

Formulary Coverage of Topical Rosacea Therapies in United States Commercial Insurance: A Cross-Sectional Review

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To the Editor,

Rosacea is a chronic inflammatory disorder primarily affecting the face, characterized by erythema, telangiectasia, inflammatory lesions, and flushing.¹ Rosacea affects up to 10% of the global population and is associated with a reduced quality of life and higher rates of depression and anxiety compared to the general population, underscoring the importance of effective treatment.^{1,2,3}

Topicals, such as azelaic acid, metronidazole, sulfacetamide/sulfur, brimonidine, ivermectin, and oxymetazoline, form the mainstay of rosacea treatment.¹ Despite available therapies, access is often limited, and monthly out-of-pocket costs may exceed \$100 in severe cases.⁴ Given the financial and psychosocial burdens of rosacea, this study examines formulary coverage of topical rosacea treatments among the ten largest US commercial health insurers.

The top ten largest United States (US) commercial insurers by market share were identified from the American Medical Association's 2024 Competition in Health Insurance report.⁵ Using 2025 formulary data, coverage of topical rosacea

therapies was evaluated among these insurers and classified as full, with quantity limits (QL) or step therapy (ST) requirements, or nonformulary (NF) (Table 1).

As shown in Table 1, coverage varied widely across rosacea topicals. Metronidazole gel was the most consistently covered agent, included by all ten insurers, with three plans imposing QLs. Azelaic acid/Finacea[®] was fully covered by seven plans, and sulfacetamide sodium-sulfur cleanser by four.

In contrast, oxymetazoline hydrochloride cream (Rhofade[®]), brimonidine gel/ Mirvaso[®], and ivermectin 1% cream (Soolantra[®]) were NF or QL restricted by most insurers. Newer therapies demonstrated minimal coverage, with minocycline foam (Zilxi[®]) only covered by one plan, and Epsolay[®] cream listed as NF across all plans.

Among the ten largest US commercial insurers, QL or ST frequently restricted access to all rosacea topicals, and only one topical received universal coverage, highlighting substantial barriers to management.

TABLE 1.

Coverage of Rosacea Topicals Among Each Insurer, Categorized as Non-Formulary (NF), Fully Covered (FC), Covered With Quantity Limits (QL), and Step Therapy (ST)

Insurer	Topical Metronidazole Gel//Metrogel [®]	Azelaic Acid Gel/Finacea [®]	Sulfacetamide Sodium - Sulfur Cleanser	Oxymetazoline Hydrochloride Cream/Rhofade [®]	Brimonidine Gel/Mirvaso [®]	Ivermectin Cream/Soolantra [®]	Minocycline Foam/Zilxi [®]	Epsolay [®] BPO Cream
United Health Group	FC	FC	FC	QL	QL, PA	QL	ST, QL	NF
Elevance Health	QL	QL	NF	QL	QL	QL	QL	NF
CVS (Aetna)	FC	FC	NF	NF	NF	NF	NF	NF
Cigna	FC	Generic FC	FC	NF	NF	FC	NF	NF
HCSC BCBS	QL	FC	NF	NF	NF	QL	NF	NF
Kaiser	FC	Generic FC	NF	NF	NF	NF	NF	NF
BCBS FL	FC	FC	NF	NF	Trade: FC	FC	NF	NF
BCBS MI	FC	Generic: FC; Trade: QL	FC	NF	NF	QL	NF, QL	NF, QL
Centene	QL	NF	NF	NF	NF	NF	NF	NF
BS of CA	FC	Generic: QL	FC	NF	NF	NF	NF	NF

Despite the weaker efficacy of metronidazole gel compared to other topicals, it was the most widely covered agent, while more effective therapies, including azelaic acid, ivermectin, and sulfacetamide sodium-sulfur, demonstrated more limited coverage.^{3,6,7,8} This misalignment may contribute to increased out-of-pocket costs, restricted access, and persistence of the psychosocial burden of rosacea. Limitations include evaluation at a single time point, as coverage may vary by plan or region. Overall, these findings highlight a substantial gap between evidence-based rosacea treatment and insurance coverage, demonstrating a need for improved alignment to increase access and optimize patient outcomes.

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