

Clinical Pharmacy Program Guidelines for Mirvaso

Program	Prior Authorization
Medication	Mirvaso (brimonidine topical gel 0.33%)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, South Carolina
Issue Date	5/2014
Pharmacy and Therapeutics Approval Date	7/2020
Effective Date	9/2020

1. Background:

Mirvaso is an alpha-adrenergic agonist indicated for the topical treatment of persistent (nontransient) facial erythema of rosacea in adults.

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Mirvaso will be approved based on both of the following:</p> <p>a. Diagnosis of persistent erythema associated with rosacea</p> <p align="center">-AND-</p> <p>b. One of the following:</p> <p>i. History of a 30 day or longer trial and failure of one of the following:</p> <ul style="list-style-type: none"> • metronidazole cream, gel, or lotion • azelaic acid gel <p align="center">-OR-</p> <p>ii. Contraindication or intolerance to both of the following:</p> <ul style="list-style-type: none"> • metronidazole cream, gel, or lotion • azelaic acid gel <p>Authorization will be issued for 3 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Documentation of positive clinical response to Mirvaso therapy</p>

Authorization will be issued for 12 months.

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.; June 2018.
2. 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.
3. Maier LE. Management of rosacea. Dahl MV, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com> (Accessed on June 10, 2020).

Program	Prior Authorization –Mirvaso (brimonidine topical gel 0.33%)
Change Control	
Date	Change
5/2014	New policy
11/2016	Annual review, updated policy template
11/2017	Annual review. Updated references.
8/2018	Annual review. Updated references.
9/2019	Annual review. Updated background and references.
5/2020	Updated background and references.
7/2020	Added step therapy criteria to step through generics.