

Medicines Optimisation intervention brief

Medicines Optimisation Incentive Scheme 2019/20 Cost saving intervention

TITLE?
CS2.3.9 Cost effective prescribing for dry eye
WHAT?
<ul style="list-style-type: none"> Review the continued need for a dry eye lubricant. (Is the prescribing appropriate? Is the patient requesting regularly?) If prescribing is to continue, switch from an existing dry eye lubricant to a more cost effective alternative. See Appendix 1. Encourage patients to manage dry eye symptoms by implementing self-care measures. See Tips section.
WHY?
<ul style="list-style-type: none"> A prescription for treatment of mild dry or sore eyes should not routinely be offered in primary care as the condition is appropriate for self-care. Patients should be encouraged to manage both dry eyes and sore eyes by implementing self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside any treatment. Annual spend on dry eye lubricants in WHCCG is approximately £760,000 per annum. Savings can be made for WHCCG by using cost effective formulations.
WHO?
<ul style="list-style-type: none"> All patients prescribed a dry eye lubricant in the standard search
TIPS?
<p>Preservative free (PF) preparations should be used in the following situations:</p> <ul style="list-style-type: none"> Patients with severe dry eye disease Patients with true sensitivity to preservatives in eye products Soft contact lens wearers Patients with evidence of epithelial toxicity from use of preservatives Long term treatment, (i.e. months or years), or frequency of use more than 6 times daily, or using multiple preserved preparations. <p>Self-care advice Advise patients that the symptoms of dry eye syndrome can be lessened and in mild cases may be sufficient to avoid the need for treatment by following these tips.</p>



- Keep your eyes clean.
- Limit contact lens use to shorter periods. If these cause irritation, take them out and wear glasses to rest your eyes.
- Do not smoke cigarette as smoke has an adverse impact on dry eyes. Do not spend too long in smoky, dry or dusty places.
- Use a humidifier to moisten ambient air.
- Do not spend too long in air conditioned or heated rooms.
- If using a computer for long periods, place the monitor at or below eye level and take frequent breaks.
- Get plenty of sleep to rest your eyes.

HOW?

- Run standard searches to identify patients
- Review patients to determine whether it is still appropriate to prescribe ocular lubricants.
- Check whether the patient has a recorded intolerance to any particular preservative. Refer to Appendix 1 for preservative content of first choice brands.
- If treatment is still required, switch to the equivalent preferred brand. Consider an alternative low cost option where a specific preservative is contraindicated.
- Where the frequency of use is six times a day or more consider switching to an equivalent preservative free formulation.

SO WHAT?

- Potential savings of up to £200K per annum realised.
- Improved patient care and deprescribing of inappropriate medications.

FURTHER INFORMATION

- <https://www.nhs.uk/conditions/dry-eyes/>
- <https://www.ncbi.nlm.nih.gov/pubmed/26905373>
- PrescQIPP Bulletin 202: Eye preparations.
- Basingstoke, Southampton and Winchester District Prescribing Committee Guideline for the treatment of dry eye syndrome in Primary Care <https://westhampshireccg.nhs.uk/wp-content/uploads/2020/01/Dry-Eye-Syndrome-Guidelines-approved-June-19.pdf>

