



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 2227-6
Program	Prior Authorization/Medical Necessity
Medication	Upneeq® (oxymetazoline) 0.1% ophthalmic solution
P&T Approval Date	12/2020, 12/2021, 12/2022, 12/2023, 12/2024, 11/2025
Effective Date	2/15/2026

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^a:

A. Initial Authorization

1. **Upneeq** will be approved based on **ALL** of the following criteria:

a. Diagnosis of acquired blepharoptosis

-AND-

b. Patient has a functional impairment related to the position of the eyelid

-AND-

c. **One** of the following:

1) Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in primary gaze

2) Marginal reflex distance-1 (MRD-1) is less than or equal to 2 mm in down gaze

3) Superior visual field loss of at least 12 degrees or 24 percent

-AND-

d. Other treatable causes of blepharoptosis have been ruled out (e.g., recent botulinum toxin injections, myasthenia gravis)

-AND-

e. Prescribed by or in consultation with **one** of the following:

1) Optometrist

2) Ophthalmologist

Authorization will be issued for 12 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.

^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.

4. References:

1. Upneeq [package insert]. Bridgewater, NJ: RVL Pharmaceuticals, Inc; May 2024.
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/Medical Necessity – Upneeq
Change Control	
12/2020	New program
12/2021	Annual review. Updated references.
12/2022	Annual review. Updated references.
12/2023	Annual review. Updated references.
12/2024	Annual review. Updated initial authorization to 12 months.
11/2025	Annual review. Updated references.