



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OXYMETAZOLINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OXYMETAZOLINE HCL/PF	UPNEEQ	46701		GPI-10 (8680223610)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of blepharoptosis and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with an ophthalmologist or optometrist
 - The patient has been evaluated for surgical intervention
 - The patient had a trial of TWO ophthalmic alpha-adrenergic agonists (e.g., apraclonidine, tetrahydrozoline, naphazoline)

If yes, **approve for 3 months by HICL or GPI-10 with a quantity limit of #1 droperette per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OXYMETAZOLINE (Upneeq)** requires the following rule(s) be met for approval:

- A. You have blepharoptosis (drooping of the upper eyelid)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with an ophthalmologist (a type of eye doctor) or optometrist (a type of eye doctor)
- D. You have been evaluated for surgical intervention
- E. You had a trial of TWO ophthalmic alpha-adrenergic agonists (such as apraclonidine, tetrahydrozoline, naphazoline)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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OXYMETAZOLINE

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

- Does the patient have a diagnosis of blepharoptosis **AND** meet the following criterion?
 - The patient continues to have benefit from Upneeq

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 droperette per day.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OXYMETAZOLINE (Upneeq)** requires the following rule(s) be met for renewal:

- You have blepharoptosis (drooping of the upper eyelid)
- You continue to have benefit from Upneeq

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Upneeq.

REFERENCES

- Upneeq [Prescribing Information]. Bridgewater, NJ: RVL Pharmaceuticals, Inc.; June 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

Created: 11/21

Client Approval: 02/22

P&T Approval: 10/21