

# Azelaic Acid Agents

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Azelex (azelaic acid) cream Finacea (azelaic acid) gel

## **APPROVAL CRITERIA**

If the benefit requires prior authorization, requests for azelaic acid agents (Azelex cream) may be approved for the following:

- I. Individual has a diagnosis of acne.

If the benefit requires prior authorization, requests for azelaic acid agents (Azelex cream, Finacea gel) may be approved for the following:

- I. Individual has a diagnosis of mild-to-moderate inflammatory papulopustular rosacea (AHFS); **AND**

- A. Individual has had a trial and inadequate response to one preferred generic topical metronidazole agent [metronidazole (all strengths and dose forms), Rosadan 0.75% cream, or Rosadan 0.75% gel]. Medication samples/coupons/discount cards are excluded from consideration as a trial.;

**AND**

- B. Individual has had a trial of and inadequate response or intolerance to one preferred topical agent for the treatment of rosacea [azelaic acid foam/gel, Zilxi]. Medication samples/coupons/discount cards are excluded from consideration as a trial.;

**OR**

- C. Individual has a known topical metronidazole contraindication to use;

**AND**

- D. Individual has had a trial of and had an inadequate response or intolerance to one preferred agent for the treatment of rosacea [azelaic acid foam/gel, Zilxi]. Medication samples/coupons/discount cards are excluded from consideration as a trial.;

**AND**

- E. If request is for brand provide the clinical necessity of a branded product when generic products are available for the same medical reason and clinical benefit is not expected with a generic product.

**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. 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>. Accessed: April 11, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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