

Clinical Pharmacy Program Guidelines for Upneeq

| | |
|---|--|
| Program | Prior Authorization |
| Medication | Upneeq (oxymetazoline) 0.1% ophthalmic solution |
| Markets in Scope | Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania-CHIP, Rhode Island, South Carolina |
| Issue Date | 12/2020 |
| Pharmacy and Therapeutics Approval Date | 12/2020 |
| Effective Date | 3/2021 |

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:

| |
|---|
| <p>A. <u>Initial Authorization</u></p> <p>1. Upneeq will be approved based on <u>ALL</u> of the following criteria:</p> <p>a. Diagnosis of acquired blepharoptosis</p> <p style="text-align: center;">-AND-</p> <p>b. Patient has a functional impairment related to the position of the eyelid</p> <p style="text-align: center;">-AND-</p> <p>c. <u>One</u> of the following:</p> <p>1) Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in primary gaze</p> <p>2) Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in down gaze</p> <p>3) Superior visual field loss of at least 12 degrees or 24 percent</p> <p style="text-align: center;">-AND-</p> <p>d. Other treatable causes of blepharoptosis have been ruled out (e.g., recent botulinum</p> |
|---|

toxin injections, myasthenia gravis)

Authorization will be issued for 6 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.

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. Upneeq [package insert]. Bridgewater, NJ: RVL Pharmaceuticals, Inc; August 2020.
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– Upneeq |
| Change Control | |
| 12/2020 | New program |