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

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 reviewd: 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