



***Doxycycline Hyclate DR tablets***

**POLICY NUMBER: RX.PA.471**

**REVISION DATE: N/A**

**PAGE NUMBER: 2 of 2**

**PROCEDURE**

**Initial Authorization Criteria:**

- Must have history of trial and failure or documented contraindication to ONE of the following:
  - Doxycycline immediate release
  - Minocycline immediate release

**Reauthorization Criteria:**

All prior authorization renewals are reviewed on a case-by-case basis to determine the Medical Necessity for continuation of treatment. Authorizations may be extended on a case-by-case basis based upon the above criteria.

**Limitations:**

<b>Length of Authorization (if above criteria met)</b>	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.

**REFERENCES**

1. Doryx. [prescribing information]. Salisbury South, SA: Mayne Pharma; Updated 2018 original approval 1967.
2. Doxycycline monohydrate. [prescribing information]. Fort Lauderdale, FL : Actavis Pharma; Updated 2014.

**RECORD RETENTION**

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

**REVIEW HISTORY**

<b>DESCRIPTION OF REVIEW / REVISION</b>	<b>DATE APPROVED</b>
<i>Created policy</i>	<i>12/18</i>