

ConnectiCare

Commercial PA Criteria

Effective: September 2006

Prior Authorization: Oral Acne/Rosacea Medications

Products Affected: Acticlate, Adoxa, Avidoxy, Avidoxy DK Kit, Coremino, Doryx, Doryx DR 80mg tablet, Doryx MPC, Doryx MPC DR 60mg, Dynacin, Emrosi ER capsule, 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, Rosacea

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™ 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 |

December 2024



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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 seprate 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 |
| 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 |
| 6 | Update | <p>Addition of Emorsi ER capsule</p> <p>Name change and covered uses to include Rosacea Medications</p> | <p>Prior Authorization</p> <p>Covered Uses</p> | 12/27/2024 |