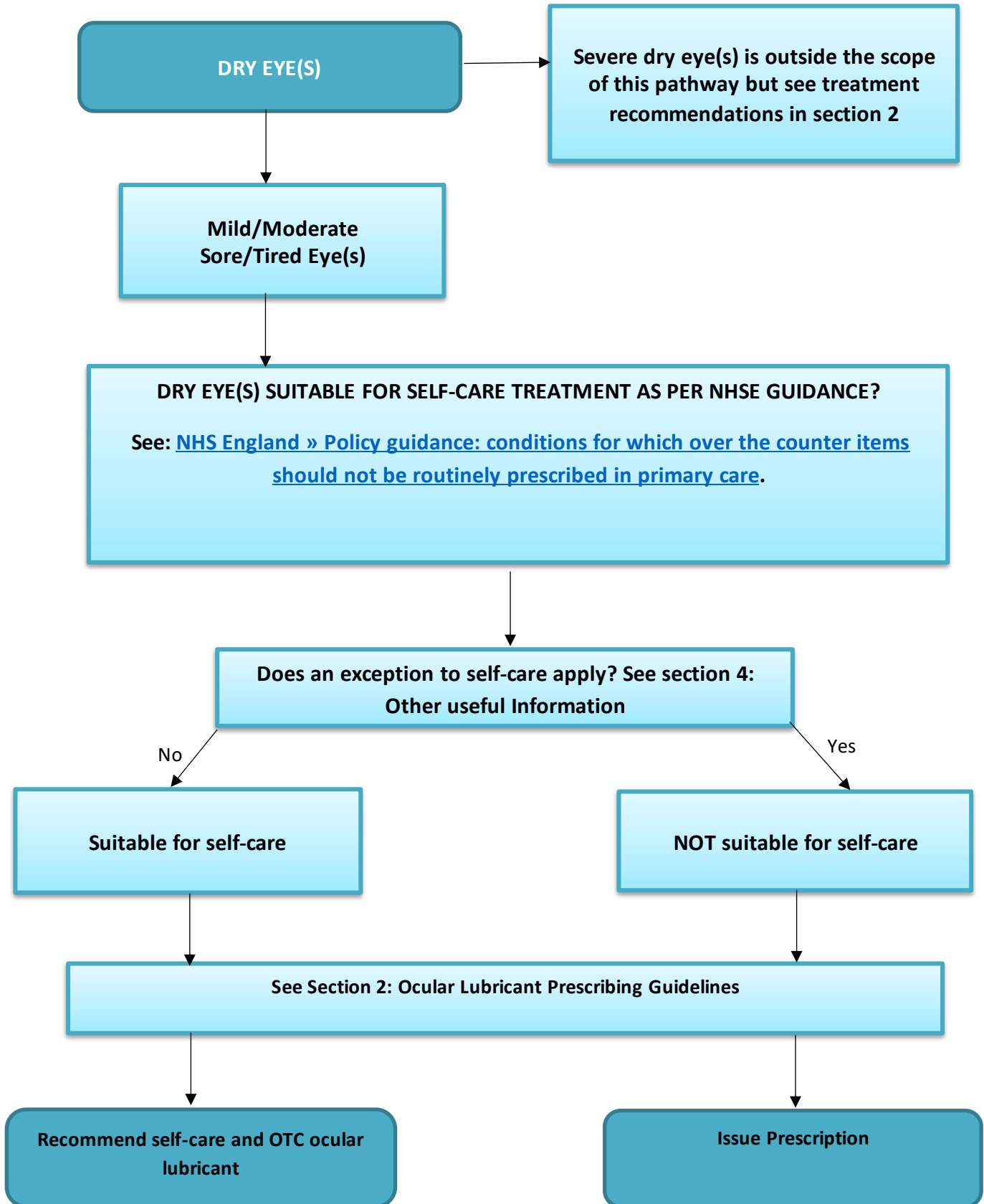


Dry Eye Disease Treatment Guideline

Section 1: Treatment Pathway for Adult & Paediatric Patients Presenting with Dry Eye Disease



Section 2: Ocular Lubricant Prescribing Guideline

Primary care prescribers, recommend or prescribe locally preferred dry eye treatment choices generically.

When a recommendation is made to purchase a treatment over the counter, community pharmacists can advise on appropriate product options.

| MILD (PRN use) | MODERATE | SEVERE | NIGHT TIME TREATMENT |
|---|---|--|--|
| Usually suitable for self-care – see Section 1 | Usually suitable for self-care – see Section 1 | | |
| 1 st Hypromellose preserved/PF | 1 st Sodium Hyaluronate 0.1% PF | 1 st Sodium Hyaluronate 0.2% PF | Paraffin based ointments* *This can be added to other options as a night time treatment. Can cause blurred vision after administration. Do not use with contact lenses in place. |
| 2 nd Carmellose 0.5% preserved/PF | 2 nd Carmellose 1% PF | 2 nd Sodium Hyaluronate 0.15% with Trehalose PF | |
| 3 rd Carbomer 980 0.2% preserved/PF | | 3 rd Paraffin based ointments* | |

Specialist initiation only:

- Filamentary keratitis - Ilube POM
- Meibomian Gland Dysfunction (MGD) - Systane Balance or Optive Plus (PFE)
- Severe keratitis unresponsive to other treatments in adults per NICE TA369 - Ikervis POM (Ciclosporin 0.1%)

Key: PF – preservative free; PFE – preservative free in eye

* Paraffin based eye ointments: may include wool fat, liquid and white soft paraffin, lanolin, retinol palmitate e.g. HylolNight®, Xialin Night®, Hydramed Night®. Lanolin free white soft paraffin eye ointment for those allergic to lanolin e.g. Soothe Nighttime®, Hydramed Night Sensitive®

Section 3: Guidance notes

See NICE CKS for more details on the Diagnosis and Management of Dry Eye Disease, also known as dry eye syndrome: <https://cks.nice.org.uk/topics/dry-eye-disease/>.

- There is no evidence to support that any one ocular lubricant is superior to another.
- The least costly ocular lubricant should be recommended.
- Unit dose vials (UDVs) are not considered as preferred formulations. These should only be considered if there is no alternative drug formulation, when the patient finds it difficult to use the original eye drop bottle e.g. in cases where they may be affected by arthritis, tremor in the hand(s) or hospital in-patient settings.
- Patient information leaflet must be supplied when ocular lubricants are prescribed or recommended. Provide advice on appropriate self-care management:
 - Eye hygiene and applying a warm compress to closed eyelids for five to ten minutes can reduce dry eye symptoms. The compress should be a clean cloth warmed in hot water (but not so hot as to burn the skin) and reheated frequently. Closed eyelids should be massaged in a circular motion across the length of each lid.
 - Consider precipitating or environmental factors before recommending or prescribing eye drops e.g. allergy, medications, extended screen time, (ensure the screen is at eye level and take frequent breaks to close/blink eyes), wearing contact lenses for long periods and smoking.
- Finding an effective treatment can vary between patients. Try at least two products from each section for 4 to 8 weeks before stepping up to the next severity treatment level.
- Optometrists & Pharmacists can provide advice on choice of eye drop/ointment.
- Eye ointments are used for treatment of eyelids, where prolonged treatment at night is required and to reduce number of drops needed to be instilled into the eye. Use drops first before ointment if both are prescribed and to be used together.
- If instilling more than one drop in the eye or using more than one type of eye drop, patients should wait 5 minutes before instilling the next drop. This will stop the first drop from being washed out by the second and before it has time to work.
- **Paraffin based products are flammable.** Care should be taken to avoid burns from smoking and coming in to close contact with naked flames.
- **EXPIRY DATES:**
 - As a guide, frequency ≥ 6 x daily - no need for a product with > 28 days expiry. Between 2 - 5 x daily – a product with a 3 month expiry is usually cost-effective. If instilling once daily, consider prescribing a product with a 6 month expiry (based on 200 drops/10ml bottle - note some products may have > 200 drops/10ml).
 - Single use UDVs should be discarded after each use unless specified by the manufacturer. A single UDV contains sufficient quantity for administration into both eyes.
- **Preservative free (PF)** formulations are appropriate for patients with:
 - A true preservative allergy
 - Evidence of epithelial toxicity from preservatives
 - Prolonged, frequent use e.g. greater than 4 times daily in moderate persistent symptoms/severe dry eye and immediately following eye surgery
 - Chronic eye conditions requiring multiple preserved topical medications
 - Soft or hybrid contact lens wearers.
- **Preservative free in eye (PFE)** formulations:

Contain ‘disappearing’ preservatives which are present in the bottle but degrade on instillation into the eye(s). In severe dry eye(s), these may not totally degrade due to a decrease in tear volume and may be irritating.

Section 4: Other Useful Information

When To Refer To Secondary Care

- If there is an underlying condition (suspected or known) that can cause dry eyes, consider referral to ophthalmology for specialist assessment.
- **Red Flag Symptoms:**
 - One eye affected much more than the other
 - Additional dry mouth and other mucosal tissues
 - Systemic conditions such as allergy, connective tissue disorders or cancer treatment
 - Pain, foreign body sensation, photophobia or soreness on waking with recent history of injury
 - Short term symptoms with a sudden onset
 - Reduction of vision that does not return after each blink
 - Stickiness, crusting discharge of the eye(s)
 - Marked redness of the eye(s)
 - Unsuccessful treatment attempts with three products recommended in this guideline or where symptoms persistent or no/poor response in 4-12 weeks
 - Signs of ulcers or corneal damage
 - Regular attendance to the ED for eye associated problems

Resources for patients:

Dry Eyes:

- [Dry eyes - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- [Dry eye | RNIB](#)
- [Lubricants/artificial tears | Moorfields Eye Hospital NHS Foundation Trust](#)
- [Understanding series – Dry eye \(rcophth.ac.uk\)](https://rcophth.ac.uk)
- Blepharitis: [Blepharitis - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- Compliance Aids: [Know Your Drops | Moorfields Eye Hospital NHS Foundation Trust](#)
- Eye drops dispenser aids available on an FP10: ComplEye, eyGuide, Opticare, Opticare Arthro 5, Arthro 10.

Exceptions for minor conditions suitable for self-care recommendations

Do not prescribe unless for:

- Managing a long-term condition
- Treating more complex forms of minor illnesses
- Managing presentations of symptoms that suggest the condition is not minor
- Red Flag symptoms
- Patients with complex conditions
- Treating an adverse effect or symptom of a more complex illness
- Treating a minor condition suitable for self-care that has not responded sufficiently to an OTC item
- Circumstances where the prescriber's clinical judgement is that these are exceptional and warrant deviation from the recommendation to use self-care
- Individual patients where the prescriber considers that the patient's ability to self-care is compromised because 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
- Circumstances where the product licence does not allow the item to be sold OTC to certain

References:

1. NICE CKS Dry eye disease. Last revised January 2023 ([Dry eye disease | Health topics A to Z | CKS | NICE](#))
2. PrescQIPP Eye preparations B202 2.0. March 2018 | (<https://www.prescqip.info/media/1866/b202-eye-preparations-20.pdf>)
3. All Wales Medicines Strategy Group. Dry eye Syndrome Guidance. December 2016 (<http://www.awmsg.org/docs/awmsg/medman/Dry%20Eye%20Syndrome%20Guidance.pdf>)
4. PAN-London Dry Eye Guide. July 2022 (<https://www.moorfields.nhs.uk/mediaLocal/gb2gkypf/pan-london-prescribing-guide-for-ocular-lubricants.pdf>)
5. Drug Tariff. Eye drop dispensers. June 2024 (<https://www.drugtariff.nhsbsa.nhs.uk/#/00857004-DC/DC00856392/Part%20IXA-Appliances>).

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|--------------------------------|---|
| Version | 2.0 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance. Updates include: <ul style="list-style-type: none"> • Rebadging with HWE ICB and removal of Herts CCG headers • Review date removed and replaced with standard statement • Removal of specified preferred product choices |
| Developed by | Pharmacy and Medicines Optimisation Teams, Hertfordshire and West Essex CCGs with relevant HWE stakeholders. |
| Date Approved / updated | WE guidance: July 2017 WEMPOB. Herts guidance: Version 1.0 Dec 2019 HMMC; Version 1.1 Oct 2020 HMMC; Version 2.0 Nov 2024 HWE APC |
| Review Date | This HWE APC recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available. |
| Superseded versions | Hertfordshire CCGs Dry eye treatment guideline. Version 1.1 (HMMC Oct 2020) – changes made to products recommended for prescribing. Hertfordshire CCGs Dry eye treatment guideline. Version 1.0 (HMMC Dec 2019). West Essex CCG. Dry eye treatment guideline. July 2017. WEMOPB |