



GEORGIA MEDICAID FEE-FOR-SERVICE TETRACYCLINES PA SUMMARY

Preferred	Non-Preferred
<p>Doxycycline hyclate IR generic EXCEPT for 75 mg and 150 mg tablets</p> <p>Doxycycline monohydrate 50, 100 mg capsules</p> <p>Doxycycline monohydrate 50, 75, 100, 150 mg tablets</p> <p>Doxycycline oral suspension generic</p> <p>Minocycline IR capsules generic 50, 75, 100 mg</p> <p>Tetracycline generic</p>	<p>Demeclocycline generic</p> <p>Doryx, Doryx MPC (doxycycline hyclate delayed-release)</p> <p>Doxycycline hyclate DR generic</p> <p>Doxycycline hyclate IR 75 mg, 150 mg tablets generic</p> <p>Doxycycline monohydrate 75, 150 mg capsules generic</p> <p>Doxycycline [rosacea] DR generic</p> <p>Minocycline IR tablets generic 50, 75, 100 mg</p> <p>Minocycline ER generic 45, 90, 135 mg</p> <p>Minolira (minocycline ER 105, 135 mg)</p> <p>Morgidox Kit (doxycycline hyclate with cleanser)</p> <p>Nuzyra (omadacycline)</p> <p>Oracea (doxycycline [rosacea] DR)]</p> <p>Solodyn (minocycline extended-release 55, 65, 80, 105, 115 mg)</p>

IR=immediate-release; DR=delayed-release; ER=extended-release

LENGTH OF AUTHORIZATION: Varies

NOTES:

- If generic doxycycline hyclate delayed-release is approved, the PA will be issued for brand Doryx. If generic doxycycline [rosacea] delayed-release is approved, the PA will be issued for brand Oracea.
- If the provider is calling for authorization for administration in a clinic or physician's office, please instruct the provider to go to the Registered User portion of the Georgia Health Partnership website at <https://www.mmis.georgia.gov/portal> to request coverage from Physician Services.

PA CRITERIA:

Demeclocycline Generic

- ❖ Approvable for members with a diagnosis of syndrome of inappropriate antidiuretic hormone secretion (SIADH).
- ❖ Approvable for member who have tried two preferred products and failed to achieve an adequate response or the organism is not susceptible to preferred products or member has allergies, contraindications, drug-drug interactions or intolerable side effects to two preferred products.

Doryx, Doryx MPC, Doxycycline Hyclate Delayed-Release Generic, Doxycycline Hyclate IR 75 mg, 150 mg Tablets Generic and Morgidox Kit



- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic doxycycline hyclate immediate-release (except 75 mg and 150 mg tablets), is not appropriate for the member.

Doxycycline Monohydrate 75 mg Capsules Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic doxycycline monohydrate 75 mg tablets, is not appropriate for the member.

Doxycycline Monohydrate 150 mg Capsules Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic doxycycline monohydrate 150 mg tablets, is not appropriate for the member.

Doxycycline [Rosacea] Delayed-Release Generic and Oracea

- ❖ Approvable for members 18 years of age or older with a diagnosis of rosacea with inflammatory lesions (papules and pustules, i.e., papulopustular rosacea) who have tried and failed after 2 months of therapy with each of the following medications in the past 6 months: doxycycline 20 or 50 mg and doxycycline oral liquid.

Minocycline Immediate-Release Tablets Generic

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

Minocycline Extended-Release Generic, Minolira and Solodyn

- ❖ For members 12 years of age or older with a diagnosis of moderate to severe acne who have lesions that are inflammatory and non-nodular, have experienced an inadequate response with doxycycline or tetracycline, and when the medication will be used in combination with a topical antiacne regimen, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic minocycline immediate-release capsules, is not appropriate for the member.

Nuzyra

- ❖ Approvable for members 18 years of age or older with a diagnosis of acute bacterial skin and skin structure infection (ABSSSI) or community-acquired bacterial pneumonia (CABP) who have been started and stabilized on while in the hospital.
- ❖ In addition for the injectable formulation, member must not be able to switch to oral therapy and must be administered in the member's home or in a long-term care facility.

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 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.