blue of california

Non-Preferred Doxycycline Agents

Applies to:

Doxycycline Monohydrate 75 MG CAP
Mondoxyne NL 75 MG CAP
Doxycycline Monohydrate 150 MG CAP
Doxycycline Hyclate 50 MG TAB
TargaDOX 50 MG TAB
Acticlate 75 MG TAB
Doxycycline Hyclate 75 MG TAB
Acticlate 150 MG TAB
Doxycycline Hyclate 150 MG TAB
Doryx 50 MG TAB DR
Doxycycline Hyclate 50 MG TAB DR
Doxycycline Hyclate 75 MG TAB DR
Doryx 80 MG TAB DR
Doxycycline Hyclate 80 MG TAB DR
Doxycycline Hyclate 100 MG TAB DR
Doryx MPC 120 MG TAB DR
Doxycycline Hyclate 150 MG TAB DR
Doryx 200 MG TAB DR
Doxycycline Hyclate 200 MG TAB DR

Diagnosis Considered for Coverage:

- Infections sensitive to doxycycline

Coverage Criteria:

For diagnosis listed above:

- Intolerable side effect with preferred doxycycline not expected with the non-preferred doxycycline *(see preferred doxycycline agents below)*

PREFERRED DOXYCYCLINE AGENTS

Doxycycline Monohydrate 50 MG CAP
Doxycycline Monohydrate 100 MG CAP
Mondoxyne NL 100 MG CAP
Doxycycline Monohydrate 50 MG TAB
Doxycycline Monohydrate 75 MG TAB
Avidoxy 100 MG TAB
Doxycycline Monohydrate 100 MG TAB
Doxycycline Monohydrate 150 MG TAB
Doxycycline Monohydrate 25 MG/5ML RECON SUSP
Doxycycline Hyclate 50 MG CAP

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Morgidox 50 MG CAP
Doxycycline Hyclate 100 MG CAP
Morgidox 100 MG CAP
Doxycycline Hyclate 20 MG TAB
Doxycycline Hyclate 100 MG TAB
Vibramycin 50 MG/5ML SYRUP

Coverage Duration: one year

Effective Date: 6/28/2023

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