

oxymetazoline eye solution (UPNEEQ)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">Acquired blepharoptosis
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">Dose does not exceed one drop into affected eye(s) once daily.
Coverage Duration: one year

Effective Date: 09/27/2023