

Policy Name:	Rhofade (oxymetazoline)	Policy#:	2600P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Rhofade (oxymetazoline).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Rhofade (oxymetazoline) if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of rosacea
- 1.2 Ordered by a dermatologist (skin doctor)
 - Initial request only
- 1.3 Documented failure, intolerance, or contraindication to topical metronidazole
- 1.4 Documented failure, intolerance, or contraindication to oral doxycycline

2. Managed Dose Limit

- 2.1 All dermatological products have a Managed Dose Limit (MDL) in place allowing only the smallest package size of each product to process
- 2.2 Requests for larger package sizes will require documentation of medical necessity, including the following:
 - At least two previous paid claims for the product in the smallest package size within the previous month

3. Approval Period

- 3.1 Initial Approval: 12 months
- 3.2 Reapproval: 12 months

CPT Codes

HCPCS Codes

References

1. Rhofade (oxymetazoline) [prescribing information]. San Antonio, TX: DPT Laboratories, Ltd; November 2019.
2. Del Rosso JQ, Tangheiti E, Webster G, et al. Update on the Management of Rosacea from the American Acne & Rosacea Society (AARS). J Clin Aesthet Dermatol. 2019 Jun;12(6):17-24.
3. Thiboutot D, Anderson R, Cook-Bolden F, et al. Standard management options for rosacea: the 2019 update

by the National Rosacea Society Expert Committee. J Am Acad Dermatol 2020;82(6):1501–1510.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.