Milton Keynes Clinical Commissioning Group

Milton Keynes University Hospital NHS Foundation Trust

Central and North West London NHS Foundation Trust

Milton Keynes Community Health Services

Glaucoma Service Prescribing Guidelines For Open Angl e Glaucoma And Ocular Hypertension

Before offering medication any relevant comorbidities or potential drug interactions need to be checked carefully. A single drug should be started and its effectiveness at lowering eye pressure and any side effects should be assessed usually upon follow-up. If there is no IOP response and the patient has been compliant to treatment, the drug should be stopped and another tried from the same class or a different class. If there is a satisfactory IOP drop but insufficient to meet the target pressure then a second drug may be added. Medical therapy of more than three topical agents-one separate and one combination should trigger consideration for either laser or surgery. Maximal medical treatment would consist of all 4 classes of topical pressure lowering medication and possible oral acetazolamide

The Guidelines should be adhered to for all new patients. No change in treatment plan is recommended for patient already on different medications when there is satisfactory IOP response. Non-responders should be switched to a different class of drug. Major changes should be discussed with the glaucoma specialist consultant

Drug 1st Choice Monotherapy , then see recommended steps below	**With Preservative**	**Preservative Free** Restricted to patients with true preservative allergy and/or evidence of epithelial toxicity from preservatives and/or severe dry eyes. They should be initiated by secondary care specialist and continued by GPs.
prostaglandin analogues (PGA)	**1st latanoprost 0.005% eye drops** 2nd bimatoprost 0.01% eye drops 3rd travoprost 0.004% eye drops	1st latanoprost 0.005% single use eye drop 2nd bimatoprost 0.03% single use eye drop Tafluprost UD
ß-blockers (ß-B)	1st timolol 0.25% eye drops 2nd timolol 0.25% eye gel (long acting)	1st timolol 0.1% eye gel
carbonic anhydrase inhibitor (CAI)	1st brinzolamide 1% eye drops 2nd dorzolamide 2% eye drops	1st dorzolamide 2% single use eye drop
alpha-adrenergic agonist (α-AA)	1st brimonidine 0.2% eye drops	

Suggested Guide:

Step 1:
1st line: PGAs. Safer than ß-blockers and probably more effective at lowering IOP
2nd line: ß-blockers. Used as first line in younger patients and patients with unilateral glaucoma except where contraindicated.

Step 2: Use PGA + ß-B **OR** PGA+CAI **OR** PGA+ α-AA

Step 3: Add CAI or α-AA or combination of both

Combination Therapies - All combination preparations (except one) contain timolol 0.5% plus one drug from another class: Latanoprost/Timolol (Xalacom®), Bimatoprost/Timolol (Ganfort®), Travoprost/Timolol (Dou Trav®), Dorzolamide/Timolol (Cosopt®), Brinzolamide/Timolol (Azarga®), Brimonidine/Timolol (Combigan®), Dorzolamide/Timolol P.F.; Tafluprost/Timolol (Taptiqom®); One combination product (Symbrinza®) contains Brinzolamide/Brimonidine.
For Restricted Use - Pilocarpine various strengths, Apraclonidine 0.5%, Levobunolol 0.5%, Levobunolol 0.5% PF UD, Timolol 0.5% (long acting)

Adjunct Therapy
A few advanced glaucoma patients will be on oral Acetazolamide long-term
Monitoring requirements: U&Es every 3-4 months

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