

## Core Formulary Guidance for COVID-19 Urgent Eyecare Service (CUES) Optometrists

### Introduction

In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

These prescriptions also include other common items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.<sup>1</sup>

NHS Cheshire CCG does not support the routine prescribing (NHS funding) of over the counter medicines for self-limiting conditions or minor ailments. There will be occasions however where prescribers may use their clinical judgement when consulting individual patients for a minor ailment and will decide if free provision of an over the counter medicine is warranted. The CCG supports signposting of their residents to self-care solutions whenever possible and appropriate.

There are **general exceptions** to this, and this includes individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. Consideration should also be given to safeguarding issues.

**Please note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.**

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<sup>1</sup> NHSE document 'Conditions for which over the counter items should not routinely be prescribed in primary care'  
<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf?UNLID=7350505322020632217>

## Included Conditions

The three conditions that the OTC guidance impacts on are:

- DRY EYES
- BACTERIAL CONJUNCTIVITIS
- MILD TO MODERATE HAYFEVER

## Dry Eyes

Patient with dry eye must be clinically assessed as to the severity of their dry eyes to establish if the provision of ocular lubricant comes under self-care (OTC provision) or if, due to the condition being severe, is excluded from OTC guidance.

The dry eye grading scale below should be used to establish the level of severity<sup>2</sup>

**Table 5.** Dry eye severity grading scheme

Dry Eye Severity Level	1	2	3	4*
Discomfort, severity & frequency	Mild and/or episodic; occurs under environmental stress	Moderate episodic or chronic, stress or no stress	Severe frequent or constant without stress	Severe and/or disabling and constant
Visual symptoms	None or episodic mild fatigue	Annoying and/or activity-limiting episodic	Annoying, chronic and/or constant, limiting activity	Constant and/or possibly disabling
Conjunctival injection	None to mild	None to mild	+/-	+ /++
Conjunctival staining	None to mild	Variable	Moderate to marked	Marked
Corneal staining (severity/location)	None to mild	Variable	Marked central	Severe punctate erosions
Corneal/tear signs	None to mild	Mild debris, ↓ meniscus	Filamentary keratitis, mucus clumping, ↑ tear debris	Filamentary keratitis, mucus clumping, ↑ tear debris, ulceration
Lid/meibomian glands	MGD variably present	MGD variably present	Frequent	Trichiasis, keratinization, symblepharon
TFBUT (sec)	Variable	≤ 10	≤ 5	Immediate
Schirmer score (mm/5 min)	Variable	≤ 10	≤ 5	≤ 2

\*Must have signs AND symptoms. TFBUT: fluorescein tear break-up time. MGD: meibomian gland disease. Reprinted with permission from Behrens A, Doyle JJ, Stern L, et al. Dysfunctional tear syndrome. A Delphi approach to treatment recommendations. Cornea 2006;25:90-7

\* please note Schirmer score is not mandatory.

Provision of the dry eye medication should be in line with “Management of Dry Eye and Blepharitis” guidance Nov 2018 (Link at bottom of page), taking particular note of the first line/second line guidance<sup>3</sup>.

**Patients assessed as grade 1 or 2 are classed as mild to moderate dry eyes and should be directed to self-care by the patient purchasing ocular lubricant** as patients with mild to moderate dry eye condition are not appropriate for NHS provision of ocular lubricants, unless they meet the exception criteria stated earlier.

<sup>2</sup> DEWS REPORT

[https://www.tearfilm.org/dewsreport/pdfs/Definition%20and%20Classification%20of%20Dry%20Eye%20Disease\\_.pdf](https://www.tearfilm.org/dewsreport/pdfs/Definition%20and%20Classification%20of%20Dry%20Eye%20Disease_.pdf)

<sup>3</sup> Management of Dry Eye and Blepharitis” guidance Nov 2018

<http://www.centralandeasterncheshiremt.nhs.uk/uploads/7441>

The CUES practitioner should provide a written recommendation to ensure the correct medication is purchased/supplied.

It must be noted on the patients OPERA record *“Dry eyes assessed to be level 1 or 2 therefore this patient was directed to self-care”* so that the GP is informed that self-care was indicated. Please record this in the box indicate in image below.

**Patients assessed as grade 3 or 4 are classified as having severe chronic dry eyes AND they are therefore excluded from self-care/OTC guidance.**

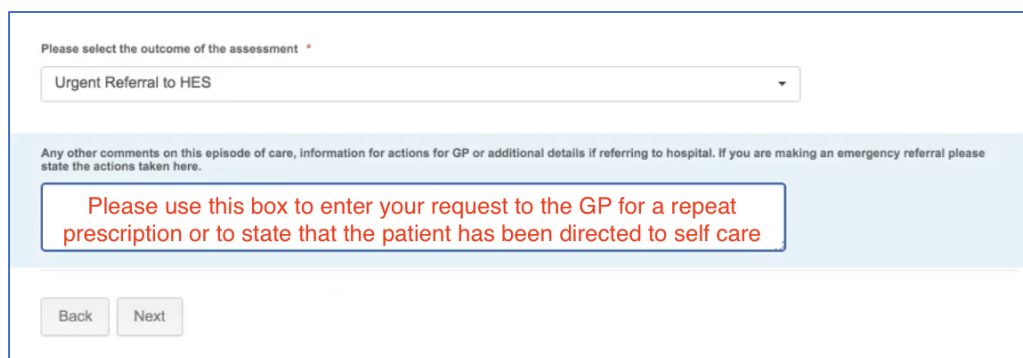
For patients with grade 3 or 4 dry eyes who are also exempt from NHS prescription charges please provide one supply of ocular lubricants at no charge to the patient.

**PLUS**, record on the patients OPERA record in the box indicated in the image below;

*“Mr XX’s has been assessed as having Severe Chronic dry eye (grade 3 or 4) and therefore should not classed as self-care. I have therefore provided this patient with one supply of “name of lubricant” and request that this medication is placed on repeat prescription for this patient.”*

This will ensure the GP is notified of the required repeat prescription and why.

If the treatment is insufficient then the optometrist will re-assess the patient and if required refer them for a secondary care opinion.



Please select the outcome of the assessment \*

Urgent Referral to HES

Any other comments on this episode of care, information for actions for GP or additional details if referring to hospital. If you are making an emergency referral please state the actions taken here.

Please use this box to enter your request to the GP for a repeat prescription or to state that the patient has been directed to self care

Back Next

## Bacterial Conjunctivitis

As bacterial conjunctivitis is self-limiting please follow the College of Optometrist guidance on the non-pharmacological management when appropriate.

The majority of patients will access the medication via OTC and a written recommendation should be issued to ensure the correct medication is purchased/supplied.

**Exemption: Patients under the age of 2** will be provided with the medication by the CUES practice at no charge to the patient.

## Chloramphenicol – indications other than bacterial conjunctivitis

**Exemption:** When Chloramphenicol is required for use in **corneal abrasions or following foreign body removal**, in line with College of Optometrist guidance, the provision under these circumstances is classified as a POM therefore the patient will be provided with the medication by the CUES practice at no charge to the patients if they are exempt from paying NHS prescription charges.

If the patient is not exempt the optometrist will charge the patient the Recommended Retail Price (RRP) of the medication. If this is greater than the cost of a prescription then the patient will pay no more than the prescription charge.

## Hayfever

All mast cell stabilisers and antihistamine medication are classed as OTC medications. A written recommendation should be issued to ensure the correct medication is purchased/supplied.

## Medication Stock

CUES practices will be expected to hold a small supply of the medications listed within the formulary.

Below is the formulary for the provision of drugs within the core CUES service:

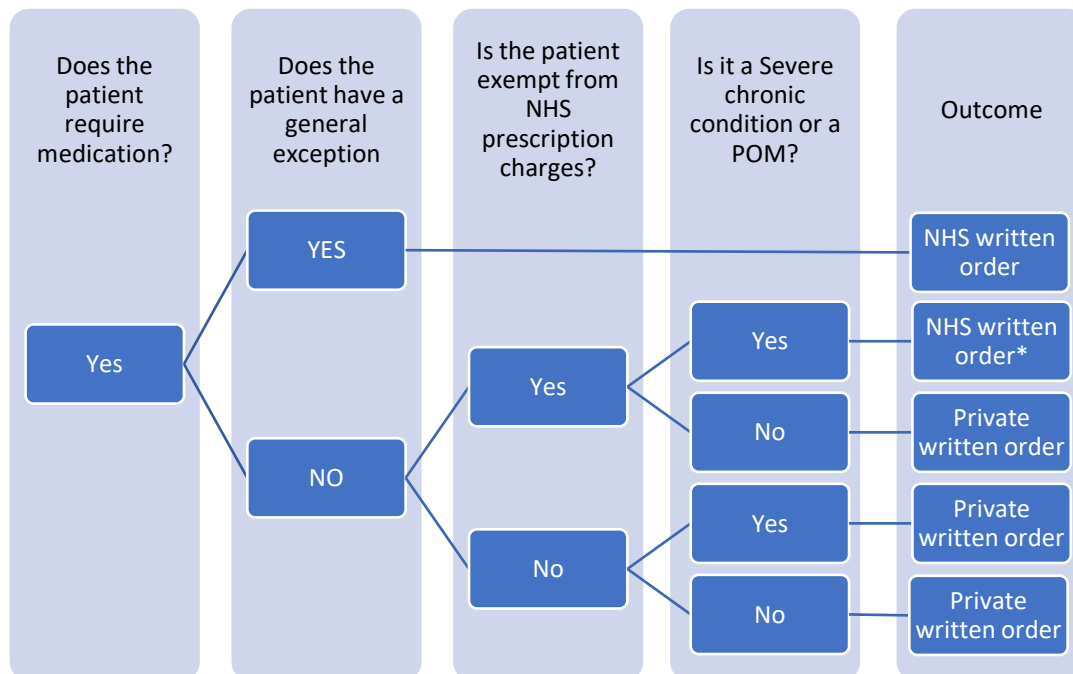
Medication	Brand	Form	Strength	Quantity	Medicinal Category
Chloramphenicol	N/A	Eye drops	0.5%	10ml	P POM Signed Order for children <2 years of age Signed Order if used for prophylaxis
Chloramphenicol		Eye ointment	1%	4g	P POM Signed Order for children <2 years of age Signed Order if used for prophylaxis
Fusidic acid *only for consideration when chloramphenicol is contraindicated or in other extenuating circumstances		Eye drops	1%	5g	POM
Hypromellose	Lumecare <sup>®</sup> Tear drops / Evolve <sup>®</sup> Hypromellose	Eye drops	0.3%	10ml	GSL
Carbomer	Clinitas <sup>®</sup> gel / Xailin <sup>®</sup> gel / Artelac Nighttime <sup>®</sup> Gel	Eye gel	0.2%	10g	GSL
Soft paraffin ointment	HydraMed Night <sup>®</sup> / Xailin night <sup>®</sup>	Eye ointment		5g	GSL
Antazoline and Xylometazoline	Otrivine-antistin <sup>®</sup>	Eye drops	0.5%/0.05%	10ml	P
Sodium Cromoglycate		Eye drops	2%	10ml / 13.5ml	P
Sodium Hyaluronate	Artelac Rebalance <sup>®</sup> / Evolve <sup>®</sup> HA	Preservative Free	0.15% 0.2%	10ml	GSL

## Supply

The medications within the formulary can be supplied via:

1. **A written recommendation for OTC/self-care medications.** The patient will then purchase the medication within the optical practice/local pharmacy/supermarket etc.  
 OR
2. **If the medication is classed as a POM and the patient is exempt from NHS prescriptions charges, then the patient will be supplied with the medication by the CUES optical practice and the patient will not be charged for the medication.**  
 OR
3. **If the medication is classed as a POM and the patient is NOT exempt from NHS prescription charges, then the patient will purchase the medication at the optical practice via a written order.** They will pay the Recommended Retail Price. If this is greater than the cost of a prescription then the patient will pay no more than the prescription charge.  
 OR
4. **If the patient has a general exception as identified in the Cheshire CCG self-care guidance, then the patient will be supplied with the medication by the CUES optical practice and the patient will not be charged for the medication.**

## CUES Formulary Provision Flowchart



NHS Written Order	=	The CUES Optical Practice will provide the medication at no charge to the patient
Private Written Order	=	The patient can purchase the medication at retail price from the pharmacy/supermarket/optical practice

\* If due to 'severe chronic condition' please ensure that the GP is notified that this prescription should be put on repeat prescription due to this reason.