



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1342-4
Program	Prior Authorization/Notification
Medication	Zilxi® (minocycline)
P&T Approval Date	12/2020, 12/2021, 12/2022, 1/2024
Effective Date	4/1/2024

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: Vyne Pharmaceuticals Inc; September 2022.



Program	Prior Authorization/Notification - Zilxi
Change Control	
12/2020	New program
12/2021	Annual review. Updated reference.
12/2022	Annual review. Updated reference.
1/2024	Annual review. No changes.