PRIOR AUTHORIZATION POLICY

POLICY: Ophthalmology – Upneeq Prior Authorization Policy
- Upneeq® (oxymetazoline hydrochloride 0.1% ophthalmic solution – RVL Pharmaceuticals)

REVIEW DATE: 09/20/2023

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Upneeq, an alpha-adrenergic agonist, is indicated for the treatment of **acquired blepharoptosis** in adults.[1]

Disease Overview and Clinical Efficacy

Blepharoptosis, also known as ptosis, is a common condition defined by abnormal drooping of one or both upper eyelids.[2,3] Overall incidence ranges from 4.7% to 13.5% in adults. Prevalence increases with age; a United Kingdom study reported that prevalence increased from 2.4% in patients 50 to 59 years of age to 20.8% in patients ≥ 70 years of age.[3] Blepharoptosis is either congenital or acquired (underlying etiology include involutional, neurogenic, myogenic, traumatic, or mechanical).[2,3] Transient ptosis can also occur following ocular procedures (e.g., cataract surgery). The most common cause of acquired ptosis is stretching, dehiscence, or disinsertion of the levator muscle complex related to aging. Ptosis can partially or completely affect vision and it can also affect patients' appearance, which can increase levels of anxiety and depression. Surgical interventions are the standard of care and are effective in improving the visual field. However, surgery may be associated with complications and risks of asymmetry, under- or over-correction which can require surgical revision, bleeding, and infection.

Guidelines

Upneeq is not addressed in guidelines. The American Academy of Ophthalmology issued a report (2011) detailing functional indications for upper eyelid ptosis and blepharoplasty surgery; various quantitative and qualitative criteria may be used to identify appropriate surgical candidates.[4] Surgical techniques vary and outcomes data are limited to low-level evidence (case series). Some studies have demonstrated median improvements of 13 points in the Leicester Peripheral Field Test (LPFT) score following surgical interventions.

POLICY STATEMENT

Due to insufficient clinical efficacy data, **approval of Upneeq is not recommended**. Current Upneeq efficacy information is insufficient to determine if the medication demonstrates any clinically meaningful benefits.

- **Upneeq® (oxymetazoline hydrochloride 0.1% ophthalmic solution –RVL Pharmaceuticals)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

None.

CONDITIONS NOT COVERED

- **Upneeq® (oxymetazoline hydrochloride 0.1% ophthalmic solution –RVL Pharmaceuticals)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Blepharoptosis.** Due to insufficient clinical efficacy data, approval of Upneeq for treatment of blepharoptosis is not recommended. Upneeq was studied in two randomized, double-masked, placebo-controlled, multicenter Phase III studies (published) [n = 304].[1,2] Patients with acquired ptosis and superior visual field deficit in at least one eye at screening were randomized 2:1 to Upneeq or vehicle. Study medication was self-administered as a single drop per eye, once daily in the morning for 42 days (6 weeks). The primary endpoint was change from baseline in number of points seen in the top four rows on the Leicester Peripheral Field test (LPFT), which assesses superior visual field deficits due to ptosis on Day 1 (6 hours after instillation) and Day 14 (2 hours after instillation). The secondary endpoint was change from baseline in marginal reflex distance 1 (MRD1), which is the distance between the center of the papillary light reflex and the upper eyelid margin with the eye in primary gaze, on Days 1 and 14. Although Upneeq provided a statistically significant incremental benefit over vehicle in LPFT, the

difference between the groups was small compared with what is typically observed following surgical interventions. Significantly greater, but numerically small, changes in MRD1 from baseline were observed in the Upneeq group vs. vehicle. It is unclear if these incremental changes (between Upneeq and vehicle) would correspond with clinically meaningful improvement. In addition, the studies were 6 weeks in duration (primary and secondary endpoints were assessed on Days 1 and 14); there are no long-term efficacy data for Upneeq for this condition. Upneeq's role in the management of patients with blepharoptosis is not established.

2. **Conjunctivitis.** Oxymetazoline solution 0.1% has not been evaluated for conjunctivitis.

3. **Cosmetic Conditions.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

Note (this is not an all-inclusive list): Examples of cosmetic conditions include actinic purpura, age spots (also called liver spots, solar lentigines, sun spots), melasma/cholasma, milia, mottled hyperpigmentation, mottled hypopigmentation, photo-aged or photo-damaged skin, pokiloderma (of Civatte), premature aging, scarring, sebaceous hyperplasia, seborrheic keratosis, skin laxity, skin roughness, solar elastosis, solar purpura, stretch marks, and wrinkles.

REFERENCES

1. Upneeq® ophthalmic solution [prescribing information]. Bridgewater, NJ: RVL Pharmaceuticals; May 2023.
2. Slonim CB, Foster S, Jaros M, Kannarr SR, 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*. 2020 Nov 1;138(11):1168-1175.
3. Bacharach J, Wirta DL, Smyth-Medina R, et al. Rapid and sustained eyelid elevation in acquired blepharoptosis with oxymetazoline 0.1%: randomized phase 3 trial results. *Clin Ophthalmol*. 2021 Jun 25;15:2743-2751.
4. Cahill KV, Bradley EA, Meyer DR, et al. Functional indications for upper eyelid ptosis and blepharoplasty surgery: a report by the American Academy of Ophthalmology. *Ophthalmology*. 2011;118(12):2510-2517.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/07/2022
Annual Revision	No criteria changes.	09/20/2023