Commercial/Healthcare Exchange PA Criteria

Effective: November 11, 2020

Prior Authorization: Upneeq

Products Affected: Upneeq (oxymetazoline) ophthalmic solution

Medication Description: Upneeq is a once-daily ophthalmic formulation of oxymetazoline, a direct-acting alpha adrenergic receptor agonist that selectively targets the Müller's muscle and elevates the upper eyelid. Upneeq is the first and only FDA-approved topical pharmacologic indicated for the treatment of acquired blepharoptosis (ptosis, or droopy eyelid).

Covered Uses: Treatment of acquired blepharoptosis.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis

Age Restrictions: 13 years of age or older

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

Coverage Duration: 1 year

Other Criteria:

Blepharoptosis

1. Patient has a confirmed diagnosis of acquired blepharoptosis; **AND**

2. Individual has a loss of visual field confirmed by (a and b) below:
    a. Loss of 8 or more points on the top two rows of a Leicester Peripheral Field Test (LPFT); **AND**
    b. Marginal reflex distance 1 (MRD1; the distance from the central pupillary light reflex to the central margin of the upper lid) of less than or equal to 2 mm.

References:

1. Upneeq (oxymetazoline hydrochloride ophthalmic solution) 0.1%. [Prescribing Information]. Bridgewater, NJ: RVL Pharmaceuticals, Inc; July 06, 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/2/2020