![UnitedHealthcare logo]

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

| Program Number | 2024 P 2266-3 |
|---|---|
| Program | Prior Authorization/Medical Necessity |
| Medication | Qlosi (pilocarpine)™ 0.4% ophthalmic solution, Vuity® (pilocarpine) 1.25% ophthalmic solution |
| P&T Approval Date | 3/2022, 3/2023, 1/2024 |
| Effective Date | 4/1/2024 |

1.    **Background:**

Qlosi (pilocarpine) 0.4% ophthalmic solution and Vuity (pilocarpine) 1.25% ophthalmic solution are indicated for the treatment of presbyopia in adults.  The efficacy of Qlosi was established in clinical trials with patients aged 45 to 64 years of age with presbyopia and for Vuity in 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]:**

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**A.  Treatment of Presbyopia**

Qlosi or 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.

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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. Qlosi [package insert]. Ponte Vedra, FL: Orasis Pharmaceuticals, Ltd.; October 2023.
2. Vuity [package insert].  North Chicago, IL: AbbVie Inc.; March 2023.
2. Mian, SI. Visual impairment in adults: Refractive disorders and presbyopia. In: UpToDate, Gardiner, MF, UpToDate, Waltham, MA, 2023.

| Program | Prior Authorization/Medical Necessity – Qlosi, Vuity |
|---------|------------------------------------------------------|
| **Change Control** ||
| Date | Change |
| 3/2022 | New program |
| 3/2023 | Annual review.  Updated references. |
| 1/2024 | Added Qlosi.  Updated references. |