

POLICY NAME	Rhofade (oxymetazoline)	POLICY #	2600P
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Criteria

Coverage Criteria

- ☐ Diagnosis of rosacea
- ☐ Ordered by a dermatologist (skin doctor)
 - Initial request only
- ☐ Documented failure, intolerance, or contraindication to topical metronidazole
- ☐ Documented failure, intolerance, or contraindication to oral doxycycline