



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2020 P 1342-1
Program	Prior Authorization/Notification
Medication	Zilxi (minocycline)
P&T Approval Date	12/2020
Effective Date	3/1/2021; Oxford only: 3/1/2021

**1. Background:**

Zilxi is FDA approved for the treatment of inflammatory lesions of rosacea in adults. This formulation of minocycline has not been evaluated in the treatment of infections.

**2. Coverage Criteria:**

**A. Initial Authorization**

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

a. Diagnosis of rosacea with inflammatory lesions.

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Zilxi** will be approved for continuation of therapy based on the following criterion:

a. Documentation of a positive clinical response to therapy

**Authorization will be issued for 12 months.**

**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.
- Step Therapy and Supply limits may be in place.

**4. References:**

1. Zilxi [package insert]. Bridgewater, NJ: Foamix Pharmaceuticals Inc; May 2020.



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<b>Change Control</b>	
12/2020	New program