

Clinical Policy Title:	Cyclosporine
Policy Number:	RxA.766
Drug(s) Applied:	Verkazia®
Original Policy Date:	07/18/2022
Last Review Date:	03/01/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Vernal keratoconjunctivitis (must meet all):

1. Diagnosis of vernal keratoconjunctivitis (VKC);
2. Trial and failure of any 2 of the following 3 categories (as a single dual-acting product or as two products used in combination), unless contraindicated or clinically significant adverse effects are experienced:
 - a. topical ophthalmic mast cell stabilizer;
 - b. topical ophthalmic corticosteroid
 - c. topical ophthalmic antihistamine
3. Prescribed by or in consultation with an optometrist or an ophthalmologist;

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Vernal keratoconjunctivitis (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Santen SAS. A Multicenter, Randomized, Double-Masked, 3 Parallel Arms, Placebo Controlled Study to Assess the Efficacy and Safety of Nova22007 1mg/ML (ciclosporin/cyclosporine) Eye Drops, Emulsion Administered in Paediatric

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Patients with Active Severe Vernal Keratoconjunctivitis with Severe Keratitis. clinicaltrials.gov; 2022. Available at: <https://clinicaltrials.gov/ct2/show/NCT01751126>. Accessed June 29, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	06/03/2022	07/18/2022
Policy was Reviewed: 1. References were reviewed and updated.	06/29/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy reviewed: 1. Added DSE 2. Removed OTC T/F 3. Removed age and dosing criteria 4. Changed approval duration to 12 months 5. Removed unnecessary criteria from re-auth	3/1/2024	2/28/2024