Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

ivermectin 1% cream (Soolantra®)

Non-formulary ivermectin 1% cream (Soolantra®) will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a dermatologist

- AND -

- Diagnosis of Papulopustular Rosacea on Problem List

- AND -

- Adequate trial and failure of topical metronidazole OR topical azelaic acid

- AND -

- Adequate trial and failure of oral doxycycline in combination with topical metronidazole OR topical azelaic acid

- OR -

- Dose change only: Patient previously met criteria and is already taking the drug