

Commercial PA Criteria
Effective: February 6th, 2019

Prior Authorization: Cyclosporine Ophthalmic

Products Affected: Cequa (cyclosporine) ophthalmic solution, Verkazia (cyclosporine) ophthalmic solution, Vevye (cyclosporin) ophthalmic solution

Medication Description:

Cequa ophthalmic solution is a calcineurin inhibitor immunosuppressant indicated to increase tear production in patients with keratoconjunctivitis sicca (dry eye). Verkazia ophthalmic emulsion is indicated for the treatment of vernal keratoconjunctivitis (VKC) in children and adults. Vevye is indicated for the treatment of the signs and symptoms of dry eye disease.

Covered Uses:

1. Keratoconjunctivitis sicca (Dry eye)- Cequa, Vevye
2. Vernal keratoconjunctivitis (VKC)- Verkazia

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions:

1. Cequa, Vevye-18 years of age and older
2. Verkazia- 4 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an optometrist or ophthalmologist.

Coverage Duration: 12 months

Other Criteria:

1. **Keratoconjunctivitis sicca (Dry eye)**
 - A. Patient has keratoconjunctivitis sicca (dry eye); **AND**
 - B. Patient has had an adequate trial with both Xiidra ophthalmic solution **AND** Restasis or Restasis Multidose.
2. **Vernal keratoconjunctivitis (VKC)**
 - A. Patient has moderate to severe vernal keratoconjunctivitis; **AND**
 - B. Patient has had an adequate trial with **TWO** dual-acting topical antihistamine and mast cell stabilizers (such as olopatadine, azelastine, epinastine, pemirolast potassium or ketotifen fumarate)

References:

1. Cequa [package insert]. Cranbury, NJ; Sun; August 2018.
2. VERKAZIA [prescribing information] ophthalmic emulsion, cyclosporine ophthalmic emulsion. Santen Incorporated (per FDA), Emeryville, CA, 2021.
3. Vevye (cyclosporine) [prescribing information]. Greensboro, NC: Harrow Eye, LLC; November 2023.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	02/04/2019
2.	Annual Review	N/A	N/A	1/1/2021
3	Update	Added Verkazia, Name Change from Cequa to Cyclosporine Ophthalmic	Products Affected, Prior Authorization, Other Criteria, Age restriction, diagnosis	5/6/2022
4	Update Policy	Addition of Vevye	Products affected Prior Authorization Other Criteria Age Restriction Diagnosis	5/23/2024

Last Res. May 2024



Confidential Information

This document is confidential and proprietary to ConnectiCare. Unauthorized use and distribution are prohibited.