

SUGGESTED OCULAR LUBRICANTS FORMULARY FOR TREATMENT DRY EYE

Medal rankings provide prescribers with a quick overview on cost-effective prescribing in areas where the formulary product choices have little therapeutic difference.

Please prescribe the agents offering greatest overall value to the health economy

This should be used in conjunction with the CCG ocular lubricant guide

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Summary - Mild Dry Eye

Choice	Cost per 30 days 1 eye 4 drops daily	Preservative Free?	Recommended indication	Approval
Hypromellose 0.5% Preserved with BAK ISOPTO PLAIN	£0.40	N	Mild dry eye	GOLD
Carbomer 0.2% Perborate preservative - converted to water and oxygen in the eye XAILIN GEL	£3	Y	Mild Dry eye	
Paraffin based XAILIN NIGHT 5g	£1.25	Y	night time use Persistent epithelial defects Neurotrophic keratitis Exposure keratitis	
Carbomer 980 0.2% Preserved with cetramide CLINITAS GEL	£0.75	N	Mild dry eye	

Carmellose 0.5% XAILIN FRESH 30 x 0.4mL	£15.36	Y	Mild dry eye	
Paraffin based VitA-POS 5g £2.75	£1.37	Y	night time use Persistent epithelial defects Neurotrophic keratitis Exposure keratitis	
Paraffin based LACRI-LUBE £3.88	£1.74	Y	night time use Persistent epithelial defects Neurotrophic keratitis Exposure keratitis	

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Summary - Significant Dry Eye

Choice	Cost per 30 days 1 eye 4 drops daily	Preservative Free?	Recommended indication	Approval
Sodium hyaluronate 0.4% CLINITAS MULTI 10mL	£3.50	Y	Significant Dry Eye (Also Persistent epithelial defects Neurotrophic keratitis Exposure keratitis and evaporative dry eye)	
Paraffin based XAILIN NIGHT 5g	£1.25	Y	night time use (Also Persistent epithelial defects Neurotrophic keratitis Exposure keratitis)	
Paraffin based VitA-POS 5g £2.75	£1.37	Y	night time use (Also Persistent epithelial defects Neurotrophic keratitis Exposure keratitis)	
Paraffin based LACRI-LUBE £3.88	£1.74	Y	night time use (Also Persistent epithelial defects Neurotrophic keratitis Exposure keratitis)	

Prices provided by YTHFT May 2016.

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Rationale

Consider any 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.

- Ocular lubricants should be prescribed by BRAND where stated to ensure the most cost effective preparations are used.
- Each type of eye drop should be prescribed for 4-6 weeks before a different type is prescribed.
- 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 eye drops more frequently than 4 times daily, a more viscous lubricating eye drop should be prescribed.
- If a patient needs to use Carbomer more frequently than 3 times daily, a more viscous lubricating eye drop should be prescribed
- Be aware of initial blurred vision in patients using the more viscous formulations
- If a patient has tried 3 different types of eye lubricants and continues to have symptoms of dry eye the patient should be considered for referral. (Rotherham CCG, 2014)

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Illustrative cost saving

If the current prescription in the CCG of polyvinyl alcohol drops was replaced with hypromellose 0.5% this would represent a saving of approximately £3360 per year. This is only 1 group of the many eye preparations in use.

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Actions

- Chose the most appropriate lubricant from the table above for new patients
- Review existing patient therapy

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References

Rotherham CCG. (2014). *Ocular Lubricant Prescribing Guidelines*.

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