

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 2266-2
Program	Prior Authorization/Medical Necessity
Medication	Vuity (pilocarpine) 1.25% ophthalmic solution
P&T Approval Date	3/2022, 3/2023
Effective Date	6/1/2023; Oxford only: 6/1/2023

1. Background:

Vuity (pilocarpine) 1.25% ophthalmic solution is indicated for the treatment of presbyopia in adults. The efficacy of Vuity was established in clinical trials with patients aged 40 to 55 years of age with presbyopia. The standard of therapy for the treatment of presbyopia is use of corrective lenses, such as glasses and contact lenses, or refractive surgery.

2. Coverage Criteria^a:

A. Treatment of Presbyopia

Vuity is not considered medically necessary for the treatment of presbyopia based on the definition of medically necessary health care services in the certificate of coverage.

All requests for authorization will be denied.

^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.

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.
- Supply limits may be in place.

4. References:

1. Vuity [package insert]. North Chicago, IL: AbbVie Inc.; November 2022.
2. Mian, SI. Visual impairment in adults: Refractive disorders and presbyopia. In: UpToDate, Gardiner, MF, UpToDate, Waltham, MA, 2022.

Program	Prior Authorization/Medical Necessity – Vuity
Change Control	
Date	Change
3/2022	New program
3/2023	Annual review. Updated references.