

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	Oracea (doxycycline 30mg immediate release/10mg delayed release)
POLICY #	13124
INDICATIONS	Oracea is indicated for the treatment of only inflammatory lesions (papules and pustules) of rosacea in adult patients.
CRITERIA	ConnectiCare considers Oracea to be medically necessary for patients who meet the following criteria: <ul style="list-style-type: none">• Patient has a diagnosis of rosacea AND <ul style="list-style-type: none">• Patient is 18 years of age or older AND <ul style="list-style-type: none">• Generic doxycycline monohydrate, hyclate, or calcium has not been effective or is not tolerated AND <ul style="list-style-type: none">• 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
LIMITATIONS	Oracea will not be approved for acne vulgaris or any other infection.
REFERENCES	1. Oracea prescribing information CollaGenex Pharmaceuticals Inc., Newtown, PA 2. Buechner SA. Rosacea: An update. Dermatology. 2005;210(2):100-108.
P&T REVIEW HISTORY	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
REVISION RECORD	11/06, 8/17, 7/18