PRIOR AUTHORIZATION POLICY

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

REVIEW DATE: 10/02/2024

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] Blepharoptosis is either congenital or acquired; acquired blepharoptosis can occur at any age but it is most commonly seen in older adults. Most cases of acquired blepharoptosis are of aponeurotic type.[2] Aponeurotic blepharoptosis, also commonly known as involutional ptosis, may be due to stretching, dehiscence, or disinsertion of the levator aponeurosis. Less frequent causes of acquired blepharoptosis are myogenic (e.g., associated with myasthenia gravis), neurogenic (e.g., associated with third nerve palsy), traumatic (e.g., due to eyelid laceration with transection of the upper eyelid elevators or disruption of the neural pathway), or mechanical (e.g., resulting from presence of eye mass, such as neurofibroma or hemangioma, or cicatrization secondary to inflammation or surgery). Blepharoptosis can cause significant psychosocial effects. Surgical interventions are the primary methods for management of blepharoptosis and can improve the patient's field of vision or for cosmetic reasons. Complications of surgery include bleeding, infection, undercorrection or overcorrection of the ptosis, eyelid asymmetry, granuloma formation, corneal foreign body sensation, and exposure keratopathy. Recurrent is not uncommon and some patients may require more than one surgical procedure. .

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.[3] 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.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

None.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Upneeq is not recommended in the following situations:

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 3 studies (published) [n = 304].[1,4] 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. Another pooled analysis of the two Phase 3 studies showed that onset of action of Upneeq was rapid and sustained through Day 42; largest difference between Upneeq and vehicle was observed 2 to 6 hours after administration.[5]

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

3. **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.

4. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Upneeq® ophthalmic solution [prescribing information]. Bridgewater, NJ: RVL Pharmaceuticals; May 2023.
2. Al-Zubidi N, Plemel D, Yen MT, et. Blepharoptosis. Updated June 29, 2024. Available at: https://eyewiki.org/Blepharoptosis#:~:text=Blepharoptosis%20is%20an%20abnormal%20low,occur%20in%20conjunction%20with%20blepharoptosis. Accessed on September 18, 2024.
3. 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.
4. 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.
5. 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.