



**Commercial/Healthcare Exchange PA Criteria**  
*Effective: September 2006*

**Prior Authorization:** Oral Acne Medications

**Products Affected:** Acticlate, Adoxa, Avidoxy, Avidoxy DK Kit, Coremino, Doryx, Doryx MPC, 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:** N/A

**Required Medical Information:**

1. Diagnosis
2. Past medication trials

**Age Restrictions:** N/A

**Prescriber Restrictions:** N/A

**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<sup>(TM)</sup> 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
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Last Res. October 31st, 2019



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1	New Policy	New Policy	All	9/2006
2	Policy Revision	<p>Updated template from CCI to EH</p> <p>Added Seysara</p> <p>CCI P&amp;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 extended release) PA CCI" Policy.</p>	Products Affected	1/1/2020