UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 2274-5
Program	Prior Authorization – Medical Necessity
Medication	Verkazia® (cyclosporine 0.1% ophthalmic emulsion)
P&T Approval Date	5/2022, 5/2023, 5/2024, 5/2025, 5/2026
Effective Date	8/1/2026

1. Background:

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

2. Coverage Criteria[a]:

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.

[a] 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.

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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]. Nashville, TN: Harrow Eye LLC:March 2026.
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.
5/2026	Annual review. Updated references.

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