

## Prescribing Guidelines for Ocular Lubricants

### Disclaimer

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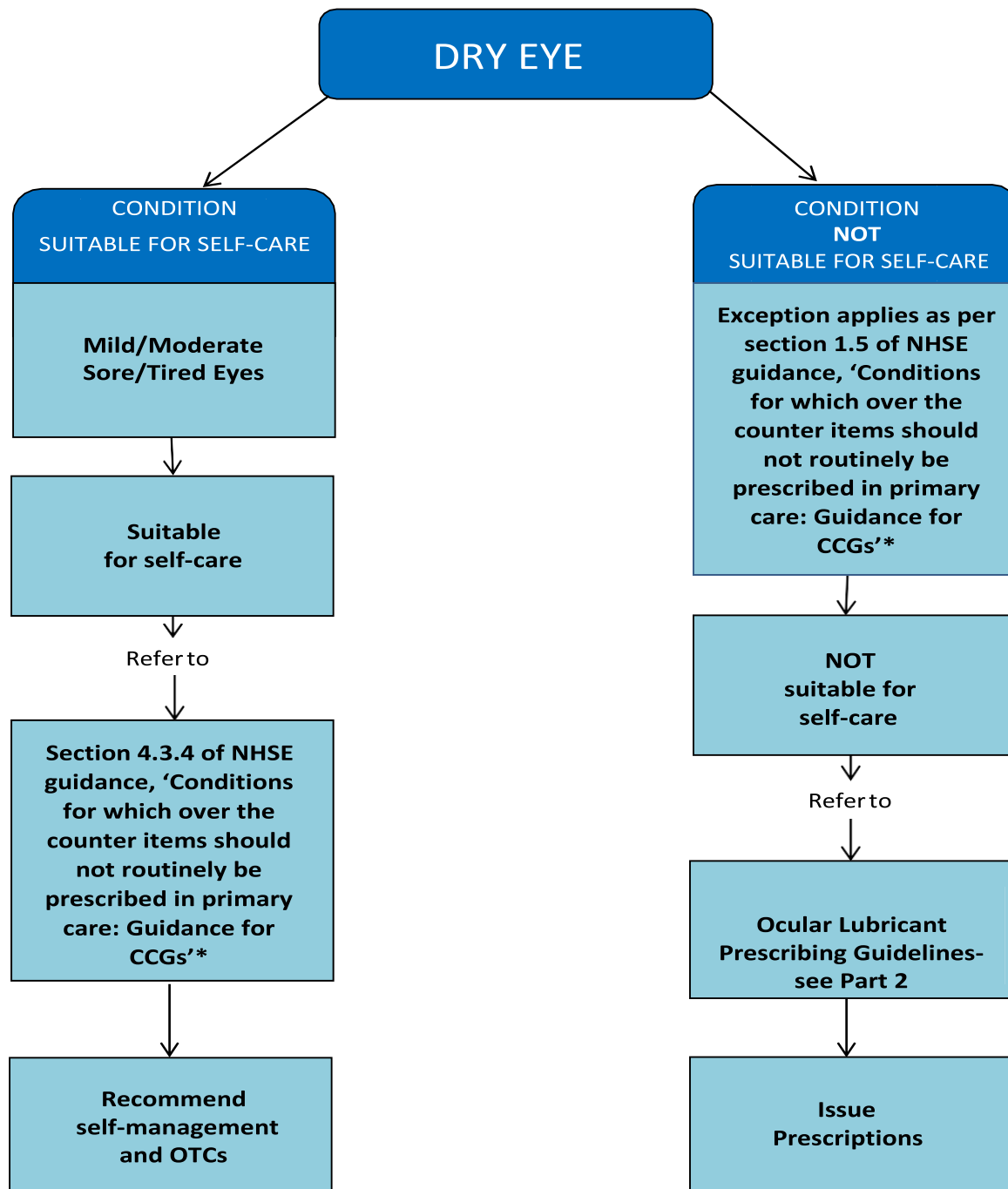
## Document control

Date	Version	Amendments
17/07/2019	2.0	First version of guidance in NCL Guidance format. This guideline supersedes the Ocular Lubricants guideline from Moorfields Eye Hospital previously hosted on <a href="http://www.ncl-mon.nhs.uk">www.ncl-mon.nhs.uk</a> . New formulary items have been included in the prescribing recommendations.

## Document management

Groups / Individuals who have overseen the development of this guidance:	Moorfields Eye Hospital - Formulary Team and Pharmacy
Groups which were consulted and have given approval:	NCL JFC
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Available on:	<a href="http://www.ncl-mon.nhs.uk">www.ncl-mon.nhs.uk</a>
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## Part 1 - Treatment Pathways for Adult and Paediatric Patients Presenting with Dry Eye



**\*See Part 3- Appendix for relevant excerpts from the NHSE document 'Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs' – found in full at:**

**<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>**

## Part 2- North Central London Prescribing Guidelines for Ocular Lubricants

See also Part 1 - flowchart for self-care vs. prescribing pathway

MILD dry eye (PRN use)	MODERATE dry eye	SEVERE dry eye
1) <b>Hypromellose 0.3%</b> preserved/PF▪	1) <b>Sodium Hyaluronate ~ 0.1% PF▪</b>	1) <b>Sodium Hyaluronate ~ 0.2% PF▪</b>
2) <b>Carmellose 0.5%</b> preserved/PF▪	2) <b>Carmellose 1% PF▪</b>	2) <b>Sodium Hyaluronate ~ 0.15%</b> with Trehalose PF▪
3) <b>Carbomer 980 0.2%</b> preserved/PF▪	3) <b>Carbomer 980 0.2%</b> preserved/PF▪	3) <b>Eye ointment paraffin based lubricant PF▪</b>

PF▪ = Preservative Free

**RESTRICTED**

**Hydroxypropyl Guar eye drops** for artificial eyes

**Sodium Hyaluronate 0.15% with Trehalose 3% and Carbomer 0.25% eye gel PF▪** - for patients with scleral lenses

**Ciclosporin 2% eye ointment / 0.1% eye drops (Ikervis®- adults; Verkazia®- children/adolescents)** only to be initiated by a specialist in ophthalmology

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

- True preservative allergy
- Evidence of epithelial toxicity from preservatives
- Treatment longer than 3 months

**PRESERVATIVE FREE formulations should be CONSIDERED for patients with**

- Conditions requiring multiple preserved topical medications
- Frequency > 4 times daily in moderate/severe dry eye
- Soft/Hybrid contact lenses wearers

**OTHER ocular lubricants available for specific patients' needs**

Polyvinyl Alcohol 1.4% eye drops PF▪; Soft Paraffin+Wool Fat eye ointment PF▪; **Unlicensed** Lanolin Free White Soft Paraffin eye ointment PF▪; Sodium Chloride 0.9% eye drops PF▪; Acetylcysteine 5% eye drops preserved.

## Part 3- Appendix

### Excerpts from the document by NHS England: “Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs”

#### 1.5 General exceptions that apply to the recommendation to self-care

There are however, certain scenarios where patients should continue to have their treatments prescribed and these are outlined below:

- Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- 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. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

#### 4.3.4 Dry Eyes/Sore tired Eyes

Annual Spend	c. £14,800,000 (2017)
Rationale for recommendation	<p>Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly.</p> <p>Most cases of sore tired eyes resolve themselves.</p> <p>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</p> <p>Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.</p>
References	<p><a href="#">1. NHS Choices: Dry eye syndrome accessed October 2017</a></p> <p><a href="#">2. NICE CKS: Dry eye syndrome accessed October 2017</a></p>
Recommendation	Advise CCGs that a prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care.
Exceptions	<p>No routine exceptions have been identified.</p> <p>See earlier for general exceptions.</p>