

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ARESTIN
(minocycline microspheres)

Status: CVS Caremark® Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Arestin is indicated as an adjunct to scaling and root planing procedures for reduction of pocket depth in patients with adult periodontitis. Arestin may be used as part of a periodontal maintenance program which includes good oral hygiene and scaling and root planing.

COVERAGE CRITERIA

Adult Periodontitis

Authorization may be granted when the requested drug is being prescribed as an adjunct to scaling and root planing procedures for reduction of pocket depth in patients with adult periodontitis when ONE of the following criteria is met:

- The patient has experienced an inadequate response to treatment with systemic oral low-dose doxycycline (i.e., doxycycline 20 mg). [ACTION REQUIRED: Documentation is required for approval.]
- The patient has experienced an intolerance to treatment with systemic oral low-dose doxycycline (i.e., doxycycline 20 mg). [ACTION REQUIRED: Documentation is required for approval.]

QUANTITY LIMITS APPLY

366 unit-dose cartridges per 225 days*

*The duration of 225 days is used for a 270-day fill period

DURATION OF APPROVAL (DOA)

- 1327-C: DOA: 9 months

REFERENCES

1. Arestin [package insert]. Bridgewater, NJ: OraPharma, a division of Bausch Health US, LLC; June 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed November 29, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 11/29/2023).
4. Smiley C, Tracy S, Abt E, et al. Evidence-based clinical practice guideline on the nonsurgical treatment of chronic periodontitis by means of scaling and root planing with or without adjuncts. *JADA*. 2015;146(7):525-535.

Arestin PA with Limit Policy UDR 01-2024.docx

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