

Severe keratitis with DED

Non-medical management

Ensure all non-medical options are adhered to:

- Education on conditions, management, treatment and prognosis
- Modification of local environment
- Proper eyelid hygiene and hot compresses for blepharitis
- Dietary modification: omega/ fatty acid supplementation
- Identification and modification/ elimination of offending systemic and topical medications

Artificial Tears (AT)

- Preservative free AT. Switch patient if taking AT with preservatives (including BAK)
- Ensure regular use of AT: minimum three times per day and before all activities that are going to cause symptoms (screen time, air conditioned environments). Not only using on a need basis.
- Explain the symptom 'sting' may occur with instillation, lasting 10-20 seconds, and will improve overtime.

Short term corticosteroids (CS):

- Some patients may initiate a 6-8 week course of CS. Not as a long term treatment.
- Monitor after 1 month to ensure no AEs from CS

Severe symptoms persist or recur

Symptoms improve or remain mild

Ikervis

- Ongoing, long term treatment
- Monitored after initiation at 3 months then every 6 months after that

**Compounded unregistered CsA/
Registered Cequa / Restasis via SAS**

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- Monitored after initiation at 3 months then every 6 months after that

Best supportive care

- Remain on preservative free AT

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