



**GEORGIA MEDICAID FEE-FOR-SERVICE  
MINOCYCLINE PRODUCTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Minocycline capsules generic 50, 75, 100mg	Minocycline tablets generic 50, 75, 100mg Minocycline ER generic 45, 90, 135mg Solodyn (minocycline ER 55, 65, 80, 105, 115mg)

**LENGTH OF AUTHORIZATION:** 3 months

**PA CRITERIA:**

*Minocycline Tablets Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic minocycline **capsules**, is not appropriate for the member.

*Minocycline Extended-Release Generic and Solodyn*

- ❖ For members 12 years of age or older with moderate to severe acne that have experienced trial and failure with doxycycline, erythromycin, or tetracycline. Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic minocycline capsules, is not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.