**This letter is for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn’t split across two pages, or that an instruction to continue on to a second page is added.**

Insert practice header or print to practice headed paper, or type address details below.

[Practice name]

[Address]

[Tel]

[Fax]

[Email]

[Date]

[Title\_Initial\_Surname]

[Patient Address Block]

Dear [Title] [Surname],

This practice constantly reviews repeat prescriptions to make sure that our patients get the most effective treatment, which in turn provides good value for the NHS without affecting their quality of care.

We are currently reviewing the prescribing of Hylo-Forte (Sodium Hyaluronate 0.2%) eye drops. NHS Dorset recommend alternative more cost-effective brands that are clinically interchangeable and as effective as your current eye drop. The preferred brand you will be prescribed is [delete brand as applicable **Eyeaze/HydraMed**] The new product is the same strength and is taken at the same dose. Please note the new product expires 90 days after opening. This decision supersedes any advice you may have received from your specialist.

If you have any questions about this change, please contact your GP/Nurse/Pharmacist.

|  |  |
| --- | --- |
| **GP/Nurse/Pharmacist** [delete as applicable] | [Add number] |

Yours sincerely

Dr [insert name] and partners

[Insert Practice Name]