Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 15, 2022

Verkazia® (cyclosporine ophthalmic emulsion)

LENGTH OF AUTHORIZATION: Initial: 6 months
Continuation: 1 Year

REVIEW CRITERIA:

- Patient must be ≥ 4 years of age.
- Patient must have a diagnosis of moderate to severe vernal keratoconjunctivitis (VKC).
- Patient must have therapeutic failure, intolerance, or contraindication to a trial on the following:
    - Ophthalmic mast cell stabilizer as a single entity (e.g., cromolyn sodium) or mast cell stabilizer/antihistamine combination product (e.g., olopatadine); **AND**
    - Ophthalmic corticosteroid (e.g., Flarex/FML, dexamethasone, prednisolone).
- Medication must be prescribed by or in consultation with an ophthalmologist or optometrist.
- Verkazia will not be used in combination with any other ophthalmic cyclosporine products (e.g., Cequa, Restasis).

CONTINUATION OF THERAPY

- Patient met initial review criteria.
- Documentation of improved clinical response (e.g., reduction in itching, photophobia, tearing, and mucous discharge).
- Patient has NOT experienced serious treatment-related adverse events.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 0.1% (0.3ml) single-dose vial emulsion.