Dry Eye Treatments: A Patient-Friendly Guide

Website-ready copy and patient FAQ

Dry eye disease is not the same in every patient. Some people do not produce enough natural tears, some have significant inflammation, and others produce tears that evaporate too quickly. Many patients have a combination of all three. Understanding **why the eye is dry** helps us choose treatments that address the underlying problem rather than simply adding moisture temporarily.

Which Dry Eye Medication Does What?

Medication	Primary target	How it works	What it helps accomplish
XIIDRA® (lifitegrast 5%)	Inflammation	Blocks the LFA-1/ICAM-1 interaction involved in T-cell-mediated inflammation.	Helps interrupt the inflammatory cycle of dry eye and improve signs and symptoms.
VEVYE® (cyclosporine 0.1%)	Inflammation	Cyclosporine immunomodulation reduces T-cell activation and inflammatory signaling.	Helps control ocular-surface inflammation and supports a healthier tear environment.
CEQUA® (cyclosporine 0.09%)	Inflammation + tear production	Reduces T-cell-mediated inflammation; its nanomicellar formulation delivers cyclosporine to the ocular surface.	Helps reduce inflammation and support natural tear production.
RESTASIS® (cyclosporine 0.05%)	Inflammation + tear production	Reduces inflammation that can interfere with lacrimal tear production.	Helps increase natural tear production in appropriate patients over time.
EYSUVIS® (loteprednol 0.25%)	Acute inflammation	A corticosteroid that suppresses multiple inflammatory pathways.	Short-term treatment of dry-eye signs and symptoms; may be useful during flares.
TRYPTYR® (acoltremon 0.003%)	Natural tear production	Activates TRPM8 thermoreceptors; TRPM8 stimulation is associated with trigeminal signaling and increased basal tearing.	Stimulates the eye's own natural tear production.
TYRVAYA® (varenicline nasal spray)	Natural tear production	Stimulates a trigeminal parasympathetic pathway through receptors within the nose.	Activates the lacrimal functional unit to increase natural tear production.
MIEBO® (perfluorohexyloctane)	Tear evaporation	Forms a monolayer at the tear-film/air interface that is expected to reduce evaporation.	Helps preserve the aqueous, or watery, component of the natural tear film.

Three Different Problems - Three Different Treatment Strategies

Not producing enough natural tears?

Some treatments stimulate the body's own tear-producing pathways rather than simply supplying artificial moisture. TRYPTYR activates TRPM8 sensory receptors on the ocular surface. TRPM8 stimulation has been shown to activate trigeminal nerve signaling associated with increased basal tear production. The precise mechanism by which TRYPTYR increases tearing in dry eye disease has not been fully established, so it is most accurate to think of it as **stimulating a natural neural tearing pathway**.

TYRVAYA approaches natural tear production differently. Because it is administered through the nose, it stimulates

a trigeminal parasympathetic pathway and activates the lacrimal functional unit to increase natural tear production.

Too much inflammation?

Dry eye and inflammation can create a vicious cycle. An unstable tear film can stress the ocular surface, which promotes inflammation. That inflammation can then interfere with the lacrimal glands, ocular surface and normal tear-film function, making dryness worse.

XIIDRA, RESTASIS, CEQUA and VEVYE target this inflammatory component through different mechanisms. By controlling inflammation, these medications can help create an environment in which the ocular surface and natural tear-producing system can function more normally. For more significant inflammation or a dry-eye flare, a short course of a corticosteroid such as EYSUVIS may be used when clinically appropriate.

Tears evaporating too quickly?

Not every patient with dry eye has inadequate tear production. In many patients - particularly those with **meibomian gland dysfunction (MGD)** - tears disappear from the ocular surface too quickly. The meibomian glands normally provide the lipid, or oil, layer of the tear film, which helps slow evaporation of its watery component. When these glands are obstructed or their secretions become abnormal, the tear film may break up rapidly even when the lacrimal glands produce an adequate amount of tears.

MIEBO addresses this component differently from anti-inflammatory medications. Perfluorohexyloctane forms a monolayer at the air-liquid interface of the tear film that is expected to reduce evaporation. Its precise mechanism in dry eye disease has not been completely established. Clinically, its important distinction is that it helps **preserve the tears already present** rather than primarily stimulating tear production or suppressing inflammation.

Why Combination Treatment May Be Necessary

Dry eye disease is often **multifactorial**. A patient may have decreased natural tear production, ocular-surface inflammation and meibomian gland dysfunction causing excessive evaporation - all at the same time. This is why there is no single "best" dry eye medication for everyone. A comprehensive dry eye evaluation allows the ophthalmologist to examine the tear film, ocular surface, eyelids and meibomian glands and determine which components are contributing to the problem.

The goal is not simply to make the eyes feel wetter for a few minutes. It is to understand why your eyes are dry and develop an individualized treatment plan that helps restore a healthier, more stable and more natural tear film.

Patient-Friendly FAQ: Choosing Dry Eye Treatments

Why are there so many different dry eye medications?

Because dry eye has several possible causes. Your eyes may not make enough tears, inflammation may damage the ocular surface and interfere with normal tear function, or your tears may evaporate too quickly. Many people have more than one of these problems.

How does my doctor decide which treatment is right for me?

Your ophthalmologist looks for the dominant causes of your dry eye. This may include evaluating the amount and stability of your tears, the health of the ocular surface and eyelids, and the function of the meibomian glands. Your symptoms are important, but the examination helps determine what is driving them.

What if I do not make enough natural tears?

Medications that stimulate natural tearing may be considered. TRYPTYR is an eye drop that activates TRPM8 sensory receptors and is associated with neural signaling that increases basal tearing. TYRVAYA is a nasal spray that stimulates a trigeminal parasympathetic pathway to activate natural tear production.

What if inflammation is the main problem?

Anti-inflammatory medications may help break the cycle in which dryness causes surface stress and inflammation, and inflammation then worsens tear-film function. XIIDRA and cyclosporine medications such as RESTASIS, CEQUA and VEVYE are examples. A short course of a corticosteroid such as EYSUVIS may be used for more acute inflammation when appropriate.

What if I make tears, but they evaporate too quickly?

This is common when the meibomian glands do not provide a healthy oil layer. Treatment may include therapies directed at the glands and tear-film lipid layer. MIEBO is designed to form a layer at the tear-film surface that is expected to reduce evaporation and help preserve the watery portion of your natural tears.

What is meibomian gland dysfunction (MGD)?

The meibomian glands are tiny oil-producing glands along the eyelids. Their oil helps keep tears from evaporating too quickly. If the glands are blocked or produce abnormal oil, the tear film becomes less stable and evaporative dry eye can result.

Are artificial tears still useful?

Yes. Artificial tears can provide temporary lubrication and remain useful for many patients. However, prescription treatment may be recommended when the goal is to address inflammation, stimulate natural tear production, reduce excessive evaporation, or treat several mechanisms together.

Can I need more than one treatment?

Yes. Dry eye is frequently multifactorial, so combination therapy is common. For example, one treatment may address inflammation while another reduces evaporation or improves natural tear production.

How quickly should I expect improvement?

It depends on the treatment and the cause of your dry eye. Some therapies can have effects relatively quickly, while immunomodulatory treatment and improvement of the ocular surface may take longer. Your ophthalmologist can explain what timeline is realistic for your particular treatment plan.

Is there one 'best' dry eye medication?

No. The best treatment is the one that matches the mechanisms contributing to your dry eye. A medication that is excellent for one patient may not address the primary problem in another.

When should I see an ophthalmologist about dry eye?

Consider an eye examination if dryness, burning, fluctuating vision, redness, light sensitivity, excessive tearing, contact-lens intolerance or a gritty sensation persists despite basic lubrication, or if symptoms are interfering with reading, driving, computer use or daily activities.

Important: This guide is for patient education and is not a substitute for an eye examination or individualized medical advice. Prescription medications have specific indications, contraindications, warnings and adverse effects that should be reviewed with your eye-care professional.