

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 2190-1
Program	Prior Authorization/Medical Necessity
Medications	Amzeeq (minocycline 4% topical foam)
P&T Approval Date	4/2020
Effective Date	7/1/2020; Oxford only: 7/1/2020

1. Background:

Amzeeq (minocycline 4% topical foam) is indicated for the topical treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in adults and pediatric patients 9 years of age and older. Guidelines from the American Academy of Dermatology recommend topical antibiotics as a component of combination topical therapy for mild to moderate acne; systemic antibiotics are first-line in moderate to severe acne.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Amzeeq** will be approved based on **all** of the following criteria:

- a. Diagnosis of moderate to severe acne

-AND-

- b. History of failure, contraindication, or intolerance to an adequate trial of a topical antibiotic in combination with benzoyl peroxide [e.g., benzoyl peroxide/clindamycin (generic Duac), benzoyl peroxide/erythromycin (generic Benzamycin)]

-AND-

- c. Used in combination with another topical agent (e.g., benzoyl peroxide, retinoid) to minimize development of antibiotic resistance.

Authorization will be issued for 6 months.

B. Reauthorization

1. **Amzeeq** will be approved based on the following criterion:

- a. Documentation of positive clinical response to therapy

Reauthorization will be issued for 6 months.

^aState mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.

4. References:

1. Amzeeq (prescribing information). Bridgewater, NJ: Foamix Pharmaceuticals Inc.; October 2019.
2. Zaenglein, Andrea L. et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol.* May 2016;74(5):945–973.e33

Program	Prior Authorization/Medical Necessity - Amzeeq
Change Control	
Date	Change
4/2020	New program