



Oral Tetracycline Derivatives Prior Authorization Program Summary

POLICY REVIEW CYCLE

Effective Date

04-01-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
		50 MG	M ; N ; O	Y		
		75 MG	M ; N ; O	Y		
		100 MG	M ; N ; O	Y		
Vibramycin		25 MG/5ML	M ; N ; O	O ; Y		
		50 MG	M ; N ; O	Y		
Vibramycin		100 MG	M ; N ; O	O ; Y		
		20 MG	M ; N ; O	Y		
		75 MG	M ; N ; O	Y		
		100 MG ; 50 MG ; 75 MG	M ; N ; O	Y		
Minocycline hydrochloride ; Ximino		135 MG ; 45 MG ; 90 MG	M ; N ; O	M		
Oracea		40 MG	M ; N ; O	O ; Y		
	Doxycycline Hyclate Tab 150 MG	150 MG	M ; N ; O ; Y	Y		
	Doxycycline Hyclate Tab 50 MG	50 MG	M ; N ; O ; Y	Y		
	Doxycycline Hyclate Tab 75 MG	75 MG	M ; N ; O ; Y	Y		
Doryx mpc	Doxycycline Hyclate Tab Delayed Release	60 MG	M ; N ; O ; Y	N		
	Doxycycline Hyclate Tab Delayed Release 100 MG	100 MG	M ; N ; O ; Y	Y		
Doryx mpc	Doxycycline Hyclate Tab Delayed Release 120 MG	120 MG	M ; N ; O ; Y	N		
	Doxycycline Hyclate Tab Delayed Release 150 MG	150 MG	M ; N ; O ; Y	Y		
	Doxycycline Hyclate Tab Delayed Release 200 MG	200 MG	M ; N ; O ; Y	Y		
Doryx	Doxycycline Hyclate Tab Delayed Release 50 MG	50 MG	M ; N ; O ; Y	O ; Y		
Doxycycline hyclate dr	Doxycycline Hyclate Tab Delayed Release 80 MG	80 MG	M ; N ; O ; Y	N		
	Doxycycline Monohydrate Cap 150 MG	150 MG	M ; N ; O ; Y	Y		
	Doxycycline Monohydrate Cap 75 MG	75 MG	M ; N ; O ; Y	Y		
Emrosi	minocycline hcl micronized (rosacea) capsule er	40 MG	M ; N ; O ; Y	N		
	Minocycline HCl Tab 100 MG	100 MG	M ; N ; O ; Y	Y		
	Minocycline HCl Tab 75 MG	75 MG	M ; N ; O ; Y	Y		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Minocycline hydrochloride ; Solodyn	minocycline hcl tab er	105 MG ; 115 MG ; 135 MG ; 45 MG ; 55 MG ; 65 MG ; 80 MG ; 90 MG	M ; N ; O ; Y	N ; O ; Y		
Seysara	sarecycline hcl tab	100 MG ; 150 MG ; 60 MG	M ; N ; O ; Y	N		
Tetracycline hydrochlorid	tetracycline hcl tab	250 MG ; 500 MG	M ; N ; O ; Y	N		

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
		50 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
		50 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
		75 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
		100 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			TX HIM Annual 2025 ; TX HIM Annual 2026
		20 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
		75 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
		100 MG ; 50 MG ; 75 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Hyclate Tab 150 MG	150 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Hyclate Tab 50 MG	50 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Hyclate Tab 75 MG	75 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Hyclate Tab Delayed Release 100 MG	100 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Hyclate Tab Delayed Release 150 MG	150 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Hyclate Tab Delayed Release 200 MG	200 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Monohydrate Cap 150 MG	150 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Doxycycline Monohydrate Cap 75 MG	75 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Minocycline HCl Tab 100 MG	100 MG	Basic ; Enhanced ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
	Minocycline HCl Tab 75 MG	75 MG	Basic ; Enhanced ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Doryx	Doxycycline Hyclate Tab Delayed Release 50 MG	50 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Doryx mpc	Doxycycline Hyclate Tab Delayed Release	60 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Doryx mpc	Doxycycline Hyclate Tab Delayed Release 120 MG	120 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Doxycycline hyclate dr	Doxycycline Hyclate Tab Delayed Release 80 MG	80 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Emrosi	minocycline hcl micronized (rosacea) capsule er	40 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Minocycline hydrochloride ; Solodyn	minocycline hcl tab er	105 MG ; 115 MG ; 135 MG ; 45 MG ; 55 MG ; 65 MG ; 80 MG ; 90 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Minocycline hydrochloride ; Ximino		135 MG ; 45 MG ; 90 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Oracea		40 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Seysara	sarecycline hcl tab	100 MG ; 150 MG ; 60 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Tetracycline hydrochlorid	tetracycline hcl tab	250 MG ; 500 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Vibramycin		100 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026
Vibramycin		25 MG/5ML	Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2026 ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval	
	TARGET AGENT(S)	PREREQUISITE AGENT(S)
	Doxycycline Agents	
	<p>doxycycline monohydrate capsule (75 mg and 150mg)*</p> <p>Doryx* (doxycycline hyclate delayed-release tablet)</p> <p>Doryx MPC (doxycycline hyclate delayed-release tablet)</p> <p>doxycycline hyclate tablet (50 mg, 75 mg, 150 mg)*</p> <p>Doxycycline Hyclate delayed-release tablet*</p> <p>Oracea (doxycycline delayed-release capsule)*</p> <p>Vibramycin (doxycycline hyclate capsule, doxycycline monohydrate suspension)</p>	<p>Generic doxycycline hyclate (tablet [20 mg, 100 mg], capsule)</p> <p>Generic doxycycline monohydrate (capsule [50 mg, 100 mg], tablet, suspension)</p>
	Minocycline Agents	
	<p>Emrosi (minocycline hydrochloride extended-release capsule)</p> <p>minocycline hydrochloride tablet (75 mg, 100 mg)*</p> <p>Minocycline Hydrochloride extended-release capsule*</p> <p>Minocycline Hydrochloride extended-release tablet*</p>	<p>Any ONE of the following: Generic doxycycline hyclate (tablet [20 mg, 100 mg], capsule) Generic doxycycline monohydrate (capsule [50 mg, 100 mg], tablet, suspension)</p> <p>AND</p> <p>Generic minocycline hydrochloride (tablet [50 mg], capsule)</p>

Module	Clinical Criteria for Approval	
	<p>Solodyn* (minocycline hydrochloride extended-release tablet)</p> <p>Ximino (minocycline hydrochloride extended-release capsule)</p>	
Other Agents		
	<p>Seysara (sarecycline hydrochloride tablet)</p>	<p>Generic doxycycline hyclate (tablet [20 mg, 100 mg], capsule)</p> <p>Generic doxycycline monohydrate (capsule [50 mg, 100 mg], tablet, suspension)</p>
Tetracycline Agents		
	<p>Tetracycline Hydrochloride tablet</p>	<p>Any ONE of the following: Generic doxycycline hyclate (tablet [20 mg, 100 mg], capsule) Generic doxycycline monohydrate (capsule [50 mg, 100 mg], tablet, suspension)</p> <p>AND</p> <p>Generic tetracycline hydrochloride 250 mg and 500 mg capsule</p>
<p>* generic available that is a Target Agent for the Prior Authorization program</p>		
<p>Target Agent(s) will be approved when ALL of the following are met:</p>		
<ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The prescriber states the patient has been treated with the requested agent (starting on samples is NOT approvable) within the past 90 days AND is at risk if therapy is changed OR B. ALL of the following: <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The requested agent is being used off-label for the treatment of a tick-borne disease OR B. BOTH of the following: <ol style="list-style-type: none"> 1. The patient has an FDA labeled indication for the requested agent and route of administration AND 2. If the patient has an FDA approved indication, then ONE of the following: <ol style="list-style-type: none"> A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND 2. ONE of the following: <ol style="list-style-type: none"> A. The requested agent is a doxycycline agent or Seysara AND ONE of the following: <ol style="list-style-type: none"> 1. BOTH of the following: <ol style="list-style-type: none"> A. ONE of the following: <ol style="list-style-type: none"> 1. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR 		

Module	Clinical Criteria for Approval
	<p style="text-align: center;">2. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes required] AND</p> <p>B. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR</p> <p>2. The patient has ONE of the following:</p> <p>A. Tried and had an inadequate response to ONE prerequisite agent within the past 90 days [chart notes required] OR</p> <p>B. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR</p> <p>C. ONE prerequisite agent was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>D. An intolerance or hypersensitivity to ONE prerequisite agent that is NOT expected to occur with the requested agent [chart notes required] OR</p> <p>E. ONE prerequisite agent is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient’s adherence of care; OR worsen a comorbid condition; OR decrease the patient’s ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR</p> <p>F. ONE prerequisite agent is not in the best interest of the patient based on medical necessity [chart notes required] OR</p> <p>G. Tried another prescription drug in the same pharmacologic class or with the same mechanism of action as ONE prerequisite agent and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>H. An FDA labeled contraindication to ALL prerequisite agent(s) that is NOT expected to occur with the requested agent [chart notes are required] OR</p> <p>3. There is support that ALL prerequisite agent(s) are NOT appropriate for the requested indication OR</p> <p>B. The requested agent is a minocycline agent or tetracycline agent AND ONE of the following:</p> <p>1. BOTH of the following:</p> <p>A. ONE of the following:</p> <p>1. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the</p>

Module	Clinical Criteria for Approval
	<p>requested agent is being used to treat the cancer OR</p> <p>2. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes required] AND</p> <p>B. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR</p> <p>2. The patient has ONE of the following:</p> <p>A. Tried and had an inadequate response to TWO prerequisite agents in the past 180 days [chart notes required] OR</p> <p>B. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR</p> <p>C. TWO prerequisite agents were discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>D. An intolerance or hypersensitivity to TWO prerequisite agents that are NOT expected to occur with the requested agent [chart notes required] OR</p> <p>E. TWO prerequisite agents are expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR</p> <p>F. TWO prerequisite agents are not in the best interest of the patient based on medical necessity [chart notes required] OR</p> <p>G. Tried another prescription drug in the same pharmacologic class or with the same mechanism of action as TWO prerequisite agents and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>H. An FDA labeled contraindication to ALL prerequisite agent(s) that is NOT expected to occur with the requested agent [chart notes required] OR</p> <p>3. There is support that ALL prerequisite agent(s) are NOT appropriate for the requested indication AND</p> <p>2. If the patient has a diagnosis of acne, then ONE of the following:</p> <p>A. The patient will be using a benzoyl peroxide agent OR a retinoid agent in combination with the requested agent OR</p> <p>B. The patient has an intolerance, hypersensitivity, or FDA labeled contraindication to a benzoyl peroxide agent OR a retinoid agent AND</p>

Module	Clinical Criteria for Approval
	<p>3. If the patient has a diagnosis of acne or rosacea, then the patient will NOT be using the requested agent in combination with another tetracycline derivative for the treatment of acne or rosacea AND</p> <p>4. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months All other plans: 12 months</p> <p>The requested agent will also be approved when the following are met:</p> <ol style="list-style-type: none"> 1. The member resides in Ohio AND 2. The plan is Fully Insured or HIM Shop (SG) AND 3. The patient does NOT have any FDA labeled contraindications to the requested agent AND 4. ONE of the following: <ol style="list-style-type: none"> A. The patient has another FDA labeled indication for the requested agent and route of administration OR B. The patient has another indication that is supported in compendia for the requested agent and route of administration OR C. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months All other plans: 12 months</p>