

Federal Employee Program.

Blue Cross Blue Shield Association
750 9th St NW, Suite 900

750 9th St NW, Suite 900 Washington, D.C. 20001 1-800-624-5060 Fax 1-877-378-4727

# 5.90.045

Section: Prescription Drugs Effective Date: April 1, 2025

Subsection: Topical Products Original Policy Date: January 29, 2021

Subject: Upneeq Page: 1 of 4

Last Review Date: March 7, 2025

# Upneeq

#### Description

Upneeq (oxymetazoline hydrochloride ophthalmic solution)

#### **Background**

Upneeq (oxymetazoline) is an alpha adrenoceptor agonist targeting a subset of adrenoreceptors in Mueller's muscle of the eyelid. Upneeq is used to treat blepharoptosis which is a condition in which one or both upper eyelids droop. The eyelid may droop slightly or may droop enough to cover the pupil and block vision (1-2).

#### **Regulatory Status**

FDA-approved indication: Upneeq is indicated for the treatment of acquired blepharoptosis in adults (1).

Instill one drop of Upneeq into one or both ptotic eye (s) once daily. Patients should discard the single patient-use container immediately after dosing (1).

Alpha-adrenergic agonists may impact blood pressure. Upneed should be used with caution in patients with severe or unstable cardiovascular disease, orthostatic hypotension, and uncontrolled hypertension or hypotension (1).

Upneeq may increase the risk of angle closure glaucoma in patients with untreated narrowangle glaucoma. Patients should be advised to seek immediate medical care if signs and symptoms of acute angle closure glaucoma develop (1).

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The safety and effectiveness of Upneeq has not been established in pediatric patients under 13 years of age (1).

### **Related policies**

## **Policy**

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Upneeq may be considered **medically necessary** if the conditions indicated below are met.

Upneed may be considered **investigational** for all other indications.

# **Prior-Approval Requirements**

Age 18 years of age or older

#### **Diagnosis**

Patient must have **ALL** of the following:

- 1. Acquired blepharoptosis (droopy eyelid)
  - a. Condition impairs the visual field
  - b. Prescribed by or recommended by an ophthalmologist
  - c. Prescriber agrees to advise the patient of the signs and symptoms of acute angle closure glaucoma and to seek medical care if needed
  - d. **NOT** exclusively for cosmetic use

# Prior - Approval Renewal Requirements

**Age** 18 years of age or older

#### **Diagnosis**

Patient must have **ALL** of the following:

- 1. Acquired blepharoptosis (droopy eyelid)
  - a. Patient has had an improvement in symptoms (e.g., improved field of

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vision)

b. Prescribed by or recommended by an ophthalmologist

- c. Prescriber agrees to advise the patient of the signs and symptoms of acute angle closure glaucoma and to seek medical care if needed
- d. NOT exclusively for cosmetic use

## **Policy Guidelines**

#### Pre - PA Allowance

None

## **Prior - Approval Limits**

**Quantity** 90 single-use containers

**Duration** 3 months

# Prior - Approval Renewal Limits

**Quantity** 90 single-use containers per 90 days

**Duration** 12 months

#### Rationale

#### **Summary**

Upneeq (oxymetazoline) is an alpha adrenoceptor agonist targeting a subset of adrenoreceptors in Mueller's muscle of the eyelid. Upneeq is used to treat blepharoptosis which is a condition in which one or both upper eyelids droop. The eyelid may droop slightly or may droop enough to cover the pupil and block vision (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Upneeq while maintaining optimal therapeutic outcomes.

#### References

- 1. Upneeq [package insert]. Bridgewater, NJ: RVL Pharmaceuticals, Inc.; May 2024.
- 2. Blepharoptosis (Droopy Eyelid). UCLA Health Eye Care. Los Angeles, CA. https://www.uclahealth.org/eye/blepharoptosis-droopy-eyelid.

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Policy History	
Date	Action
January 2021 March 2021	Addition to PA Annual review
December 2022 December 2023	Annual review and reference update. Changed policy number to 5.90.045 Annual review and reference update
December 2024	Annual review
March 2025	Annual review and reference update
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.