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All Wales Medicines Strategy Group



# **Wales General Ophthalmic Services – Signed Orders Formulary**

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This document has been prepared by Wales General Ophthalmic Services National Clinical Leads, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC). It has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

Please direct any queries to AWTTC:

All Wales Therapeutics and Toxicology Centre  
The Routledge Academic Centre  
University Hospital Llandough  
Penlan Road  
Llandough  
Vale of Glamorgan  
CF64 2XX

[awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk)  
029 218 26900

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**Please note:** The monographs within this document are intended to provide a clinical framework to support the safe and efficient delivery of Optometry Signed Orders by Optometrists in Wales General Ophthalmic Services (WGOS).

The monographs **do not** include contraindications, cautions, interactions, adverse effects or dose. They should be read in conjunction with current [National Institute for Health and Care Excellence \(NICE\)](#) publications, not limited to [British National Formulary \(BNF\)](#), [British National Formulary for Children \(BNFC\)](#) and [Clinical Knowledge Summaries \(CKS\)](#).

The monographs **do not** include the operational details of WGOS. They should be read in conjunction with the [service manual\(s\)](#), and optometrists must ensure that they are aware of, and adhere to, all relevant legal and regulatory requirements that are applicable to this service.

Preparations are given by generic name unless otherwise stated.

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## **1.0 Introduction**

Wales General Ophthalmic Services (WGOS) provide a standardised approach across Wales and enable all optometrists included in the NHS Wales Combined List (Supplementary Ophthalmic List) to offer NHS-funded sight tests and examinations for urgent eye problems. Typically, these include patients with dry eye, acute infection and allergic eye conditions.

This formulary contains details of good eyelid hygiene and an approved list of eye preparations (medicines and devices) which may be ordered by NHS Wales optometrists providing WGOS on the NHS signed orders.

## **2.0 Good eyelid hygiene**

Good eyelid hygiene describes what patients may do for themselves; be assisted to do; or have done for them by a parent or carer, before resorting to a preparation on this formulary.

There is no specific minimum age for the following first-line treatments since a child may be assisted in good eyelid hygiene or have it done for them by a parent or carer.

Optometrists use their clinical judgement in recommending good eyelid hygiene to patients.

Optometrists should make it clear that people should wash their hands before and after performing eyelid hygiene.

### **2.1 Acute bacterial conjunctivitis**

Following national guidance for conjunctivitis, patients should be advised to:

- remove contact lenses – take them out until all the signs and symptoms of the infection have gone.
- gently clean away sticky substances from the eye(s) using a clean cotton wool pad (1 piece for each eye) soaked in cooled boiled water.
- gently apply a cool compress e.g. a clean wet flannel around the eye area for a few minutes.
- wash their hands regularly with soap and water, particularly after touching infected secretions.
- avoid sharing towels, pillows and flannels, and close contact with others to prevent the infection from spreading (individuals may be infectious for up to 14 days).
- wash pillowcases and flannels in detergent and hot water.

Patients should be reassured of the following:

- Most cases of acute bacterial conjunctivitis do not require treatment and will get better within five to seven days.
- Antibiotics are not usually indicated as most cases clear up without treatment.
- There is no need to exclude a child with acute bacterial conjunctivitis (whether on treatment or not) from school, unless the child is unwell.

## 2.2 Dry eyes and blepharitis

Patients should be advised to keep their eye(s) clean and help the glands around them to produce oily tears by taking the following steps twice daily at first, then when the eye(s) begin(s) to feel better, taper to a regimen that minimises symptoms. Patients should be informed regarding the chronic nature of these conditions and the importance of an ongoing regimen.

Steps 1 and 2 should be combined as both damp warmth from the compress and the massage technique are more likely to loosen crusts in anterior blepharitis and melt the abnormal meibum in posterior blepharitis.

In the absence of any type of blepharitis, dry eyes are unlikely to respond to Step 3 which may be omitted from the regimen for people without blepharitis.

Step 1: Warm compresses:

- Boil some water and leave it to cool to a warm temperature. The temperature of the water should be around 37 to 40°C (around bath temperature) to maintain effectiveness.
- Soak a clean cloth or cotton wool pad in the warm water.
- Close the eyes and place the cloth or pad on them for 5–10 minutes.
- Reheat the cloth or pad by soaking it in the warm water; don't let it become cold.

Step 2: Eyelid massage:

- Close your eyes and gently massage your eyelids using your little finger to draw circles across each lid.
- Take a cotton wool bud and, with your eyes shut, gently roll it downwards on the upper eyelid towards the lashes and edges of your eyelids – this helps to push oil out of your glands, although you won't see anything come out.
- Repeat this process along the whole width of your upper and lower eyelids.
- Note: this process may irritate your eyes slightly at first, a bit like getting soap in them, but this is normal and should get better with time.

Step 3: Eyelid margin hygiene:

- Use an eyelid cleaning solution.
- Soak some clean cotton wool in the cleaning solution and use it to remove any crustiness from around your eyelids. Pay special attention to your eyelashes.
- Repeat this process if necessary, using a clean piece of cotton wool.
- Dip a clean cotton bud into the cleaning solution and gently wipe it along the bases and lengths of your eyelashes to clean the edges of your eyelids.

### 3.0 Signed orders

The following is a list of medicines and devices to be made available on the signed orders formulary, including details of legal classification, type of medicine/device, indications and formulary preparations.

Generic formulations of medicines and devices are listed in this formulary:

- to reduce the risk of delays in treatment of acute eye conditions due to out-of-stock branded items;
- to ensure access, by allowing pharmacists to dispense any equivalent licensed version, so reducing the risk of supply shortages; and
- to maximise clarity and safety in any discharge summaries or transfers of care, for example from optometrists to general practitioners where ongoing prescribing for chronic eye conditions is indicated.

#### 3.1 Chloramphenicol

##### Type

Antibacterial

##### Indications

For adults and children aged one month and over:

- First-line treatment for bacterial superficial ocular infections.
- Prophylaxis, e.g. following ocular trauma.

**Table 1: Chloramphenicol formulary preparations**

Form	Product	Legal classification	Pack size
0.5% eye drops	Generic chloramphenicol 0.5% eye drops	Prescription Only Medicine (POM)	10 mL
	<u>If preservative-free is clinically necessary</u> , generic chloramphenicol 0.5% eye drops 0.5 mL unit dose preservative-free		20 units
1% eye ointment	Generic chloramphenicol 1% eye ointment	Prescription Only Medicine (POM)	4 g

### 3.2 Fusidic acid

#### Type

Antibacterial

#### Indications

- First-line treatment for bacterial superficial ocular infections during pregnancy or breastfeeding.
- First-line treatment of known staphylococcal superficial ocular infections.
- Second-line treatment of other bacterial superficial ocular infections.

**Table 2: Fusidic acid formulary preparations**

Form	Product	Legal classification	Pack size
1% modified-release eye drops	Generic fusidic acid 1% modified-release eye drops	Prescription Only Medicine (POM)	5 g

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### 3.3 Sodium cromoglicate

#### Type

Anti-inflammatory

#### Indications

Allergic conjunctivitis

**Table 3: Sodium cromoglicate formulary preparations**

Form	Product	Legal classification	Pack size
2% eye drops	Generic sodium cromoglicate 2% eye drops	Pharmacy Medicine (P)	10 mL
	<u>If preservative-free is clinically necessary</u> , generic sodium cromoglicate 2% eye drops preservative-free		

### 3.4 Cyclopentolate hydrochloride

**Type**

Antimuscarinic

**Indications**

For adults and children aged 3 months and over:

- Corneal hydrops
- Corneal or other superficial ocular foreign body
- Ocular trauma, e.g. corneal abrasion, blunt, chemical
- Photokeratitis
- Recurrent corneal epithelial erosion syndrome

**Table 4: Cyclopentolate hydrochloride formulary preparations**

Form	Product	Legal classification	Pack size
1% eye drops	Generic cyclopentolate hydrochloride 1% eye drops	Prescription Only Medicine (POM)	5 mL
	<u>If preservative-free is clinically necessary,</u> generic cyclopentolate hydrochloride 1% eye drops 0.5 mL unit dose preservative-free		20 units

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### 3.5 Carbomer

#### Type

Ocular lubricants and astringents

#### Indications

Second-line treatment for:

- Dry eyes
- Poor tear film stability

**Table 5: Carbomer formulary preparations**

Form	Product	Legal classification	Pack size
0.2% eye gel	Generic carbomer 980 0.2% eye gel	Medical device	10 g
	<u>If preservative-free is clinically necessary</u> , generic carbomer 980 0.2% eye gel preservative-free		

### 3.6 Hypromellose

#### Type

Ocular lubricants and astringents

#### Indications

First-line treatment for

- Dry eyes
- Poor tear film stability

**Table 6: Hypromellose formulary preparations**

Form	Product	Legal classification	Pack size
0.3% eye drops	Generic hypromellose 0.3% eye drops	Medical device	10 mL
	<u>If preservative-free is clinically necessary</u> , generic hypromellose 0.3% eye drops preservative-free		

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### 3.7 Liquid paraffin

#### Type

Ocular lubricants and astringents

#### Indications

- Dry eyes
- Poor tear film stability
- Exposure keratitis
- Corneal erosion
- Corneal trauma

**Table 7: Liquid paraffin formulary preparations (retinol palmitate with white soft paraffin, light liquid paraffin, liquid paraffin and wool fat)**

Form	Product	Legal classification	Pack size
Eye ointment	Generic retinol palmitate with white soft paraffin, light liquid paraffin, liquid paraffin and wool fat eye ointment preservative-free*	Medical device	5 g

\*The only available preparation for this combination is Hylol Night®; therefore, a signed order may be made by this brand name.

### 3.8 Polyvinyl alcohol

#### Type

Ocular lubricants and astringents

#### Indications

Second-line treatment for

- Dry eyes
- Poor tear film stability

**Table 8: Polyvinyl alcohol formulary preparations**

Form	Product	Legal classification	Pack size
1.4% eye drops	Generic polyvinyl alcohol 1.4% eye drops	Medical device	10 mL
	<u>If preservative-free is clinically necessary</u> , generic polyvinyl alcohol 1.4% eye drops 0.4 mL unit dose preservative-free		30 units

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### 3.9 Sodium hyaluronate

#### Type

Ocular lubricants and astringents

#### Indications

- Exposure keratitis
- Corneal erosion
- Corneal trauma

Third-line treatment for

- Dry eyes
- Poor tear film stability

**Table 9: Sodium hyaluronate formulary preparations**

Form	Product	Legal classification	Pack size
0.2% eye drops	Generic sodium hyaluronate eye drops 0.2% eye drops preservative-free	Medical device	10 mL

## 4.0 Additional resources

- [British National Formulary \(BNF\)](#): Key information on the selection, prescribing, dispensing and administration of medicines<sup>1</sup>.
- [NHS Wales Online Formulary \(InForm\)](#)<sup>2</sup>.
- [NHS Dictionary of Medicines and Devices \(dm+d\)](#): A dictionary of descriptions and codes which represent medicines and devices in use across the NHS<sup>3</sup>.
- [College of Optometrists Clinical Management Guidelines \(CMGs\)](#): The CMGs offer information on the diagnosis and management of a range of conditions that present with varying frequency in primary and first contact care<sup>4</sup>.

## 5.0 References

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