	Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

<sup>\*</sup>FHK- Florida Healthy Kids

## **Doxycycline 40mg Rosacea Agents**

Override(s)	Approval Duration						
Prior Authorization	4 months						

## **APPROVAL CRITERIA**

Requests for a doxycycline 40 mg Rosacea agent (Oracea, doxycycline IR-DR) may be approved if the following criterion is met:

I. Individual has a diagnosis of inflammatory (papule and/or pustule lesions) rosacea.

Doxycycline 40 mg Rosacea agents (Oracea, doxycycline IR-DR) may not be approved for the following:

- I. Individual is less than 8 years of age; **OR**
- II. Individual is requesting for the treatment or prevention of infections; **OR**
- III. Individual is requesting for the treatment of erythematous (including generalized erythema), telangiectatic, or ocular rosacea.

**Note:** Per labels, the efficacy of doxycycline 40 mg beyond 16 weeks and safety beyond 9 months of use has not been established.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

<sup>\*</sup>FHK- Florida Healthy Kids

State Specific Mandates									
State name	Date effective	Mandate details (including specific bill if applicable)							
N/A	N/A	N/A							

## **Key References**:

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