



## TOPICAL ROSACEA AGENTS

**Finacea (azelaic acid), Mirvaso (brimonidine), Noritate (metronidazole), Rhofade (oxymetazoline), Soolantra (ivermectin)**

### Pre - PA Allowance

None

---

### Prior-Approval Requirements

**Age** 18 years of age or older

#### Diagnosis

Patient must have the following:

Rosacea

**AND ALL** of the following:

1. Completion of a baseline rosacea assessment
2. Patients with inflammatory lesions (e.g., papules, pustules) must have an inadequate treatment response, intolerance, or contraindication to **ONE** of the following:
  - a. Doxycycline
  - b. Topical generic metronidazole
3. Prescribed by a dermatologist or patient will be referred to a dermatologist
4. **NO** dual therapy with another PA topical rosacea agent (see Appendix 1)

### Prior - Approval Limits

**Quantity** 180 units per 90 days

**Duration** 6 months

---

### Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

#### Diagnosis

Patient must have the following:

Rosacea

**AND ALL** of the following:



## TOPICAL ROSACEA AGENTS

**Finacea (azelaic acid), Mirvaso (brimonidine), Noritate (metronidazole), Rhofade (oxymetazoline), Soolantra (ivermectin)**

1. Re-evaluation of rosacea for improvement
2. **NO** dual therapy with another PA topical rosacea agent (see Appendix 1)

## Prior - Approval *Renewal* Limits

**Quantity** 180 units per 90 days

**Duration** 12 months

---

### Appendix 1 - List of PA Topical Rosacea Agents

Generic Name	Brand Name
azelaic acid	Finacea
brimonidine	Mirvaso
ivermectin	Soolantra
metronidazole	Noritate
oxymetazoline	Rhofade