OVERVIEW
The topical metronidazole products are available generically as 0.75% cream, gel, and lotion and 1% gel; as brand Noritate® cream; and as a kit (Rosadan® cream or gel with a Rehyla™ wash [moisturizing wash]). These products are indicated for the treatment of inflammatory lesions of rosacea; Noritate is also indicated for the treatment of erythema of rosacea. The metronidazole 0.75% products are to be applied twice daily (BID) [morning and evening] and the 1% products are to be applied once daily (QD). Like metronidazole, Finacea® gel, Finacea® foam, and Soolantra® are indicated for the treatment of inflammatory lesions of rosacea. Finacea gel and Finacea foam are to be applied BID and Soolantra is to be applied QD.

POLICY STATEMENT
A step therapy program has been developed to encourage the use of a generic Step 1 product prior to the use of a Step 2 product. If the step therapy rule is not met for a Step 2 agent at the point of service, coverage will be determined by the step therapy criteria below. All approvals are provided for 1 year in duration.

Automation: Patients with a history of one Step 1 drug within the 130-day look-back period are excluded from step therapy.

Step 1: Metronidazole cream 0.75%, Metronidazole gel 0.75% and 1%, Metronidazole lotion 0.75%, Rosadan cream, Rosadan gel

Step 2: Finacea gel, Finacea foam, MetroCream, MetroGel, MetroLotion, Noritate Cream, Rosadan Cream Kit, Rosadan Gel Kit, Soolantra

CRITERIA
1. If a patient has used one Step 1 product, then authorization for a Step 2 product may be given.

2. Exceptions may be made for Finacea gel or Finacea foam if it is being prescribed for the treatment of acne vulgaris and if the patient has tried at least two other prescription topical products (e.g., topical antibiotic products [e.g., clindamycin, erythromycin, benzoyl peroxide]; topical retinoids [tretinoin {Atralin, Avita/generics, Retin-A/generics, Retin-A Micro, Tretin-X/generics}, adapalene {Differin/generics}, tazorotene {Tazorac 0.1% cream or 0.1% gel or Fabior 0.1% foam}]; Azelex cream [azelaic acid 20%]; Aczone [dapsone gel]; sulfacetamide-containing products; combination products [Acanya, Veltin, Ziana, other generics]).

3. No other exceptions are recommended.
References

- MetroCream® [prescribing information]. Ft. Worth, TX: Galderma; December 2002.
- MetroGel® [prescribing information]. Ft. Worth, TX: Galderma; June 2012.
- MetroLotion® [prescribing information]. Ft. Worth, TX: Galderma; July 2014.
- Rosadan® cream [prescribing information]. Fairfield, NJ: Medimetriks; February 2011.
- Rosadan® gel [prescribing information]. Fairfield, NJ: Medimetriks; February 2012.
- Soolantra® cream [prescribing information]. Fort Worth, TX: Galderma; December 2014.