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.

Overview
This policy addresses the usage of Upneeq™ (oxymetazoline hydrochloride) 0.1% ophthalmic solution.

Coverage Policy
Upneeq (oxymetazoline hydrochloride) for the treatment of acquired blepharoptosis is considered experimental, investigational or unproven.

Note:
Upneeq is FDA approved for the treatment of acquired blepharoptosis in adults; however, there is insufficient clinical efficacy data supporting this use.

Conditions Not Covered
Oxymetazoline (Upneeq™) is considered experimental, investigational or unproven for ANY other use including the following (this list may not be all inclusive):
1. Blepharoptosis. Due to insufficient clinical efficacy data, approval is not recommended for Upneeq.
2. **Conjunctivitis.** A lower strength of oxymetazoline solution (0.025%) has been evaluated for treatment of allergic and non-infectious conjunctivitis and was previously marketed over-the-counter under the name Visine® Long Lasting (no longer marketed). Oxymetazoline solution 0.1% has not been evaluated for conjunctivitis. Other over-the-counter alpha-adrenergic agonists are available as eye drops, including Visine® (tetrahydrolozine hydrochloride 0.05%) and Naphcon-A® (naphazoline hydrochloride 0.025%).

**Oxymetazoline (Upneeq™) is considered NOT medically necessary for the following (this list may not be all inclusive):**

1. **Cosmetic uses.** Coverage of Upneeq for cosmetic uses (i.e., blepharoptosis when functional limitation is absent) is not recommended as cosmetic uses are excluded from coverage in a typical pharmacy benefit.

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**Background**

**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 an abnormal low-lying upper eyelid margin, which can decrease or even completely occlude vision.² Two vehicle-controlled pivotal studies were conducted; results are not published at this time.³,⁴ The primary outcome of change in Leicester Peripheral Field Test (a measurement of superior peripheral vision) was assessed up to Day 14. Statistically significant, but numerically small, improvements vs. vehicle were noted. As a secondary endpoint, marginal reflex distance of the upper lid (MRD₁) was assessed up to Day 42. The relative improvement in MRD₁ was statistically significant favoring Upneeq over vehicle, but the treatment difference vs. vehicle was small (approximately 0.5 mm). Both pivotal trials were 6 weeks in duration; long-term efficacy beyond 6 weeks has not been evaluated.

**Guidelines**

Upneeq is not addressed in guidelines. The American Academy of Ophthalmology issued a report in 2011 detailing functional indications for upper eyelid ptosis and blepharoplasty surgery.⁵ Ptosis and upper eyelid blepharoplasty surgery were found to be functionally beneficial under the following circumstances:

- MRD₁ ≤ 2 mm measured in primary gaze; or
- Superior visual field loss of 12 degrees or 24%; or
- Down-gaze ptosis impairing reading documented by MRD₁ ≤ 2 mm measured in down gaze; or
- Self-reported functional impairment from upper eyelid droop; or
- Chin-up backward head tilt induced by visual field impairment caused by lids; or
- Interference with occupational duties and safety resulting from visual impairment caused by the upper lids; or
- Symptoms of discomfort, eye strain, or visual interference due to upper eyelid position.

**References**

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