Pharmacy Medical Necessity Guidelines:
Upneeq (oxymetazoline) ophthalmic solution

Effective: March 10, 2026

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RxUM
These pharmacy medical necessity guidelines apply to the following: ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan		**Fax Numbers:** RXUM: 617.673.0939	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

Upneeq (oxymetazoline) ophthalmic solution is indicated for the treatment of acquired blepharoptosis in adults.

Blepharoptosis, or ptosis of the eyelid, refers to drooping of the upper eyelid that usually results from a congenital or acquired abnormality of the muscles that elevate the eyelid.

COVERAGE GUIDELINES

The plan may authorize coverage of **Upneeq (oxymetazoline)** ophthalmic solution when **ALL** of the following criteria are met:

Initial Criteria:

1. Documented diagnosis of acquired blepharoptosis

AND

2. Documentation of visual impairment by ONE of the following:
    a. Margin reflex distance of 2 mm or less in primary gaze
    b. Loss of ≥ 8 points in the top 2 rows of a Leicester Peripheral Field Test

Reauthorization Criteria:

Continued coverage of **Upneeq (oxymetazoline)** ophthalmic solution requires documentation of **one** of the following:

1. Increase from baseline in number of points seen on the top 4 rows of the Leicester Peripheral Field Test

OR

2. Clinical improvement on marginal reflex distance

LIMITATIONS

- Initial approval is limited to 3 months, reauthorization past 3 months may be granted for 12 months if reauthorization criteria above has been met.
- The plan does not cover Upneeq for the treatment of:
    a) Blepharoptosis that is cosmetic and does not impair the visual field;
    b) Congenital blepharoptosis;
    c) Horner syndrome;
    d) Myasthenia gravis;
    e) Mechanical blepharoptosis (including blepharoptosis due to orbital or lid tumor)

CODES

None

REFERENCES

1. RVL Pharmaceuticals, Inc. Study of Safety and Efficacy of RVL-1201 in the Treatment of Blepharoptosis. NLM Identifier: NCT03565887. Available at: https://clinicaltrials.gov/ct2/show/NCT03565887. Accessed; December 1, 2020.
2. RVL Pharmaceuticals, Inc. Study of the Safety and Efficacy of RVL-1201 in the Treatment of Acquired Blepharoptosis. NLM Identifier: NCT 02436759. Available at: https://clinicaltrials.gov/ct2/show/NCT02436759?term=RVL1201&draw=2. Accessed: December 1, 2020.
3. Upneeq (oxymetazoline hydrochloride) ophthalmic solution/ drops [prescribing information]. Bridgewater, NJ: RVL Pharmaceuticals, Inc.; May 2023.

APPROVAL HISTORY

September 13, 2022: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. June 13, 2023: No changes.
2. March 12, 2024: Effective April 1, 2024, updated RxUM fax number.
3. March 11, 2025: No changes
4. March 10, 2026: No changes

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

Provider Services