



**Drug Name:** Metronidazole gel 0.75%

**Effective Date:** 4/1/2025

**Reviewed:** 1/2025, 1/2026

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to formulary metronidazole cream 0.75% or azelaic acid gel 15%
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Metronidazole gel 0.75% will pay if there is at least one paid claim within the last 180 days of formulary metronidazole cream 0.75%, azelaic acid gel 15%, or metronidazole gel 0.75%

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.