

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

*FHK- Florida Healthy Kids

Non-Preferred Doxycyclines for Acne

Override(s)	Approval Duration
Prior Authorization Quantity Limit	3 months

Medications	Quantity Limit
Acticlate (doxycycline hyclate tablets)	May be subject to quantity limit
Adoxa* (doxycycline monohydrate tablets/capsules)	
Avidoxy (doxycycline hyclate tablets)	
Doryx DR (doxycycline hyclate delayed-release tablets)	
doxycycline hyclate delayed-release	
Doryx MPC (doxycycline hyclate delayed-release tablets)	
Doxycycline hyclate tablets	
Doxycycline monohydrate tablets	
Mondoxyne NL (doxycycline monohydrate capsules)	
Monodox (doxycycline monohydrate capsules)	
Morgidox (doxycycline hyclate capsules)	
Okebo (doxycycline monohydrate capsules)	
Soloxide (doxycycline hyclate delayed-release tablets)	
TargaDOX (doxycycline hyclate tablets)	
Vibramycin (all dose forms)	

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.

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*Adoxa was discontinued by the manufacturer as of 03-28-2016. Utilization management clinical programs will remain active as claims can adjudicate up to 3 years after agent discontinuation.

APPROVAL CRITERIA

Requests for a brand/non-preferred doxycycline agent for the treatment of acne may be approved for the following:

- I. Individual is at least 8 years of age; **AND**
- II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one generic immediate-release minocycline agent; **AND**
- III. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one generic immediate-release doxycycline agent;

OR

- IV. Individual has an intolerance or contraindication to either generic immediate-release minocycline or doxycycline; **AND**
- V. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to oral tetracycline in its place.

Requests for a brand/non-preferred doxycycline agent for the treatment of non-acne related indications (such as Anthrax or Rocky Mountain Spotted Fever) may be approved for the following:

- I. Individual has had a trial of and inadequate response, intolerance or contraindication to one generic/preferred doxycycline agent.

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

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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