

## PRIOR AUTHORIZATION POLICY

**POLICY:** Topical Alpha-Adrenergic Agonists for Rosacea – Rhofade Prior Authorization Policy

- Rhofade® (oxymetazoline 1% hydrochloride cream – EPI Health)

**REVIEW DATE:** 06/08/2022; selected revision 01/25/2023

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### OVERVIEW

Rhofade, an alpha<sub>1A</sub>-adrenergic agonist, is indicated for the topical treatment of persistent **facial erythema associated with rosacea** in adults.<sup>1</sup>

Rhofade has been shown to decrease the erythema associated with rosacea and has not been shown to exert any beneficial effects on inflammatory lesions.<sup>1-3</sup>

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Rhofade. All approvals are provided for the duration noted below.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Rhofade is recommended in those who meet the following criteria:

#### FDA-Approved Indication

1. **Facial Erythema.** Approve for 1 year if the patient meets both of the following criteria (A and B):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has facial erythema associated with rosacea.

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Rhofade is not recommended in the following situations:

1. **Erythema Caused by Conditions Other Than Rosacea.**
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### REFERENCES

1. Rhofade® cream for topical use [prescribing information]. Charleston, SC: EPI Health; November 2019.
2. Del Rosso JQ, Thiboutot D, Gallo R, et al. Consensus recommendations from the American Acne & Rosacea Society on the management of rosacea, part 2: a status report on topical agents. *Cutis*. 2013;92(6):277-284.
3. Del Rosso JQ, Thiboutot D, Gallo R, et al. Consensus recommendations from the American Acne & Rosacea Society on the management of rosacea, part 5: a guide on the management of rosacea. *Cutis*. 2014;93(3):134-138.

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