

## UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2025 P 2274-4
Program	Prior Authorization – Medical Necessity
Medication	Verkazia® (cyclosporine 0.1% ophthalmic emulsion)
P&T Approval Date	5/2022, 5/2023, 5/2024, 5/2025
Effective Date	8/1/2025

### 1. Background:

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

## 2. Coverage Criteria<sup>a</sup>:

#### 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.

<sup>&</sup>lt;sup>a</sup> 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. Conjunctivitis Preferred Practice Pattern. American Academy of Ophthalmology. 2023.

Program	Prior Authorization – Medical Necessity - Verkazia
Change Control	
5/2022	New program.
5/2023	Annual review. Updated references.
5/2024	Annual review. No changes.
5/2025	Annual review. No changes.