariff%20August%202021.pdf</a> MIMS online, Table: Dry Eye Treatments: <a href="https://www.mims.co.uk/table-dry-eye-treatments/ophthalmology/article/1596602">https://www.mims.co.uk/table-dry-eye-treatments/ophthalmology/article/1596602</a>
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**FORMULARY OCULAR LUBRICANTS - PRESCRIBE BY BRAND NAME**

Ocular lubricants should be tried for 4 to 6 weeks before assessing benefit

	Brand name	Active ingredient	Cost (pack size)	Expiry once opened	Additional information
<b>First line (with preservative)</b>  <i>Try two first line ocular lubricants each for 4 to 6 weeks before stepping up to second line</i>  <b>Available OTC</b>	<i>Lumecare Tear Drops</i>	Hypromellose 0.3% eye drops	£0.80 (10ml)	28 days	Wait 30 minutes after use before inserting contact lenses
	<i>Sno Tears 1.4%</i>	Polyvinyl alcohol 1.4% eye drops	£1.06 (10ml)	28 days	
	<i>Clinitas Carbomer Gel</i>	Carbomer '980' 0.2% gel	£1.49 (10g tube)	28 days	Wait 30 minutes after use before inserting contact lenses
<b>Second line (with preservative)</b>  <b>Available OTC</b>	<i>Aqualube 0.5%</i>	Carmellose 0.5% eye drops	£2.58 (10ml)	28 days	Suitable for soft contact lens wearers
	<i>Blink Intensive Tears</i>	Sodium hyaluronate 0.2% eye drops	£2.97 (10ml)	45 days	Suitable for soft contact lens wearers
<b>Preservative free (PF)</b>  <i>Restricted use - please see criteria</i>  <i>Available as PF bottles - significantly more cost effective compared to single dose units and reduces single use plastic waste</i>  <b>Available OTC</b>	<i>Evolve Hypromellose 0.3%</i>	Hypromellose 0.3% eye drops PF	£1.98 (10ml PF bottle)	3 months	Suitable for soft contact lens wearers
	<i>VIZcellose 1%</i>	Carmellose 1% eye drops PF	£1.82 (10ml PF bottle)	3 months	Suitable for soft contact lens wearers
	<i>Evolve Carbomer 980</i>	Carbomer '980' 0.2% gel PF	£2.80 (10g PF bottle)	90 days	Suitable for soft contact lens wearers
	<i>Aeon Repair</i>	Sodium hyaluronate 0.15% eye drops PF	£4.00 (10ml PF bottle)	90 days	Suitable for soft contact lens wearers
<b>Ointment for night use</b>  <b>Available OTC</b>	<i>Moistueyes</i>	Paraffin based eye ointment	£2.11 (5g PF tube)	28 days	Paraffin based eye ointments are flammable - care should be taken to avoid burns
	<i>HydraMed night</i>	Paraffin based eye ointment	£2.32 (5g PF tube)	90 days	
<b>Restricted use - specialist initiation and primary care continuation - YELLOW</b>	<i>Ikervis</i>	Ciclosporin 0.1% eye drops 0.3ml unit dose	£72.00 (30 unit doses)	Single use	Severe keratitis in adults with dry eye disease that has not improved despite use of tear substitutes ( <a href="#">NICE TA369</a> )
<b>Specialist use only - not recommended for primary care prescribing - RED</b>	<i>Ilube</i>	Acetylcysteine 5% eye drops	£36.47 (10ml)	28 days	Filamentary keratitis. Not suitable for soft contact lens wearers

10ml of eye drops normally contains approximately 200 drops (approximately 20 drops in 1ml)

Community pharmacists can advise on equivalent alternative products which can be purchased over the counter.