

PRIOR AUTHORIZATION POLICY

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

- Mirvaso[®] (brimonidine gel, 0.33% – Galderma, generic)

REVIEW DATE: 1/31/2024

OVERVIEW

Brimonidine 0.33% gel, an alpha₂-adrenergic agonist, is indicated for the topical treatment of persistent (non transient) **facial erythema of rosacea** in patients ≥ 18 years of age.¹

Brimonidine 0.33% gel has been shown to decrease the erythema associated with rosacea; brimonidine 0.33% gel has not been shown to exert any beneficial effects on inflammatory lesions.¹⁻³

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of brimonidine 0.33% gel. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of brimonidine 0.33% gel is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Facial Erythema.** Approve for 1 year if the patient meets the following (A and B):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has facial erythema due to rosacea.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of brimonidine 0.33% gel 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. Mirvaso[®] topical gel [prescribing information]. Fort Worth, TX: Galderma; December 2022.
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.

01/25/2023

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