

Cornwall community prescribing guidelines for dry eye management

Dry eye syndrome (also known as keratoconjunctivitis sicca) is the final common outcome of several different conditions which affect the tear film that normally keeps the eye moist and lubricated, for general principles see the National Institute for Health and Care Excellence (NICE) clinical knowledge summary (CKS) for [Dry eye disease](#)

- Tears are a complex mixture of water, salts, lipids, proteins, and mucins - the lacrimal glands produce the aqueous components (water, salts, proteins), the meibomian glands produce the lipids, and conjunctival goblet cells produce the mucins.
- Tears are produced under nervous and hormonal control - steady basal flow maintains the tear film that protects the eye.
- A reflex increases flow as a response to emotion, irritation of the eye, and other nervous stimuli - excess tearing frequently occurs in people with dry eye syndrome, for example in windy conditions.
- Tears are distributed across the eye surface by blinking and are drained by the lacrimal ducts into the nose.
- The external surface of the eye, the tear-secreting glands, meibomian glands, and eyelids function as an integrated unit to secrete and clear tears.
- Abnormalities in any component of this functional unit can result in an unstable and unrefreshed tear film and the set of symptoms called dry eye syndrome.

Mild to moderate dry eye (self-care in primary care)

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 purchased easily over the counter along with lifestyle changes. **Patients are expected to follow self-care advice and where necessary purchase dry eye lubricants to manage their dry eye symptoms.** Prescription for treatment of dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care. Trial of an ocular lubricant for 4 to 8 weeks is required to determine effectiveness of product before trialling another. Prescribe the most cost-effective product by BRAND, as below and as advised by Optimise.

Dry eye type	Product	Notes	Please prescribe by brand	Expiry
Mild dry eye	Hypromellose 0.3%	Cost-effective option for those with mild dry eye frequent application	AacuLose Drops AaproMel or Teardew 0.3% eye drops	28 days
Mild dry eye	Hypromellose 0.3%	Preservative free	Evolve Hypromellose® preservative free	90 days
Mild dry eye	Carbomer 980 Gel 0.2%	Application 3 to 4 times per day	Clinitas carbomer Gel®	28 days
Mild dry eye	Carmellose 0.5% eye drops	Preservative free	VIZcellose® 0.5% 10ml preservative free	90 days
Moderate	Carmellose 1% eye drops	Preservative free	VIZcellose 1% 10ml preservative free or Celluvisic 1% 30 single dose units P/F	90 days Expiry as per box
Moderate	Sodium Hyaluronate 0.1% eye drops	Preservative free	Xailin Tears® 10ml preservative free	6 months
Moderate	Polyvinyl alcohol 1.4%	Preservative free	SnoTears® 10ml Refresh Ophthalmic® SDU preservative free	28 days Expiry as per box
Moderate	Sodium Hyaluronate 0.2% plus polyethylene glycol 0.25% eye drops	Preservative free	Blink Intensive Tears® SDU preservative free Blink 10ml eye drops	Expiry as per box 28 days
Severe	Sodium Hyaluronate 0.2% eye drops	Preservative free	Xailin HA® 10ml preservative free	6 months
Severe	Sodium Hyaluronate 0.4% eye drops	Preservative free	Clinitas 0.4% 0.5ml x 30	Expiry as per box
Severe	Propylene glycol 0.3%, PEG 400 0.4%	For meibomian gland dysfunction or patients with blepharitis	Systane 28-unit dose vials® preservative free Systane® 10ml drops	6 months 28 days

Dry eye type	Product	Notes	Please prescribe by brand	Expiry
Night-time treatment	Paraffin and wool alcohols	Blurs vision	Lacri-lube preservative free	28 days
Night-time treatment	Retinol palmitate, Liquid paraffin, wool fat P/F ointment	Blurs vision	Hylo-Night® preservative free	6 months
Night-time treatment	Paraffin based – lanolin free	Only for patients requiring a lanolin free product	Hydramed night sensitive preservative free	90 days

Non formulary choices – do not prescribe

Hypromellose	Polyvinyl alcohols	Carbomers	Carmellose	Sodium hyaluronate	Paraffin
Tears naturale II, Tear Lac, Isopto-Plain, Artelac drops, Artelac SDU PF Hydromoor, Xailin Hydrate	Liquifilm Tears SDU Hydroxyethylcellulose or hyetellose (Minims® Artificial tears)	Viscotears UDV, GelTears, Ocu-Lube, Liquivisc	PF drops Carmellose, Optive, Optive Plus Carmize, Tearvis, Xailin fresh UDV VisuXL gel	Optive fusion, Hylofresh, Hylotear, Eyeite, Vismed, Thealoz Duo, VisuXL	Simple eye ointment £53 per tube

Consider preservative free formulations for patients who:

- use soft or hybrid contact lenses
- have true preservative allergy to 1st, 2nd, or 3rd line treatment options
- have evidence of epithelial toxicity from preservatives
- use 4 or more drops a day to prevent epithelial toxicity
- Are high risk patient, for example corneal graft

Refer to secondary care if symptoms persist, do not respond to 3 different drops for 4 to 6 weeks each or vision deteriorates.

Restricted

- Acetylcysteine 5% (Ilube[®] eye drops) or 10% preservative free only available via special order (unlicensed special) for patients with filaments
- Systane[®] balance for patients with Meibomian Glandular Disease (MGD)
- Ciclosporin eye drops (Ikervis[®]) – Specialist initiated as per NICE guidance [Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears](#)

Please note: The Systane[®] range, ClinOptic[®] and Hylo[®] range have a 6-month expiry date; advice is not to put them on repeat prescription.

What general advice about management of dry eye syndrome should I offer?

Explain that although the condition cannot be cured, symptoms may be relieved, and deterioration stopped by simple tear-replacement 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 that can be purchased easily over the counter

Referral for treatment with active medication or surgery is seldom required. Advise that by taking suitable precautions, the symptoms of dry eyes can be lessened, and in mild cases, this may be sufficient to avoid the need for treatment. These include:

- eyelid hygiene to control the blepharitis that most people with dry eye syndrome have - see the CKS topic on [Blepharitis](#).
- Limiting the use of contact lenses if these cause irritation; preservative free preparations may be used in soft contact lens wearers
- stopping medication that exacerbates dry eyes, such as topical and systemic antihistamines
- using a humidifier to moisten ambient air

- if smoking tobacco, stopping smoking may help — see the CKS topic on [smoking cessation](#)
- if using a computer or watching a television or screen for long periods, ensure that the monitor is at or below eye level, avoid staring at the monitor or screen, and take frequent breaks to close and blink eyes
- if there is an underlying condition (suspected or known) that can cause dry eyes, consider referral for specialist assessment

Prevalence

- Dry eyes are common, for example, in people 65 years of age and older, reported prevalence rates range from 15% to 33%.
- The prevalence of dry eye syndrome increases with age.
- Dry eye syndrome is about 50% more common in women than in men.

Please note

When a patient is referred into secondary care local variations in treatment may occur. This is not an exhaustive list of the ocular lubricants that the local hospital has on formulary.

When asked to prescribe a special, please note the Royal College of Ophthalmologists Ophthalmic Special Guidance document at <https://www.rcophth.ac.uk>

References:

[NICE CKS dry eye syndrome.](#)

Ratified by CAPC. Date of issue: Nov 2023 Date of review Nov 2025