

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	Oracea (doxycycline 30mg immediate release/10mg delayed release)
<b>POLICY #</b>	13124
<b>INDICATIONS</b>	Oracea is indicated for the treatment of only inflammatory lesions (papules and pustules) of rosacea in adult patients.
<b>CRITERIA</b>	<p>ConnectiCare considers Oracea to be medically necessary for patients who meet the following criteria:</p> <ul style="list-style-type: none"><li>• Patient has a diagnosis of rosacea</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Patient is 18 years of age or older</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Generic doxycycline monohydrate, hyclate, or calcium has not been effective or is not tolerated</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• At least one topical therapy ( ie : topical metronidazole, clindamycin, erythromycin, tretinoin, benzoyl peroxide, finacea) used for papulopustular lesions was not effective, not tolerated, or contraindicated</li></ul>
<b>LIMITATIONS</b>	Oracea will not be approved for acne vulgaris or any other infection.
<b>REFERENCES</b>	<ol style="list-style-type: none"><li>1. Oracea prescribing information CollaGenex Pharmaceuticals Inc., Newtown, PA</li><li>2. Buechner SA. Rosacea: An update. Dermatology. 2005;210(2):100-108.</li></ol>
<b>P&amp;T REVIEW HISTORY</b>	9/06, 12/06, 6/07, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18
<b>REVISION RECORD</b>	11/06, 8/17, 7/18