# PRIOR AUTHORIZATION CRITERIA

<table>
<thead>
<tr>
<th>BRAND NAME (generic)</th>
<th>FINACEA (azelaic acid)</th>
<th>MIRVASO (brimonidine)</th>
<th>NORITATE (metronidazole)</th>
<th>RHOFADE (oxymetazoline hydrochloride)</th>
<th>SOOLANTRA (ivermectin)</th>
</tr>
</thead>
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**Status:** CVS Caremark Criteria  
**Type:** Initial Prior Authorization

## POLICY

### FDA-APPROVED INDICATIONS

**Finacea**  
Finacea (azelaic acid), is indicated for topical treatment of inflammatory papules and pustules of mild to moderate rosacea.

**Mirvaso**  
Mirvaso (brimonidine) is indicated for the topical treatment of persistent (non-transient) erythema of rosacea in adults 18 years of age or older.

**Noritate**  
Noritate (metronidazole) is indicated for the topical treatment of inflammatory lesions and erythema of rosacea.

**Rhofade**  
Rhofade (oxymetazoline) is indicated for the topical treatment of persistent facial erythema associated with rosacea in adults.

**Soolantra**  
Soolantra (ivermectin) 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.

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REFERENCES
5. Soolantra [package insert]. Fort Worth, TX: Galderma Labs; April 2018.