



**BlueCross
BlueShield**

Federal Employee Program.

UPNEEQ

(oxymetazoline hydrochloride ophthalmic solution)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have **ALL** of the following:

1. Acquired blepharoptosis (droopy eyelid)
 - a. Condition impairs the visual field
 - b. Prescribed by or recommended by an ophthalmologist
 - c. Prescriber agrees to advise the patient of the signs and symptoms of acute angle closure glaucoma and to seek medical care if needed
 - d. **NOT** exclusively for cosmetic use

Prior - Approval Limits

Quantity 90 single-use containers

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have **ALL** of the following:

1. Acquired blepharoptosis (droopy eyelid)
 - a. Patient has had an improvement in symptoms (e.g. improved field of vision)
 - b. Prescribed by or recommended by an ophthalmologist
 - c. Prescriber agrees to advise the patient of the signs and symptoms of acute angle closure glaucoma and to seek medical care if needed
 - d. **NOT** exclusively for cosmetic use



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Prior - Approval *Renewal* Limits

Quantity 90 single-use containers per 90 days

Duration 12 months