



Commercial/Healthcare Exchange PA Criteria Effective: September 2006

Prior Authorization: Oral Acne Medications

Products Affected: Acticlate, Adoxa, Avidoxy, Avidoxy DK Kit, Coremino, Doryx, Doryx DR 80mg tablet, Doryx MPC, Doryx MPC DR 60mg, Dynacin, Minocin Combo Pak, Minocycline ER tablets, Minolira ER, Monodox, Seysara, Targadox, Ximino
*Please note this policy does not include Solodyn brand or generic products. Please see "Solodyn (minocycline extended release) PA CCI" Policy.

Covered Uses: Acne vulgaris

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Past medication trials

Age Restrictions: None

Prescriber Restrictions: None

Coverage Duration: 12 Months

Other Criteria: Coverage of the above listed acne oral medications is recommended in those who meet the following criteria:

1. Patient has a documented intolerance to, or treatment failure **TWO** generic oral antibiotics within the last 6 months

References:

1. Facts & Comparisons Online
2. SEYSARA^(TM) oral tablets, sarecycline oral tablets. Allergan USA Inc (per FDA), Irvine, CA, 2018

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/2006

Last Res. September 2022



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2	Policy Revision	<p>Updated template from CCI to EH</p> <p>Added Seysara</p> <p>CCI P&T Review History:9/06, 6/07, 3/08, 6/08, 9/09, 12/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 8/16, 11/16, 8/17, 7/18</p> <p>CCI Revision Record:3/08, 12/09, 11/14, 8/16. 11/16, 11/18</p>	All	5/8/2019
3	Policy Revision	<p>Removal of Solodyn from Acne Oral policy. Solodyn now has separate policy "minocycline ER tablets".</p> <p>Added statement: *Please note this policy does not include Solodyn brand or generic products. Please see "Solodyn (minocycline</p>	Products Affected	1/1/2020
4	Policy Revision	Added Doryx DR 80mg tablet to products affected	Products Affected	10/8/2020
5	Policy Revision	Added Doryx MPC DR 60mg to Products Affected	Products Affected	9/15/2022