

Clinical Pharmacy Program Guidelines for Rhofade

Program	Prior Authorization
Medication	Rhofade (oxymetazoline)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, South Carolina
Issue Date	8/2017
Pharmacy and Therapeutics Approval Date	7/2020
Effective Date	9/2020

1. Background:

Rhofade (oxymetazoline) is an alpha-adrenergic agonist indicated for the topical treatment of persistent facial erythema associated with rosacea in adults.

2. Coverage Criteria:

<p>A. <u>Initial Authorization</u></p> <p>1. Rhofade will be approved based on <u>both</u> the following criteria:</p> <p style="margin-left: 40px;">a. Diagnosis of persistent erythema associated with rosacea</p> <p style="text-align: center;">-AND-</p> <p style="margin-left: 40px;">b. <u>One</u> of the following:</p> <p style="margin-left: 80px;">i. History of a 30 day or longer trial and failure of <u>one</u> of the following:</p> <ul style="list-style-type: none"> • metronidazole cream, gel, or lotion • azelaic acid gel <p style="text-align: center;">-OR-</p> <p style="margin-left: 80px;">ii. Contraindication or intolerance to <u>both</u> of the following:</p> <ul style="list-style-type: none"> • metronidazole cream, gel, or lotion • azelaic acid gel <p style="margin-left: 40px;">Authorization will be issued for 3 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Rhofade will be approved based on the following criterion:</p>

a. Documentation of a positive clinical response to Rhofade therapy

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. Rhofade [package insert]. Charleston, SC: EPI Health, LLC;., November 2019.
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/Medical Necessity – Rhofade
Change Control	
Date	Change
8/2017	New program.
8/2018	Annual review. Updated references.
7/2019	Annual review. Updated references.
5/2020	Updated background and references.
7/2020	Updated step therapy criteria to step through generics.