

Chapter 11 Eye

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Key

	<p>Red drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>Amber drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>Green drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>If a medicine is unlicensed this should be highlighted in the template as follows Drug name U</p>
	<p>Not Recommended</p>
	<p>Over the Counter In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</p>
<p>Order of Drug Choice</p>	<p>Where there is no preferred 1st line agent provided, the drug choice appears in alphabetical order.</p>

BNF chapter	11 Eye	
Section	11.3 Anti-infective eye preparations	
Subsection	11.3.1 Antibacterials	
Superficial eye infections		
First choice	Chloramphenicol 0.5% eye drops OTC	Store in the fridge MHRA DSU: Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years, July 2021
Alternatives	Chloramphenicol 1% eye ointment OTC	MHRA DSU: Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years, July 2021
	Fusidic acid 1% eye drops	
	Ciprofloxacin 0.3% eye drops	
Do Not Prescribe	Conjunctivitis (bacterial) Chloramphenicol eye drops or ointment See commissioning statement for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
	Commercial eyelid cleansing preparations	Criterion 1 (see RAG list)
Other antibacterial drops and their uses – Ophthalmic consultants only		
Amikacin 2.5% eye drops U	Microbial keratitis – based on culture and sensitivities.	R Preservative free.
Cefuroxime 5% eye drops U	Microbial keratitis. Added to treatment where streptococcal infection likely.	R Store in a freezer prior to use. Once thawed store in a fridge for max 7 days.
Chlorhexidine 0.02% eye drops U	Treatment of acanthamoeba keratitis. Use with propamide/ dibromopropamide	R
Dibromopropamide 0.15% eye ointment	Alternative to propamide 0.1% drops. Treatment of acanthamoeba keratitis. Use with Polyhexamethylene biguanide (PHMB) or chlorhexidine eye drops.	R

<p>Gentamicin 1.5% eye drops U</p>	<p>Microbial keratitis – based on culture and sensitivities. Can produce toxicity in as little as 48 hours. Use with cefuroxime drops.</p>	<p>R</p>
<p>Levofloxacin 0.5% eye drops</p>		<p>R Also available as preservative free SDU. Quinolones must not be used for more than 10 days as resistance rapidly develops.</p>
<p>Ofloxacin 0.3% eye drops</p>	<p>Initial treatment of microbial keratitis. Short term post-injection prophylaxis</p>	<p>R Quinolones must not be used for more than 10 days as resistance rapidly develops.</p>
<p>Penicillin 2500 units/ml eye drops U</p>	<p>Microbial keratitis – based on culture and sensitivities.</p>	<p>R Store in a fridge.</p>
<p>Polyhexamethylene biguanide (PHMB) 0.02% eye drops U</p>	<p>Treatment of acanthamoeba keratitis. Use with propamidine/ dibromopropamidine eye drops.</p>	<p>R</p>
<p>Propamidine 0.1% eye drops</p>	<p>Treatment of acanthamoeba keratitis. Use with PHMB or chlorhexidine eye drops.</p>	<p>R</p>
<p>Notes The availability of unlicensed special order products may vary between secondary care organisations depending on local treatment protocols and pathways. If you are uncertain about product availability, please contact your local trust pharmacy department or your local CCG Medicines Optimisation team for advice</p>		
<p>For use during cataract surgery</p>		
	<p>Cefuroxime 50 mg powder for solution for injection</p>	<p>R</p>
<p>Subsection</p>	<p>11.3.2 Antifungals</p>	
<p>Notes Antifungal preparations are not commercially available</p>		
<p>Subsection</p>	<p>11.3.3 Antivirals</p>	
	<p>Ganciclovir 0.15% ophthalmic gel</p>	<p>Gn following specialist initiation</p>



	<p>Trifluorothymidine 1% eye drops U</p>	<p>R Treatment should not generally exceed 21 days Store in the fridge</p>
<p>Do Not Prescribe</p>	<p>Conjunctivitis (viral) Hypromellose eye drops</p> <p>See commissioning statement for exceptions</p>	<p>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</p>


BNF chapter	11 Eye	
Section	11.4 Corticosteroids and other anti-inflammatory preparations	
Subsection	11.4.1 Corticosteroids	
First choice	Betamethasone 0.1% eye drops	G_n following specialist initiation
	Dexamethasone 0.1% eye drops, preservative free (minims) and unit dose vials	G_n following specialist initiation
	Prednisolone 0.03%, 0.1%, 0.5% and 1% eye drops and preservative free eye drops	G_n following specialist initiation
Alternatives	Fluorometholone 0.1% eye drops	G_n following specialist initiation Fluorometholone is used only occasionally. Its intra-ocular penetration is poor (which probably explains its relative safety). It may be considered useful in a few patients with chronic low grade uveitis where raised intra-ocular pressure (IOP) has been problematic
Notes		
<p>* Preservative free eye drops should only be offered when sensitivity to preservatives limits other treatment options. Where patients have sensitivity to preservatives and are using numerous types of drops or when there is a clinical need, they may be prescribed a mixture of some preservative free drops and some preserved drops to limit overall exposure to the preservatives.</p> <p>MHRA DSU: Corticosteroids: rare risk of central serous chorioretinopathy with local as well as systemic administration (August 2017)</p> <ul style="list-style-type: none"> advise patients to report any blurred vision or other visual disturbances during corticosteroid treatment consider referral to an ophthalmologist for evaluation of possible causes if a patient presents with vision problems report suspected adverse reactions to us on a Yellow Card 		
Intravitreal corticosteroids		
	Dexamethasone 700 microgram intravitreal implant	R NICE TA229: Macular oedema (retinal vein occlusion) - dexamethasone NICE TA824: Dexamethasone intravitreal implant for treating diabetic macular oedema
	Fluocinolone acetonide 190 microgram intravitreal implant	R NICE TA301: Diabetic macular oedema - fluocinolone acetonide intravitreal implant Only recommended in line with TA301, for treating chronic diabetic macular oedema that is insufficiently responsive

		to available therapies only if used in a pseudophakic eye, and the manufacturer provides the implant with the discount agreed in the patient access scheme. Not recommended in phakic eyes (with a natural lens) (see NICE TA613) NICE TA590: Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis
Additional guidance GMMMG Macular Drugs Pathways (November 2017)		
Corticosteroids combined with antimicrobials		
Notes Not recommended except as short term prophylaxis following ocular surgery. Ophthalmic consultant only		
Subsection	11.4.2 Other anti-inflammatory preparations	
First choice	Sodium cromoglicate 2% eye drops (13.5ml)	Allergic conjunctivitis OTC
Alternatives	Antazoline 0.5% & xylometazoline 0.05% eye drops (Otrivine Antistin®)	Allergic conjunctivitis OTC
	Nedocromil 2% eye drops	
	Olopatadine 1mg/ml eye drops	Seasonal allergic conjunctivitis Max duration of treatment 4 months Olopatadine is known to have both mast cell stabilising and antihistaminic properties.
	Adalimumab First choice: Amgevita® ▼ Alternative: Humira® 40mg injection	R NICE TA460: Adalimumab and dexamethasone for treating non-infectious uveitis

BNF chapter	11 Eye	
Section	11.5 Mydriatics and Cycloplegics	
Antimuscarinics		
First choice	Atropine 1% eye drops	Atropine 1% also available as preservative free SDU* Duration of action up to 7 days
Alternatives	Cyclopentolate 0.5% eye drops 1% eye drops	Both strengths also available as preservative free SDU* Duration of action 24 hours
Notes		
<p>* Preservative free eye drops should only be offered when sensitivity to preservatives limits other treatment options. Where patients have sensitivity to preservatives and are using numerous types of drops or when there is a clinical need, they may be prescribed a mixture of some preservative free drops and some preserved drops to limit overall exposure to the preservatives.</p>		

BNF chapter	11 Eye	
Section	11.6 Treatment of Glaucoma	
NICE NG81: Glaucoma: diagnosis and management		
Beta-blockers		
First choice	Timolol 0.25% eye drops 0.5% eye drops 0.1% preservative free SDU eye gel*	Also available as preservative free SDU* There is little to gain through using timolol 0.5% over 0.25%, but may be useful in some patients. Timolol 0.1% eye gel is a once daily application for patients with compliance / administration problems
Alternatives	Levobunolol 0.5% eye drops	Also available as preservative free SDU*
	Timolol long acting gel drops 0.25%, 0.5%	Once daily application for patients with compliance / administration problems
Notes		
* only offer preservative free treatment to people with OHT or suspected COAG if they have concomitant ocular surface disease, signs and symptoms of toxicity or an allergy to preservatives, and are at high risk of conversion to COAG		
Prostaglandin analogues and prostamides		
First choice	Latanoprost 50micrograms/ml eye drops	Also available as preservative free SDU* MHRA DSU: Latanoprost (Xalatan®) – increased reporting of eye irritation since reformulation, July 2015
Alternatives	Bimatoprost 300micrograms/ml eye drops 100micrograms/ml eye drops	300micrograms/ml also available as preservative free SDU*
	Travoprost 40micrograms/ml eye drops	Does not contain benzalkonium chloride as the preservative and therefore may be used in patients where a known allergy to benzalkonium chloride exists

Combination products – prostaglandin analogues with timolol		
First choice	Latanoprost 50 micrograms/ml with Timolol 0.5%	
Alternatives	Bimatoprost 300 micrograms/ml with Timolol 0.5%	Also available as preservative free SDU*
	Travoprost 40 micrograms/ml with Timolol 0.5%	Does not contain benzalkonium chloride as the preservative and therefore may be used in patients where a known allergy to benzalkonium chloride exists
Notes		
<p>- Combination products licensed for once daily use where prostaglandin analogue alone is not adequate. Only use where patient has difficulty with compliance / administration</p> <p>* only offer preservative free treatment to people with OHT or suspected COAG if they have concomitant ocular surface disease, signs and symptoms of toxicity or an allergy to preservatives, and are at high risk of conversion to COAG</p>		
Symphomimetics		
First choice	Brimonidine tartrate 0.2% eye drops	
Alternatives	Apraclonidine 0.5% eye drops 1% preservative free SDU eye drops*	Apraclonidine can be used long term for certain complex glaucoma cases where surgery is high risk (Ophthalmic Consultant initiation only - 1% unlicensed use). See also section 11.8.
		0.5% eye drops for Glaucoma:  (following specialist initiation)
		1% eye drops for Glaucoma (unlicensed): 
Combination products – sympathomimetics with timolol		
	Brimonidine tartrate 0.2% with timolol 0.5%	
Notes		
<p>- Combination products are licensed for use when beta-blocker monotherapy does not provide adequate treatment. Only use where patient has difficulty with compliance / administration</p> <p>* only offer preservative free treatment to people with OHT or suspected COAG if they have concomitant ocular surface disease, signs and symptoms of toxicity or an allergy to preservatives, and are at high risk of conversion to COAG</p>		

Carbonic anhydrase inhibitors		
First choice	Brinzolamide 10mg/ml eye drops	Brinzolamide is also licensed for use as an adjunct to prostaglandin analogues.
Alternatives	Dorzolamide 2% eye drops	Also available as preservative free SDU*
Combination products – topical carbonic anhydrase inhibitors with timolol		
	Brinzolamide 10mg with timolol 5mg/ml	
	Dorzolamide 2% with timolol 0.5%	Also available as preservative free SDU* or multidose bottle, as appropriate for individual patient
Notes		
<p>- Only use combination products where patient has difficulty with compliance / administration.</p> <p>* only offer preservative free treatment to people with OHT or suspected COAG if they have concomitant ocular surface disease, signs and symptoms of toxicity or an allergy to preservatives, and are at high risk of conversion to COAG</p>		
Combination products – topical carbonic anhydrase inhibitors with sympathomimetic		
	Brinzolamide 10mg/mL with brimonidine tartrate 2mg/mL	Use the most cost-effective product
Carbonic anhydrase inhibitors - systemic drugs		
First choice	Acetazolamide Tablets 250mg Sustained release capsules 250mg	 Ophthalmic consultant initiation only
Miotics		
	Pilocarpine eye drops 0.5%, 1%, 2%, 3%, 4%	2% also available as preservative free SDU*
Notes		
<p>* only offer preservative free treatment to people with OHT or suspected COAG if they have concomitant ocular surface disease, signs and symptoms of toxicity or an allergy to preservatives, and are at high risk of conversion to COAG</p>		

BNF chapter	11 Eye	
Section	11.7 Local anaesthetics	
First choice	Dependent on indication	
Alternatives	Lidocaine 4% and fluorescein 0.25% preservative free SDU eye drops	
	Oxybuprocaine 0.4% preservative free SDU eye drops	Useful for application of diagnostic lenses or suture removal.
	Proxymetacaine 0.5% preservative free SDU eye drops	
	Tetracaine 0.5%, 1% preservative free SDU eye drops	

BNF chapter	11 Eye	
Section	11.8 Miscellaneous ophthalmic preparations	
Subsection	11.8.1 Tear deficiency, ocular lubricants and astringents	
First choice	<p>Hypromellose 0.3% eye drops OTC 0.5% eye drops</p>	Also available as preservative free SDU*
Alternatives	<p>Carbomers (polyacrylic acid) eye gel OTC</p>	Also available as preservative free SDU* Multiple products available – prescribe product with the lowest acquisition cost
	<p>Carmellose sodium preservative free SDU eye drops* OTC 0.5%, 1%</p>	
	<p>Liquid paraffin eye ointments* OTC</p>	Multiple products available – prescribe product with the lowest acquisition cost Consult the product information for details of expiry once opened
	<p>Polyvinyl alcohol eye drops OTC</p>	Also available as preservative free SDU* Multiple products available – prescribe product with the lowest acquisition cost
	<p>Sodium Chloride 5% eye drops</p>	Gn following specialist advice Prescribe as sodium chloride 5% preservative free eye drops 10ml. Used to reduce corneal oedema. Use may be short term following cataract surgery or long term in recurrent corneal erosions.
	<p>Sodium hyaluronate eye drops OTC 0.1% eye drops (10mL PF metered dose bottle) 0.15% eye drops (10mL bottle) 0.2% eye drops (10mL PF metered dose bottle) 0.4% eye drops (10mL PF bottle)</p>	Multiple products available with differing sodium hyaluronate content – consider acquisition cost, patient frequency of instillation, volume per pack and product expiry once opened when prescribing Consult product information for details of expiry once opened 0.15% strength – consider brand with the lowest acquisition cost. Available as PF bottles (10mL) depending on brand
Severe keratitis	<p>Ciclosporin eye drops (Ikervis®) 1mg/mL eye drops emulsion Response to treatment should be reassessed at least every 6 months</p>	Gn Following specialist initiation NICE TA369: Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears

Do Not Prescribe	Dry eyes / sore tired eyes Hypromellose eye drops, carbomer 980 gel, hyaluronate eye drops See commissioning statement for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
	Simple eye ointment	Criterion 2 (see RAG list)

Additional notes

- In patients who have no identified organic cause for their dry eye condition recommend patient purchases ocular lubricant drops **OTC**

* Preservative free eye drops should only be offered when sensitivity to preservatives limits other treatment options. Where patients have sensitivity to preservatives and are using numerous types of drops or when there is a clinical need, they may be prescribed a mixture of some preservative free drops and some preserved drops to limit overall exposure to the preservatives.

Subsection	11.8.2 Ocular diagnostic and peri-operative preparations and photodynamic treatment	
11.8.2.1 Ocular diagnostic preparations		
First Choice	Fluorescein sodium preservative free SDU eye drops 1% and 2%	Also available with local anaesthetic (see section 11.7)
Notes Used in diagnostic procedures and for locating damaged areas of the cornea due to injury or disease.		
11.8.2.2 Ocular peri-operative drugs		
Alternatives	Apraclonidine 0.5% eye drops 1% preservative free SDU eye drops*	R Apraclonidine 1% is licensed for control or prevention of postoperative elevation of intraocular pressure after anterior segment laser surgery
	Ketorolac trometamol 0.5% eye drops	R
Notes * Preservative free eye drops should only be offered when sensitivity to preservatives limits other treatment options. Where patients have sensitivity to preservatives and are using numerous types of drops or when there is a clinical need, they may be prescribed a mixture of some preservative free drops and some preserved drops to limit overall exposure to the preservatives.		
11.8.2.3 Subfoveal choroidal neovascularisation		
Ophthalmic consultant only in approved treatment centre		
First choice	Ranibizumab biosimilar (Ongavia®▼) Solution for intravitreal injection 10mg/mL, 0.23mL vial	R NICE 155: ranibizumab and pegaptanib for the treatment of age-related macular degeneration NICE TA274: macular oedema (diabetic) - ranibizumab NICE TA283: macular oedema (retinal vein occlusion) - ranibizumab NICE TA298: choroidal neovascularisation (pathological myopia) – ranibizumab
Alternatives	Aflibercept ▼ Solution for intravitreal injection, 40 mg/mL, 0.1 mL vial	R NICE TA294: macular degeneration (wet age-related) - aflibercept NICE TA305: macular oedema (central retinal vein occlusion) – aflibercept

		<p>NICE TA346: Aflibercept for treating diabetic macular oedema</p> <p>TA409: Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion</p> <p>NICE TA486: Aflibercept for treating choroidal neovascularisation</p>
	<p>Brolucizumab ▼</p> <p>Solution for intravitreal injection</p> <p>120 mg/ml vial or pre-filled syringe</p>	<p>R</p> <p>NICE TA672: Brolucizumab for treating wet age-related macular degeneration</p> <p>NICE TA820: Brolucizumab for treating diabetic macular oedema</p> <p>MHRA DSU: Brolucizumab (Beovu ▼): risk of intraocular inflammation and retinal vascular occlusion increased with short dosing intervals, Jan 2022</p>
	<p>Faricimab ▼</p> <p>Solution for intravitreal injection</p> <p>120 mg/ml vial</p>	<p>R</p> <p>NICE TA799: Faricimab for treating diabetic macular oedema</p> <p>NICE TA800: Faricimab for treating wet age-related macular degeneration</p>
	<p>Ranibizumab (Lucentis®)</p> <p>Solution for intravitreal injection</p> <p>10mg/mL, 0.23mL vial</p> <p>10mg/mL, 0.165mL pre-filled syringe (PFS)</p>	<p>R</p> <p>NICE 155: ranibizumab and pegaptanib for the treatment of age-related macular degeneration</p> <p>NICE TA274: macular oedema (diabetic) - ranibizumab</p> <p>NICE TA283: macular oedema (retinal vein occlusion) - ranibizumab</p> <p>NICE TA298: choroidal neovascularisation (pathological myopia) - ranibizumab</p>
<p>Additional guidance</p> <p>GMMMG wet AMD pathway</p>		
<p>11.8.2.4 Treatment of injuries</p>		
	<p>Holoclar®</p>	<p>R</p> <p>NICE TA467: Holoclar for treating limbal stem cell deficiency after eye burns</p> <p>Approved for treating limbal stem cell deficiency after eye burns in line with NICE and NHS England Commissioning Policy as of 14 November 2017 (NHSE commissioned)</p>

Vitreomacular Traction		
Ophthalmic consultant only in approved treatment centre		
	Ocriplasmin Concentrate for solution for intravitreal injection, 2.5 mg/mL, 0.2-mL vial	R NICE TA297: ocriplasmin for treating vitreomacular traction
Subsection	Other eye preparations	
Do Not Prescribe	Cenergermin Eye drops	<u>Criterion 1 (see RAG list)</u> <u>NICE TA532: Not recommended</u>