UnitedHealthcare

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1313-6
Program	Prior Authorization-Notification
Medication	Mirvaso® (brimonidine gel), Rhofade® (oxymetazoline cream)
P&T Approval Date	5/2020, 5/2021, 5/2022, 4/2023, 4/2024, 7/2024
Effective Date	10/1/2024

1. **Background:**

   Mirvaso (brimonidine) 0.33% topical gel and Rhofade (oxymetazoline) 1% topical cream are alpha-adrenergic agonists indicated for the topical treatment of persistent (nontransient) erythema of rosacea in adults.

2. **Coverage Criteria[a]:**

   A. **Initial Authorization**

      1. **Mirvaso or Rhofade** will be approved based on the following criterion:

         a. Diagnosis of rosacea

         Authorization will be issued for 12 months.

   B. **Reauthorization**

      1. **Mirvaso or Rhofade** will be approved based on the following criterion:

         a. Documentation of positive clinical response to therapy.

         Authorization will be issued for 12 months.

   [a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. **Additional Clinical Rules:**

   - Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
   - Supply limits may be in place

4. References:

1. Mirvaso [package insert]. Fort Worth, TX; Galderma Laboratories, L.P.; December 2022.
2. Rhofade [package insert]. Charleston, SC: EPI Health, LLC; November 2019.

Program	Notification – Rosacea
Change Control	
5/2020	New program.
5/2021	Annual review. Updated references.
5/2022	Annual review. Updated references.
4/2023	Annual review. Removed requirement of persistent facial erythema. Added state mandate language.
4/2024	Annual review. Added medical necessity language and updated references.
7/2024	Removed step and medical necessity language.