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Topical Alpha Adrenergic Agonists

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy addresses the usage of the following topical alpha adrenergic agonists:

- Brimonidine gel 0.33%
• Mirvaso® (brimonidine gel 0.33%)
• Rhofade™ (oxymetazoline hydrochloride cream 1%)

Coverage for the treatment of rosacea is dependent on benefit plan language and may be subject to the provisions of a cosmetic benefit. Please refer to the applicable benefit plan language to determine benefit availability and the terms, conditions and limitations of coverage.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Topical alpha adrenergic agonist products (Brimonidine gel, Mirvaso, Rhofade) are not covered for the treatment of persistent (nontransient) erythema associated with rosacea because they are considered not medically necessary.

Brimonidine gel, Mirvaso and Rhofade are indicated for the topical treatment of persistent facial erythema associated with rosacea in adults 18 years of age or older.

However, the treatment of the untoward cosmetic effects associated with rosacea (for example: telangiectasia, erythema) are not covered because such treatment is considered cosmetic in nature and not medically necessary. Under many benefit plans, services are not covered when they are performed solely for the purpose of altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

Background

OVERVIEW

The topical alpha-adrenergic agonists, Brimonidine gel, Mirvaso and Rhofade, are indicated for the topical treatment of persistent **facial erythema associated with rosacea** in patients ≥ 18 years of age.^{1, 2}

Mirvaso is an α_2 -adrenergic agonist and Rhofade is an α_{1A} -adrenergic agonist. Both of these medications have been shown to decrease the erythema associated with rosacea; neither has been shown to exert any beneficial effects on inflammatory lesions.¹⁻⁴

References

1. Mirvaso[®] topical gel [prescribing information]. Fort Worth, TX: Galderma Laboratories; November 2017.
2. Rhofade[™] cream for topical use [prescribing information]. Charleston, SC: EPI Health; November 2019.

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