



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 2274-3
Program	Prior Authorization – Medical Necessity
Medication	Verkazia® (cyclosporine 0.1% ophthalmic emulsion)
P&T Approval Date	5/2022, 5/2023, 5/2024
Effective Date	8/1/2024

1. Background:

Verkazia (cyclosporine 0.1%) ophthalmic emulsion is indicated for the treatment of vernal keratoconjunctivitis in children and adults.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Verkazia** will be approved based on **both** the following criteria:

a. Diagnosis of moderate to severe vernal keratoconjunctivitis

-AND-

b. History of failure, contraindication, or intolerance to **two** of the following categories:

1. ophthalmic antihistamines (e.g., azelastine, olopatadine)
2. ophthalmic mast cell stabilizers (e.g., cromolyn sodium)
3. ophthalmic corticosteroids (e.g., dexamethasone, prednisolone, fluorometholone)

Authorization will be issued for 12 months.

B. Reauthorization

1. **Verkazia** will be approved based on the following criterion:

a. Documentation of positive clinical response

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



3. Additional Clinical Programs:

- Supply limits may be in place
- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Verkazia [package insert]. Emeryville, CA: Santen Inc.; June 2022.
2. Leonardi A, Doan S, Amrane M, et al. A Randomized, Controlled Trial of Cyclosporine A Cationic Emulsion in Pediatric Vernal Keratoconjunctivitis. *Ophthalmology* 2019;126(5):671-681.
3. Kraus C. Vernal Keratoconjunctivitis. American Academy of Ophthalmology, Knights Templar Eye Foundation, Pediatric Ophthalmology Education Center. Available at: <https://www.aao.org/disease-review/vernalkeratoconjunctivitis-5>. Accessed April 2022.
4. Olsen, TW, et. al. Conjunctivitis Preferred Practice Pattern. American Academy of Ophthalmology. 2018.

Program	Prior Authorization – Medical Necessity - Verkazia
Change Control	
5/2022	New program.
5/2023	Annual review. Updated references.
5/2024	Annual review. No changes.