

Initial Prior Authorization

Rosacea Products

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
azelaic acid (brand unavailable)	azelaic acid	gel
Emrosi	minocycline hydrochloride extended-release	all
Finacea	azelaic acid	foam
Mirvaso	brimonidine	all
Noritate	metronidazole	all
Rhofade	oxymetazoline	all
Soolantra	ivermectin	all

Indications

FDA-approved Indications

Azelaic Acid Gel

Azelaic acid 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.

Emrosi

Emrosi is indicated to treat inflammatory lesions (papules and pustules) of rosacea in adults.

Limitations of Use

- This formulation of minocycline has not been evaluated in the treatment or prevention of infections.
- To reduce the development of drug-resistant bacteria as well as to maintain the effectiveness of other antibacterial drugs, use Emrosi only as indicated.

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.

Noritate

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

Rhofade

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

Rosacea

Authorization may be granted for the requested drug when the patient has a diagnosis of rosacea.

Continuation of Therapy

Rosacea

Authorization may be granted for the requested drug when the patient has a diagnosis of rosacea and the following criteria is met:

- 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:
 - Emrosi: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months
 - Finacea, azelaic acid, Mirvaso, Noritate, Rhofade, Soolantra: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months

References

1. Azelaic Acid Gel [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; December 2021.
2. Emrosi [package insert]. Scottsdale, AZ: Journey Medical Corporation; November 2024.
3. Finacea Foam [package insert]. Madison, NJ: LEO Pharma Inc.; December 2020.
4. Mirvaso [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; December 2022.
5. Noritate [package insert]. Bridgewater, NJ: Bausch Health US, LLC; June 2020.
6. Rhofade [package insert]. Raleigh, NC: Mayne Pharma, LLC; October 2023.
7. Soolantra [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; October 2022.
8. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2026. <https://online.lexi.com>. Accessed May 11, 2026.
9. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 05/11/2026).
10. Thiboutot D, Anderson R, Cook-Bolden F, et al. Standard management options for rosacea: The 2019 update by the National Rosacea Society Expert Committee. J Am Acad Dermatol. 2020 Jun;82(6):1501-1510. doi: 10.1016/j.jaad.2020.01.077.