

MINOCIN P.A.C. PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Minocin P.A.C. must be prescribed as adjunctive therapy for the treatment of severe acne.

AND

- ❖ Physician should submit documentation of allergies, contraindications, history of intolerable side effects, to the inactive ingredients of the preferred product, generic minocycline.

EXCEPTIONS:

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

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

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