Prescribing Guidelines for Dry Eye Syndrome

BLMK Position Statement

This guideline supports in advising on the management and treatment choices for dry eye syndrome.

Dry eye lubrication for mild and moderate dry eye syndrome should be purchased over the counter as part of self-care as recommended by NHS England.

Prescribing of dry eye lubrication is supported only where it's use is essential to preserve sight function e.g. severe ocular surface disease (OSD) caused by the following conditions: Sjogren's syndrome, auto immune disease (e.g. rheumatoid arthritis, ulcerative keratitis), neurotrophic cornea, previous corneal conditions, recurrent corneal erosions, corneal injury.

Primary Care: Prescribe the most cost-effective product by **brand** as advised by OptimiseRx.

Secondary care: Prescribe **generically**. Prescriptions should be changed to the most cost-effective brand once care is transferred to primary care.

What is Dry Eye Syndrome?

Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes do not make enough tears, or the tears evaporate too quickly.

Most cases of sore tired eyes resolve without treatment.

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.

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 purchased from a pharmacy, supermarket, or other retailer. Community pharmacists can advise on appropriate product options.

The NICE Clinical Knowledge Summary (CKS) for Dry Eye Disease has further information.

Moorfields Eye Hospital have a patient information leaflet on how to use eye drops

Moorfields Eye Hospital have information on eye drop compliance aids that can be purchased.

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Managing patients with dry eyes

See NICE CKS on the management of dry eye disease **How should I manage a person with suspected dry eye disease?**

Preservative toxicity from eye drops

The ocular surface inflammation associated with dry eye is exacerbated by preserved lubricants and, if patients have more than one eye condition for which they are using eye drops, their potential exposure to preservatives is increased.

Preservative-free (PF) formulations are necessary for patients with severe dry eye with ocular surface disease and impairment of lacrimal gland secretion, for patients with true preservative allergy, soft or hybrid contact lens wearers for patients on multiple, preserved topical medications for chronic eye disease. In a patient with mild dry eye, preserved drops are often well tolerated when used 4 times a day or less.

Whenever a PF preparation is needed, consider the 10ml PF bottles, which are more cost-effective to the NHS than unit dose vials (UDVs) and reduce the environmental impact of plastic waste.

When to refer

See NICE CKS on the management of dry eye disease **When should I refer a person with suspected dry eye disease?**

Choice of Therapy- Try two products from each section for 4-8 weeks before stepping up to the next severity level.

	Product	Preservative	Use with contact lenses	Formulary Status	Prescribing Notes
Add on (any stage)	Light liquid paraffin with white soft paraffin and wool alcohols.	No	15 mins after drops.	Self	May be used in addition to other treatments as a nighttime option, particularly for recurrent corneal epithelial erosion. Note that it can cause temporary blurred vision after administration.
Mild Dry Eye	Hypromellose 0.3% drops	Benzalkonium chloride (Preservative free option is available).	15 mins after drops.	Self	Instill frequently (e.g., every hour) to achieve adequate symptom relief, then gradually reduce the frequency as symptoms improve.
	Carbomer 0.2% gel	Yes (Preservative free option is available).	15 mins after gel.	Self	
	Carmellose 0.5% drops	No	Yes		
Moderate Dry Eye	Carbomer 0.2% gel	Yes (Preservative free option is available).	15 mins after gel.	Self	
	Carmellose 1% drops	No	Yes		
Severe Dry Eye	Sodium hyaluronate 0.2% drops	No	Yes	Self	
	Sodium hyaluronate 0.4% drops				
	Sodium hyaluronate/trehalose				
	Sodium hyaluronate/trehalose+/-d-panthenol				
	Evolve Revive® (If alternatives ineffective)	No	Yes	SpA	

Specialist Recommendation	Product	Preservative	Use with contact lenses	Formulary Status	Prescribing Notes
Corneal staining	VisuXL® gel	No	Yes		No need for an additional eye ointment at night.
	VisuXL® drops (If unable to tolerate gel.)	No	Yes		Use as a single agent when appropriate and avoid prescribing duplicate therapies.
Allergy and dry eye	Xailin ectoine®	No	Yes		
Meibomian gland disease (MGD)	VisuEvo®	No	Yes	SpA	Encourage consistent use of eye drops and warm compresses, as adherence is often poor.
Evaporative eye secondary to MGD	Optive plus® drops	Purite (PF on eye)	No		
Dry eye secondary to keratitis	Ciclosporin 1mg/mL drops	Yes	15 mins after drops.		For use in accordance with NICE TA369
Mucus production/corneal filaments	Acetylcysteine 5% drops	Benzalkonium chloride.	15 mins after drops.		
	Acetylcysteine 10% drops (Filamentary keratitis if 5% is insufficient)	Unlicensed special	-	Red	

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