

Surrey Downs, Guildford & Waverley, North-West Surrey, and East Surrey Places with associated partner organisations.

## Surrey Heartlands Dry Eye Guidance

This guideline is based on the pan-London Dry Eye guide with thanks to the authors. This guide recommends suitable eye lubricant classes for different stages of Dry Eye Disease (DED).

The guideline has been adapted as follows.

- The Pan-London recommendations for self-care with exceptions have been simplified to recommendations for prescribing for patients with regular and long term requirement for the treatment of diagnosed dry eye syndrome and self-care for short term dry eye syndrome or for other indications where lubricants may be occasionally used, e.g. tired eyes
- Preferred first line products have been listed on page 2 This is based on the most cost-effective product selection.
- Second choice options will be available on a poster to use in clinics. These options should be considered where there are supply issues with the preferred treatment options.
- Where a second-line product has been selected because of product shortages: Do not change repeat prescription, choose most cost-effective brand for the next prescription
- Where a second-line product has been selected because of an adverse effect or because of a lack of efficacy to the first line treatment, this must be clearly explained in the notes/ discharge letter to exclude from future switching plans.
- All options will be identified on the Surrey Heartlands Joint Formulary with their place in therapy

Clinicians are advised to refer to the manufacturer's current prescribing information and local formularies before treating individual patients. The authors accept no liability for use of this information beyond its intended use.

Whilst we have tried to compile accurate information in this guide, if you identify information that is inaccurate, please report this to the Surrey Heartlands Medicines Resource Unit at [syheartlandsicb.apc@nhs.net](mailto:syheartlandsicb.apc@nhs.net)

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***RECOMMENDATIONS FOR SELF CARE in those patients requiring occasional and intermittent treatment for dry eyes only.***

## Surrey Heartlands recommendations for prescribing of Ocular Lubricants based on severity of Dry Eye Disease

### PREFFERED FIRST LINE PREPARATIONS PRESCRIBE BY BRAND

MILD DRY EYE (GREEN traffic light status) <i>Recommend a choice of low viscosity, non- combination products, for use as required.</i>	MODERATE DRY EYE (GREEN traffic light status) <i>Recommend a choice of higher viscosity lubricants and/or paraffin-based ointment. With persistent symptoms refer to specialist.</i>	SEVERE DRY EYE (BLUE traffic light status) – One month prescribing by specialist team prior to transfer of care to primary care. <i>Chronically inflamed eyes: Specialist initiation of regime required. Choice of high viscosity products including combination eye drops.</i>
<p><b>Cellulose</b> e.g., <b>Hypromellose 0.3%</b> preserved/PF- <b>Preferred (least costly preparations)</b></p> <ul style="list-style-type: none"> <li>• AaproMel 0.3% eye drops (£0.69**)</li> <li>• Aaculose 0.3% eye drops (£0.71)</li> </ul> <p><b>Preservative Free</b></p> <ul style="list-style-type: none"> <li>• Evolve Hypromellose 0.3% PF* (£1.98)</li> </ul> <p><i>Lumecare Singles Hypromellose 0.3% (£4.71) for *<sup>v</sup>Occasional use in patients requiring long term frequent eye drops, e.g. to carry in bag</i></p>	<p><b>Sodium Hyaluronate</b> 0.1%, 0.2% or 0.4% PF* <b>Preferred (least costly preparations)</b></p> <ul style="list-style-type: none"> <li>• Eyeaze 0.1% eye drops PF (£4.15)</li> <li>• VIZhyal 0.1% eye drops PF* (£5.10)</li> <li>• Eyeaze 0.2% eye drops PF (£4.14)</li> <li>• VIZhyal 0.2% eye drops PF* (£5.10)</li> <li>• Eyeaze 0.4% eye drops PF (£4.14)</li> <li>• VIZhyal 0.4% eye drops PF* (£5.10)</li> </ul>	<p><b>Combination products</b> e.g., Osmoprotectant; Mucolytic; Lipid containing supplementation, neuroprotective, epitheliotropic, where there is reduced sensation to corneal nerves or the corneal epithelium is slow to heal</p> <p><i>Please use the least costly combination product best suited to the patient's clinical need</i></p>
<p><b>Polysaccharides</b> e.g., <b>Carmellose 0.5%</b> preserved/PF- <b>Preferred (least costly preparations)</b></p> <ul style="list-style-type: none"> <li>• AaqEye Carmellose 0.5% (£1.75)</li> </ul> <p><b>Preservative Free</b></p> <ul style="list-style-type: none"> <li>• Eyeaze Carmellose 0.5% PF*(£2.87)</li> <li>• VIZcellose 0.5% PF* (£2.88)</li> </ul> <p><i>Lumecare Singles Carmellose 0.5% (£3.41) for *<sup>v</sup>Occasional use</i></p>	<p><b>Carbomers</b> e.g., <b>Carbomer 980 0.2%</b> preserved/PF- <b>Preferred (least costly preparations)</b></p> <ul style="list-style-type: none"> <li>• Aacomer 0.2% eye gel (£1.34)</li> <li>• Aacarb Carbomer 0.2% eye gel (£1.39)</li> </ul> <p><b>Preservative Free</b></p> <ul style="list-style-type: none"> <li>• Evolve Carbomer 980 PF* (£2.80)</li> </ul>	<p><b>*Preservative Free</b> <b>**Drug Tariff and Monthly Index of Medical Specialities (MIMs) – January 2023</b> <b>*<sup>v</sup> People requiring very frequent eye drops who find it useful to have some of the unit dose vials to carry around with them, can be supplied up to one box of 30-unit doses per month as required. Add to variable repeat prescription (function which allows you to add medication that is being used on a when necessary (PRN) basis).</b></p>
<p><b>Carbomers</b> e.g., <b>Carbomer 980 0.2%</b> preserved/PF- <b>Preferred (least costly preparations)</b></p> <ul style="list-style-type: none"> <li>• Aacomer 0.2% eye gel (£1.34)</li> <li>• Aacarb Carbomer 0.2% eye gel (£1.39)</li> </ul> <p><b>Preservative Free</b></p> <ul style="list-style-type: none"> <li>• Evolve Carbomer 980 PF* (£2.80)</li> </ul> <p><i>Ocu-Lube Carbomer 0.2% (£5.25) singles for *<sup>v</sup>Occasional use</i></p>	<p><b>Eye ointment paraffin+ based lubricant PF-</b> <b>Preferred (least costly preparations)</b></p> <ul style="list-style-type: none"> <li>• HydraMed Night PF* (£2.32)</li> </ul>	
<p><b>Polysaccharides</b> e.g., <b>Carmellose 1%</b> PF* <b>Preferred (least costly preparations)</b></p> <ul style="list-style-type: none"> <li>• Eyeaze Carmellose 1% PF* (£1.81)</li> <li>• VIZcellose 1% eye drops PF*(£1.82)</li> </ul>		

**Lubricant classes – explanatory notes (see below)**

- Viscosity enhancing agents: Increased viscosity products (higher strength) would have a more reparative effect on the ocular surface, stimulating epithelial migration.
- Mucolytic agents: For treatment of corneal filaments and patients with “sticky” eyes due to excess mucous.
- Osmoprotectant agents: Additional solutes with an osmoprotectant effect; small number of studies show a beneficial effect when used for neurotrophic keratitis or DED resulting from slow healing after invasive procedure(s) / trauma.
- Antioxidants agents: Reduce reactive oxygen species on the ocular surface.
- Lipid containing supplementation: Oil emulsions containing mineral oils. Some evidence of benefit in Meibomian Gland Dysfunction (MGD) / evaporative DED.
- Paraffin-based eye ointments: Lubricate the eye surface, especially in cases of recurrent corneal epithelial erosion. A small % of patients may be allergic to the lanolin content, use a lanolin-free preparation+ in these instances. e.g Hydromed Night PF

## Supplementary information on prescribing and products for specialist initiation when symptoms are persistent/severe

RESTRICTED

See Surrey PAD for traffic light status for restricted eye items

- **BLUE** [Ciclosporin: eye drops 0.1% \[TA369\]](#) (licensed products: **Ikervis**®- adults;
- **RED** **Optimmune 0.2% eye ointment** (ciclosporin unlicensed) and **Restasis® 0.05% ophthalmic emulsion** (ciclosporin unlicensed). (Local preference for the unlicensed preparation may vary)
- **RED** **Acetylcysteine 5% PF & Acetylcysteine 10% PF eye drops** (both unlicensed)
- **RED** **Autologous serum eye drops (ASE)\*\*** only to be initiated and continued by a specialist in ophthalmology.  
\*\* [NHSE commissioning statement: serum eye drops for the treatment of severe ocular surface disease \(all ages\)](#)

**Preservative-free** preparations in this document refer to those with no antimicrobial preservatives. Eye drops preserved with benzalkonium chloride (BAK) have shown to cause preservative-induced complications. Alternative preservatives, including others from the quaternary ammonium class (e.g., cetrimide) and oxidative preservatives (e.g. stabilised oxychloro complex) may need to be avoided. Clinicians must also be aware that some additives may cause allergic reactions too.

**PRESERVATIVE FREE formulations should ALWAYS be prescribed for patients with:**

- True preservative allergy
- Evidence of epithelial toxicity from preservatives
- Frequency > 4 times daily in moderate (persistent symptoms)/severe dry eye
- Soft/Hybrid/Rigid gas permeable contact lenses wearers with diagnosed dry eye syndrome
- Conditions requiring multiple preserved topical medications.

Counselling considerations and patient information signposting / leaflets:

- Dry Eyes:
  - [NHS conditions: dry eyes](#)
  - [RNIB - Understanding Dry Eye](#)
  - [NICE CKS: Dry Eye Syndrome](#)
  - [Lubricants / artificial tears advice for patients](#)
- Blepharitis: [NHS conditions: blepharitis](#)
- Compliance aids: [Know Your Drops resources](#)