

### Clinical Pharmacy Program Guidelines for Rhofade

Program	Prior Authorization
Medication	Rhofade (oxymetazoline)
Issue Date	8/2017
Pharmacy and Therapeutics Approval Date	8/2017
Effective Date	10/2017

**1. Background:**

Rhofade (oxymetazoline) and Mirvaso (brimonidine) are alpha adrenergic agonists indicated for the topical treatment of persistent facial erythema associated with rosacea.

Topical alpha adrenergic agonists reduce the persistent background erythema of rosacea through vasoconstriction of the superficial vasculature of the face and should not be used as an alternative for treatment of inflammatory lesions.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Initial Authorization</b></p> <p>1. <b>Rhofade</b> will be approved based on <b>both</b> the following criteria:</p> <p style="margin-left: 40px;">a. Diagnosis of persistent erythema associated with rosacea</p> <p style="text-align: center; margin: 10px 0;"><b>-AND-</b></p> <p style="margin-left: 40px;">b. History of a 30 day or longer trial and failure, contraindication, or intolerance to Mirvaso.</p> <p style="margin-left: 40px;"><b>Authorization will be issued for 3 months.</b></p> <p><b>B. Reauthorization</b></p> <p>1. <b>Rhofade</b> will be approved based on the following criterion:</p> <p style="margin-left: 40px;">a. Documentation of a positive clinical response to Rhofade therapy</p> <p style="margin-left: 40px;"><b>Authorization will be issued for 12 months.</b></p>
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**3. References:**

1. Mirvaso Prescribing Information. Falderma Laboratories L.P., Fort Worth, TX. July 2016.
2. Rhofade Prescribing Information. Allergan. Irvine, CA. January 2017.
3. Del Rosso, J.Q. et al. Consensus Recommendations From the American Acne and Rosacea Society of the Management of Rosacea, Part 2: A Status Report on Topical Agents. 2013; 92:277-284.

Program	Prior Authorization/Medical Necessity – Rhofade
<b>Change Control</b>	
Date	Change
8/2017	New program.