

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ivermectin 1% cream (Soolantra)

Notes:

- Quantity Limits: No
- ^ Adequate trial is defined as 2-month treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:

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

- Patient has a diagnosis of rosacea
- Prescriber is a dermatologist
- Patient has failed an adequate trial[^] of or patient has an allergy, intolerance^{*}, or contraindication to the following medications:
 - Topical metronidazole
 - Topical azelaic acid
 - Oral doxycycline in combination with topical metronidazole or topical azelaic acid