

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	ROSACEA PRODUCTS
BRAND NAME (generic)	FINACEA (azelaic acid)
	MIRVASO (brimonidine)
	NORITATE (metronidazole)
	RHOFADE (oxymetazoline)
	SOOLANTRA (ivermectin)
Status: CVS Caremark® Criteria Type: Initial Prior Authorization	

POLICY

FDA-APPROVED INDICATIONS

Finacea Gel

Finacea Gel, 15% is indicated for topical treatment of the inflammatory papules and pustules of mild to moderate rosacea.

Limitations of Use

Although some reduction of erythema which was present in patients with papules and pustules of rosacea occurred in clinical studies, efficacy for treatment of erythema in rosacea in the absence of papules and pustules has not been evaluated.

Finacea Foam

Finacea Foam, 15% is indicated for topical treatment of the inflammatory papules and pustules of mild to moderate rosacea.

Mirvaso

Mirvaso (brimonidine) topical gel, 0.33% is an alpha adrenergic agonist indicated for the topical treatment of persistent (nontransient) erythema of rosacea in adults 18 years of age or older.

Noritrate

Noritrate is indicated for the topical treatment of inflammatory lesions and erythema of rosacea.

Rhofade

Rosacea Products PA Policy 1486-A, BOG 4915-A UDR 08-2023

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Rhofade (oxymetazoline hydrochloride) cream, 1% is indicated for the topical treatment of persistent facial erythema associated with rosacea in adults.

Soolantra

Soolantra cream is indicated for the treatment of inflammatory lesions of rosacea.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of rosacea
 - AND**
 - The request is NOT for continuation of therapy
 - OR**
 - The request is for continuation of therapy
 - AND**
 - The patient has experienced a reduction in symptoms of rosacea from baseline (e.g., inflammatory papules or pustules, facial erythema)

Duration of Approval (DOA)

- 1486-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months
- BOG 4915-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months (If the request is for Soolantra, approve Brand name Soolantra)

REFERENCES

1. Finacea Gel [package insert]. Madison, NJ: LEO Pharma Inc.; November 2021.
2. Finacea Foam [package insert]. Madison, NJ: LEO Pharma Inc.; December 2020.
3. Mirvaso [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; December 2022.
4. Noritate [package insert]. Bridgewater, NJ: Bausch Health US, LLC; June 2020.
5. Rhofade [package insert]. Charleston, SC: EPI Health, LLC; November 2019.
6. Soolantra [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; December 2022.
7. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed June 19, 2023.
8. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/19/2023).

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