

Clinical Policy Title:	Cyclosporine
Policy Number:	RxA.766
Drug(s) Applied:	Verkazia®
Original Policy Date:	07/18/2022
Last Review Date:	12/11/2025
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.

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 medication in the past 120 days that has been authorized by RxAdvance or the member has met initial approval criteria.

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 Paediatrics Patients with Active Severe Vernal Keratoconjunctivitis with Severe Keratitis. [clinicaltrials.gov](https://clinicaltrials.gov/ct2/show/NCT01751126); 2022. Available at: <https://clinicaltrials.gov/ct2/show/NCT01751126>. Accessed March 24, 2025.

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	3/1/2024	2/28/2024

4. Changed approval duration to 12 months		
5. Removed unnecessary criteria from re-auth		
Policy was reviewed: 1. Removed prescriber criteria. 2. Updated continuation of therapy language.	03/24/2025	04/10/2025
Policy reviewed.	12/11/2025	12/11/2025