

UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2025 P 2266-5
Program	Prior Authorization/Medical Necessity
Medication	Qlosi (pilocarpine) TM 0.4% ophthalmic solution, Vizz TM (aceclidine) 1.44%
	ophthalmic solution, Vuity® (pilocarpine) 1.25% ophthalmic solution
P&T Approval Date	3/2022, 3/2023, 1/2024, 1/2025, 9/2025
Effective Date	12/1/2025

1. Background:

Qlosi (pilocarpine) 0.4% ophthalmic solution, Vizz (acelidine) 1.44% 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, for Vizz in patients 45 to 75 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:

A. Treatment of Presbyopia

Qlosi, Vizz 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.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and reauthorization 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.; May 2025.
- 2. Vizz [package insert]. Solana Beach, CA: LENZ Therapeutics, Inc; July 2025.
- 3. Vuity [package insert]. North Chicago, IL: AbbVie Inc.; March 2023.
- 4. Mian, SI. Visual impairment in adults: Refractive disorders and presbyopia. In: UpToDate, Gardiner, MF, UpToDate, Waltham, MA, 2025.

^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.



Program	Prior Authorization/Medical Necessity – Qlosi, Vizz, Vuity	
Change Control		
Date	Change	
3/2022	New program	
3/2023	Annual review. Updated references.	
1/2024	Added Qlosi. Updated references.	
1/2025	Annual review. Updated references.	
9/2025	Added Vizz. Updated references.	