



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** minocycline Extended Release Tablets

**Brand Name:** Solodyne

**Medication Class:** Antibiotic

**FDA Approved Uses:** inflammatory lesions of non-nodular moderate to severe acne in patients aged 12 years and older.

**Available Dosage Forms:** 45mg, 90mg and 135mg tablets

**Usual Dose:** 1mg/kg once daily. The following table shows tablet strength and body weight to achieve approximately 1mg/kg.

Patients Weight (lbs)	Patients Weight (kg)	Tablet Strength (mg)	Actual mg/kg Dose
99-131	45-59	45	1-0.76
132-199	60-90	90	1.5-1
200-300	91-136	135	1.48-0.99

**Duration of Therapy:** 12 weeks (safety beyond this point has not been established)

**Approximate monthly cost** (based on AWP 2006): about \$500/month (\$16.50/tablet)

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Clinically documented inflammatory lesions of non-nodular moderate to severe acne.
- Must be 12 years of age or older.
- Failed/intolerant to topical combinations.
- Intolerant to an excipient in the immediate release minocycline

**Contraindications:**

- Hypersensitivity to any of the tetracyclines

**Not Approved if:**

- Lesions are non-inflammatory.
- Have any contraindications to the use of Solodyne.
- Does not meet the above stated criteria.

**Special Considerations:**

- There is no evidence that Solodyne is superior to its generic minocycline for treating acne. For patients who require antibiotic treatment generic minocycline is a less expensive option.

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_

