



Pharmacy Drug Policy & Procedure

Policy Name:	Brimonidine Tartrate Gel	Policy#:	2069P
---------------------	---------------------------------	-----------------	--------------

Purpose of the Policy

The purpose of this policy is to define coverage criteria for brimonidine 0.33% gel.

Statement of the Policy

Health Alliance Medical Plans will approve the use of brimonidine 0.33% gel if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of rosacea
- 1.2 Documented failure, intolerance, or contraindication to topical (applied to the skin) metronidazole
- 1.3 Documented failure, intolerance, or contraindication to oral (taken by mouth) doxycycline

2. Approval Period

- 2.1 12 months

3. Managed Dose Limit

- 3.1 All dermatological products have a Managed Dose Limit (MDL) in place allowing only the smallest package size of each product to process
- 3.2 Requests for larger package sizes will require documentation of medical necessity, including the following:
 - At least two previous paid claims for the product in the smallest package size within the previous month

CPT Codes

--	--

HCPCS Codes

--	--

References

1. Thiboutot D, Anderson R, Cook-Bolden F, et al. Standard management options for rosacea: the 2019 update by the National Rosacea Society Expert Committee. J Am Acad Dermatol 2020;82(6):1501–1510.

Created Date: 01/13/2014

Effective Date: 07/01/2024

Posted to Website: 04/03/2024

Revision Date: 04/02/2025

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.