Commercial/Healthcare Exchange PA Criteria

Effective: September 2006

Prior Authorization: Minocycline extended release

Products Affected: minocycline extended release tablet (45 MG, 55 MG, 65 MG, 80 MG, 90 MG, 105 MG, 135 MG 115 MG); Solodyn extended release tablet (55 MG, 65 MG, 80 MG, 105 MG, 115 MG).
*Please note this policy applies to Solodyn brand and generic products only

Medication Description: Minocycline hydrochloride is a semisynthetic derivative of tetracycline. It is primarily bacteriostatic and acts by inhibiting protein synthesis. It has a similar antimicrobial spectrum of activity against a wide range of gram-positive and gram-negative organisms as other tetracyclines.

Covered Uses: Inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 12 years of age and older.

Exclusion Criteria:

1. Hypersensitivity to any tetracycline
2. Treatment of non-inflammatory acne lesions

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 12 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, a dermatologist.

Coverage Duration: 12 weeks

Other Criteria:

1. The patient has a diagnosis of documented inflammatory lesions of non-nodular moderate to severe acne vulgaris; AND
2. The patient has a documented intolerance to, or contraindication, or treatment failure with generic immediate release minocycline.

References:

1. Product Information: SOLODYN(R) oral extended release tablets, minocycline HCl oral extended release tablets. Medicis, The Dermatology Company (per FDA), Scottsdale, AZ, 2013.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	Policy Update	CCI adopted EH template and criteria for Solodyn brand and generic products	All	10/21/2019
2	Update	Addition of 45 mg, 90 mg and 135 mg	Products affected	1/1/2021