

First Line (Low viscosity)

Hypromellose 0.3% [generic] (excipients depend on manufacturer, check with pharmacist)
£1.12 for 10ml

Lasts 28 days from opening (manufacturers may vary) **OR**
Sno Tears® [Polyvinyl alcohol drops 1.4%]
(contains benzalkonium) £1.06 for 10ml
Lasts 28 days from opening

Only consider preservative free products where allergy is present or more than 4-6 applications per day are required

Try for 4-6 weeks before trying a second line option

Tear-Lac® [hypromellose 0.3%]
£5.75 for 10ml (contains 300 drops)
Last 6 months from opening **OR**
Liquifilm tears® [Polyvinyl alcohol drops 1.4%]
30 x 0.4mL Unit Dose Vials £5.35
Discard each single dose vial after use

Viscotears® [Carbomer 980]
30x0.6ml Unit Dose Vials £5.42
Discard each single dose vial after use

Second Line (Medium viscosity)

Clinitas® Gel [Carbomer 980] (contains cetrimide)

£1.49 for 10 grams

Lasts 28 days from opening **OR**

Geltears® [Carbomer 980] (contains benzalkonium)

£2.80 for 10 grams

Lasts 28 days from opening

Try for 4-6 weeks before trying a third line option

Third Line (Medium viscosity)

Systane® [Hydroxypropyl guar] (contains propylene glycol low allergenic preservative system)

£6.69 for 10ml

Lasts 6 months from opening **OR**

Optive® [Carmellose 0.5%] (contains Purite; biodegradable low allergenic preservative system)

£7.49 for 10ml

Lasts 6 months from opening

Celluvisc® [Carmellose 1.0%]
30x0.4mL Unit Dose Vials £3.00
Discard each single dose vial after use **OR**
Xailin Fresh® [Carmellose 0.5%]
30x0.4mL Unit Dose Vials £3.84 **OR**
Systane® [Hydroxypropyl guar]
28x0.4mL Unit Dose Vials £6.69
Discard each single dose vial after use

Try for 4-6 weeks before trying a fourth line option/ consider refer to specialist

Fourth Line (Medium viscosity)

On specialist advice only

Oxyal® [Sodium Hyaluronate 0.15%]

(contains OxyD; biodegradable low allergenic preservative system)

£4.15 for 10ml

Lasts 60 days from opening

1st line Preservative free Sodium hyaluronate
Hydramed multidose eye drops [Sodium hyaluronate 0.2%]
£5.60 for 10ml
Lasts 3 months

2nd line (during shortages/intolerance)
Hyabak® eye drops [Sodium hyaluronate 0.15%]
£7.99 for 10ml (contains 300 drops)
Lasts 3 months

2nd line (if unit doses needed or higher strength)
Clinitas® [Sodium Hyaluronate 0.4%]
30x0.5mL Unit Dose Vials £5.70
Each unit dose vial (8 -10 drops) is re- sealable and suitable for use for up to 12 hrs.

3rd line (only on specialist advice if other Hyaluronate preparations are not tolerated)

Hylo -Tear® [Sodium Hyaluronate 0.1%]
£8.50 for 10ml (contains 300 drops)

Hylo-Forte® [Sodium Hyaluronate 0.2%]
£9.50 for 10ml (contains 300 drops)

Other eye drops on specialist advice only

Systane Balance eye drops [propylene glycol]

£7.49 for 10ml

Last 6 months from opening

For Dry eye associated with meibomian gland dysfunction (MGD)

Ilube eye drops [Acetylcysteine 5%, Hypromellose 0.35%]

£14.93 for 10ml

For filamentary keratopathy

Lasts 28 day expiry from opening

Eye ointments (High Viscosity) for use at night in addition to day time treatment

Xailin Night eye ointment preservative free [White soft paraffin, white, mineral oil, lanolin alcohol]

£2.49 for 5g

Lasts 28 days from opening **OR**

Vita-POS® ointment [retinol palmitate 250 units/g, white soft paraffin, light liquid paraffin, liquid paraffin, wool fat]

£2.75 for 5 grams

Lasts 6 months from opening

Alternatives

Artelac nighttime gel (carbomer 980) (contains cetrimide)

£2.96 for 10g

Lasts 28 days from opening **OR**

HydraMed Night (Retinol palmitate 250iu/g, liquid paraffin, white soft paraffin, wool fat)

£2.75 for 5 grams

Lasts 3 months from opening

Ocular Lubricant Prescribing Guidelines

This document has been adapted from the Rotherham Ocular Lubricant Prescribing Guidelines and has been produced in conjunction with Nene CCG, NGH and KGH Ophthalmology departments and is intended to guide the choice of first and subsequent line therapy for patients requiring ocular lubricants, taking account of patient choice and any allergies to preservatives etc. It is important that patients are happy with the choice of their ocular lubricant and are able to use it effectively in order to gain maximum benefits.

Considerations before prescribing:

- Dry eyes is a common problem, with prevalence in the >65yrs is reported as between 15-33% and increases with age. Women are typically affected more than men
- Prognosis depends on underlying causes but generally most patients with dry eyes only have discomfort without loss of vision but rarely the corneal ulcers can develop.
- Consider Precipitating factors before prescribing ocular lubricants, including; allergy, infection, blepharitis, medication (e.g. diuretics, drugs with anticholinergic effects, β -blockers) and environmental factors. Long sessions of reading, TV watching and computer use reduce blink rate and exacerbate the problem.
- 10ml of eye drops normally contains approximately 200 drops (~20 drops in 1ml)
- A number of products are available 'Over the Counter' (OTC) for purchase at less than the cost of an NHS prescription, through a community pharmacy and this may be an option for some patients who pay for their prescriptions.

General

- Where available licensed products should always be prescribed in preference to unlicensed products e.g. 0.3% hypromellose rather than 0.25% hypromellose.
- Ocular lubricants should be prescribed by BRAND (unless stated) to ensure the most cost effective preparations are used.
- Eye ointments are used for local treatment of lids, for prolonged treatment at night and to reduce the number of drops given.
- If drops and ointment are used at the same time, drops should be given first.
- Paraffin based ointments are flammable and care should be taken to avoid burns, e.g. smoking, close contact with naked flames etc.

Switching

- Each type of ocular lubricant should be prescribed for at least 4-6 weeks before a different type is trialed to ensure there has been no benefit gained.
- Patients should be asked what products (if any) they have already tried and for how long they have used them so that suitable alternatives can be tried next.
- If a patient needs to use hypromellose 0.3% or polyvinyl alcohol (PVA) eye drops more frequently than 4 times daily, a more viscous lubricating eye drop should be prescribed.
- If a patient needs to use Carbomer 980 more frequently than 3 times daily, a third line lubricating eye drop should be prescribed.
- If a patient has tried 3 different types of eye lubricants or third line options and continues to have symptoms of dry eye the patient should be considered for referral
- If using more than one pack of preservative (P/F) products consider changing to lowest cost multi dose P/F products which may be more cost effective.

Preservative-free

- Some patients may develop sensitivities to preservatives and if confirmed, the name must be documented so that any future products used do not contain this preservative.
- Preservative-free preparations should only be considered where;
 - the patient has a documented allergy or evidence of epithelial toxicity to the preservatives contained in a preparation
 - the patient needs to use more than 4-6 applications of eye drops containing preservative a day and the next line lubricating choices are not appropriate
 - Immediately following eye surgery, until healing is confirmed
- Single use Unit Dose Vials (UDVs) should be discarded after each use unless otherwise stated by the manufacturer.

Approved by NPAG, August 2016 (updated February 2017)