Market Applicability						
Market	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	NA

Soolantra (ivermectin)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Soolantra (ivermectin) 1% cream	May be subject to quantity limit

APPROVAL CRITERIA

If the benefit requires prior authorization, requests for Soolantra (ivermectin) may be approved for the following:

I. Individual is 18 years of age or older; **AND**
II. Individual is using for the treatment of inflammatory lesions associated with moderate or severe rosacea; **AND**
III. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one preferred generic topical metronidazole agent;

Preferred generic topical metronidazole agents**:** Metronidazole topical 0.75% gel, metronidazole 0.75% cream, metronidazole 0.75% lotion, rosadan 0.75% gel, rosadan 0.75% cream

OR
IV. Individual has a known topical metronidazole contraindication.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability						
Market	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	NA

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.