

## doxycycline DR (ORACEA)

## Diagnoses Considered for Coverage:

• Acne rosacea

## **Coverage Criteria:**

## For diagnosis of acne rosacea, approve if:

- Dose does not exceed I capsule per day, and
- One of the following:
  - Inadequate response or intolerable side effect with <u>two</u> of the following:
    - o topical metronidazole,
    - o topical azelaic acid,
    - o topical sulfur/sulfacetamide combination agent,
    - o topical ivermectin, or
  - Contraindication to all of the above treatment options.

Coverage Duration: one year

Effective Date: 6/28/2023