

## 5.90.01

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2021
<b>Subsection:</b>	Topical Products	<b>Original Policy Date:</b>	July 15, 2016
<b>Subject:</b>	Topical Rosacea Agents	<b>Page:</b>	1 of 5

---

**Last Review Date:** March 12, 2021

---

## Topical Rosacea Agents

### Description

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

### Background

Finacea (azelaic acid), Mirvaso (brimonidine), Noritate (metronidazole), Rhofade (oxymetazoline) and Soolantra (ivermectin) are used for the topical treatment of rosacea. Rosacea is a chronic relapsing inflammatory skin disorder which mostly affects the central face. Persistent facial redness is cited as the most common sign of rosacea and may resemble a flushing or sunburn that does not go away. Mirvaso and Rhofade are alpha adrenergic agonists that can reduce facial redness through direct cutaneous vasoconstriction. The mechanisms by which Finacea, Noritate and Soolantra act in reducing inflammatory lesions of rosacea are unknown (1-6).

### Regulatory Status

FDA-approved indications: (1-5)

- Finacea is indicated for the topical treatment of inflammatory papules and pustules of mild to moderate rosacea.
- Mirvaso is indicated for the topical treatment of persistent (non-transient) facial erythema of rosacea in adults.
- Noritate is indicated for the topical treatment of inflammatory lesions and erythema of rosacea.
- Rhofade is indicated for the topical treatment of persistent facial erythema associated with rosacea in adults.

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2021
<b>Subsection:</b>	Topical Products	<b>Original Policy Date:</b>	July 15, 2016
<b>Subject:</b>	Topical Rosacea Agents	<b>Page:</b>	2 of 5

---

- Soolantra is indicated for the topical treatment of inflammatory lesions of rosacea.

Safety and effectiveness of the topical rosacea agents in pediatric patients under 18 years of age has not been established (1-5).

## Related policies

### Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Topical rosacea agents may be considered **medically necessary** in patients 18 years of age or older with rosacea and if the conditions indicated below are met.

Topical rosacea agents are considered **investigational** in patients less than 18 years of age and for all other indications.

## 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 erythema assessment
2. Inadequate treatment response, intolerance, or contraindication to **ONE** of the following:
  - a. Doxycycline
  - b. Topical generic metronidazole
3. **NO** dual therapy with another PA topical rosacea agent (see Appendix 1)

## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

---

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2021
<b>Subsection:</b>	Topical Products	<b>Original Policy Date:</b>	July 15, 2016
<b>Subject:</b>	Topical Rosacea Agents	<b>Page:</b>	3 of 5

---

## Diagnosis

Patient must have the following:

Rosacea

**AND ALL** of the following:

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

## Policy Guidelines

### Pre - PA Allowance

None

### Prior - Approval Limits

**Quantity** 180 units per 90 days

**Duration** 6 months

### Prior – Approval *Renewal* Limits

**Quantity** 180 units per 90 days

**Duration** 12 months

## Rationale

### Summary

Finacea (azelaic acid), Mirvaso (brimonidine), Noritate (metronidazole), Rhofade (oxymetazoline) and Soolantra (ivermectin) are used for the topical treatment of rosacea. Rosacea is a chronic relapsing inflammatory skin disorder which mostly affects the central face. Persistent facial redness is cited as the most common sign of rosacea and may resemble a flushing or sunburn that does not go away. Mirvaso and Rhofade are alpha adrenergic agonists that can reduce facial redness through direct cutaneous vasoconstriction. The mechanisms by which Finacea, Noritate and Soolantra act in reducing inflammatory lesions of rosacea are unknown. Safety and effectiveness of the topical rosacea agents in pediatric patients under 18 years of age has not been established (1-6).

<b>Section:</b>	Prescription Drugs	<b>Effective Date:</b>	April 1, 2021
<b>Subsection:</b>	Topical Products	<b>Original Policy Date:</b>	July 15, 2016
<b>Subject:</b>	Topical Rosacea Agents	<b>Page:</b>	4 of 5

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of topical rosacea agents while maintaining optimal therapeutic outcomes.

### References

1. Finacea [package insert]. Madison, NJ: LEO Pharma Inc.; December 2020.
2. Mirvaso [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; November 2017.
3. Noritate [package insert]. Bridgewater, NJ: Bausch Health US, LLC; June 2020.
4. Rhofade [package insert]. Charleston, SC: EPI Health, LLC; November 2019.
5. Soolantra [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; July 2018.
6. Rivero AL, Whitfeld M. An update on the treatment of rosacea. *Aust Prescr.* 2018;41(1):20-24. doi:10.18773/austprescr.2018.004

### Policy History

Date	Action
July 2016	Addition to PA
December 2016	Annual review and reference update
February 2017	Addition of Rhofade to PA and completion of a baseline erythema assessment and no dual therapy with other topical alpha adrenergic agonists
June 2017	Annual review
September 2018	Annual review and reference update
September 2019	Annual review and reference update
September 2020	Annual review and reference update
January 2021	Addition of Finacea, Noritate, and Soolantra to policy. Revised initiation t/f options to doxycycline or topical generic metronidazole. Revised dual therapy statement and added Appendix 1. Added PA quantity limit of 180 units per 90 days.
March 2021	Annual review and reference update

### Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.**

**Section:** Prescription Drugs      **Effective Date:** April 1, 2021  
**Subsection:** Topical Products      **Original Policy Date:** July 15, 2016  
**Subject:** Topical Rosacea Agents      **Page:** 5 of 5

---

## Appendix 1 - List of PA Topical Rosacea Agents

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