



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

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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