Pharmacy Drug Policy Checklist

POLICY NAME	Rhofade (oxymetazoline)	POLICY #	

Criteria

Coverage Criteria

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