



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

|                   |  |
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| Program Number    | 2024 P 2227-5  |
| Program           | Prior Authorization/Medical Necessity                        |
| Medication        | Upneeq <sup>®</sup> (oxymetazoline) 0.1% ophthalmic solution |
| P&T Approval Date | 12/2020, 12/2021, 12/2022, 12/2023, 12/2024                  |
| Effective Date    | 3/1/2025   |

**1. Background:**

Upneeq (oxymetazoline) 0.1% ophthalmic solution is indicated for the treatment of acquired blepharoptosis in adults.

Coverage will be provided for members who meet the following criteria.

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Upneeq** will be approved based on **ALL** of the following criteria:

a. Diagnosis of acquired blepharoptosis

**-AND-**

b. Patient has a functional impairment related to the position of the eyelid

**-AND-**

c. **One** of the following:

1) Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in primary gaze

2) Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in down gaze

3) Superior visual field loss of at least 12 degrees or 24 percent

**-AND-**

d. Other treatable causes of blepharoptosis have been ruled out (e.g., recent botulinum toxin injections, myasthenia gravis)

**-AND-**

e. Prescribed by or in consultation with **one** of the following:

1) Optometrist

2) Ophthalmologist

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Upneeq** will be approved based on the following criterion:

- a. Documentation of positive clinical response to therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> 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.

**3. Additional Clinical Rules:**

- 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. Upneeq [package insert]. Bridgewater, NJ: RVL Pharmaceuticals, Inc; May 2023.
2. Charles B. Slonim, MD; Shane Foster, OD; Mark Jaros, PhD;, et. al. Association of Oxymetazoline Hydrochloride, 0.1% Solution Administration with Visual Field in Acquired Ptosis A Pooled Analysis of 2 Randomized Clinical Trials. *JAMA Ophthalmol.* October 2020.

| Program               | Prior Authorization/Medical Necessity – Upneeq             |
|-----------------------|--|
| <b>Change Control</b> |  |
| 12/2020               | New program  |
| 12/2021               | Annual review. Updated references.                         |
| 12/2022               | Annual review. Updated references.                         |
| 12/2023               | Annual review. Updated references.                         |
| 12/2024               | Annual review. Updated initial authorization to 12 months. |