



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Topical Alpha-Adrenergic Agents for Rosacea Mirvaso (brimonidine gel 0.33%) Rhofade (oxymetazoline hydrochloride cream 1%)

Policy Number: 5.01.641

Origination: 9/2017

Last Review: 9/2018

Next Review: 9/2019

Policy

Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for Mirvaso or Rhofade when the following criteria are met.

When Policy Topic is covered

1. **Facial Erythema Due to Rosacea in Adults \geq 18 years of age.** Approve for 1 year.

Mirvaso and Rhofade are indicated for the topical treatment of persistent facial erythema associated with rosacea in adults \geq 18 years of age.¹⁻²

When Policy Topic is not covered

Neither Mirvaso nor Rhofade has been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Erythema Caused by Conditions Other Than Rosacea.** Mirvaso and Rhofade are indicated for the treatment of persistent facial erythema associated with rosacea.¹⁻²
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Considerations

Mirvaso and Rhofade require prior authorization through the Clinical Pharmacy Department.

This Blue Cross and Blue Shield of Kansas City policy Statement was developed using available resources such as, but not limited to: Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, Local medical policies of other health plans, Medicare (CMS), Local providers.

Description of Procedure or Service

The topical alpha-adrenergic agonists, Mirvaso and Rhofade, are indicated for the topical treatment of persistent facial erythema associated with rosacea in adults \geq 18 years of age.¹⁻²

Mirvaso is an alpha₂-adrenergic agonist and Rhofade is an alpha_{1A}-adrenergic agonist. Both of these products have been shown to decrease the erythema associated with rosacea; neither has been shown to exert any beneficial effects on inflammatory lesions.¹⁻⁴

Rationale

Rosacea, a chronic, inflammatory facial skin disorder, affects approximately 16 million people in the US.⁵⁻⁷ The hallmark of rosacea is centropacial persistent erythema, typically affecting the cheeks, chin, forehead, and nose; the perioral and periocular regions are generally unaffected.⁶ Patients with rosacea typically present with clinical manifestations that include flushing, persistent facial edema, dryness, burning and stinging skin, inflammatory papules and pustules, telangiectasia or dilation of blood vessels, and watery or irritated eyes.⁷ Diffuse centropacial erythema is almost universally present in all patients with rosacea; it generally intensifies in magnitude during a flare and persists between flares at a lesser degree of intensity.⁸

The American Acne & Rosacea Society (AARS) published consensus guidelines on the management of rosacea in 2014.³⁻⁴ The panel notes that a gentle skin care and photoprotection regimen is recommended for all patients. A topical alpha-adrenergic agonist is recommended for use as monotherapy in patients with centropacial erythema without papulopustular lesions or in combination with an anti-inflammatory (e.g., topical metronidazole, Finacea[®] [azelaic acid]) in patients with centropacial erythema and papulopustular lesions. The topical alpha-agonists should not be considered as alternatives to anti-inflammatory therapies.

References:

1. Mirvaso[®] topical gel [prescribing information]. Fort Worth, TX: Galderma Laboratories; July 2016.
2. Rhofade[™] cream for topical use [prescribing information]. Irvine, CA: Allergan; January 2017.
3. Del Rosso JQ, Thiboutot D, Gallo R, et al. [Consensus recommendations from the American Acne & Rosacea Society on the management of rosacea, part 2: a status report on topical agents.](#) *Cutis.* 2013;92(6):277-284.
4. Del Rosso JQ, Thiboutot D, Gallo R, et al. [Consensus recommendations from the American Acne & Rosacea Society on the management of rosacea, part 5: a guide on the management of rosacea.](#) *Cutis.* 2014;93(3):134-138.
5. Sarnoff DS. [Therapeutic update on rosacea.](#) *J Drugs Dermatol.* 2014;13(1):10-1.
6. Tan J, Berg M. [Rosacea: current state of epidemiology.](#) *J Am Acad Dermatol.* 2013;69(6 Suppl. 1):S27-35.
7. Feldman SR, Huan WW, Huynh TT. Current drug therapies for rosacea: a chronic vascular and inflammatory skin disease. *J Manag Care Pharm.* 2014;20(6):623-9.
8. Del Rosso JQ, Thiboutot D, Gallo R, et al. Consensus recommendations from the American Acne & Rosacea Society on the management of rosacea, part 1: a status report on the disease state, general measures, and adjunctive skin care. *Cutis.* 2013;92(5):234-40.

Billing Coding/Physician Documentation Information

NA Pharmacy benefit

Additional Policy Key Words

5.01.641

Policy Implementation/Update Information

09/2017 New policy titled Topical Alpha-Adrenergic Agents for Rosacea
09/2018 No changes made

State and Federal mandates and health plan contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The medical policies contained herein are for informational purposes. The medical policies do not constitute medical advice or medical care. Treating health care providers are

independent contractors and are neither employees nor agents Blue KC and are solely responsible for diagnosis, treatment and medical advice. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, photocopying, or otherwise, without permission from Blue KC.