

ivermectin cream (SOOLANTRA)

Diagnoses Considered for Coverage:

- Acne rosacea
- Ocular rosacea

Coverage Criteria:

For diagnosis of acne rosacea:

- One of the following:
 - Inadequate response or intolerable side effect with two of the following:
 - topical metronidazole,
 - topical azelaic acid,
 - topical sulfur/sulfacetamide combination agent,
 - oral tetracyclines (e.g. tetracycline, doxycycline, minocycline),
 - oral azithromycin,
 - oral isotretinoin,
- or
- Contraindication to all of the above treatment options.

For diagnosis of ocular rosacea:

- One of the following:
 - Inadequate response or intolerable side effect with two of the following:
 - cyclosporine ophthalmic emulsion (e.g., Restasis),
 - topical metronidazole,
 - oral doxycycline,
 - oral erythromycin,
 - oral azithromycin,
- or
- Contraindication to all of the above treatment options.

Coverage Duration: one year

Effective Date: 8/2/2023