



**GEORGIA MEDICAID FEE-FOR-SERVICE
MOXATAG PA SUMMARY**

Preferred	Non-Preferred
Amoxicillin generics unless otherwise noted	Amoxicillin 775mg extended-release tablets generic Moxatag (amoxicillin 775mg extended-release tablets)

LENGTH OF AUTHORIZATION: 1 Month

- ❖ **NOTE:** If generic amoxicillin 775 mg ER is approved the PA will be issued for brand Moxatag.

PA CRITERIA:

- ❖ Approvable for prophylaxis of rheumatic fever in members 12 years of age or older who are not able to take penicillin.
- ❖ For the diagnosis of tonsillitis and/or pharyngitis due to Streptococcus pyogenes (i.e. strep throat) in members 12 years of age or older, prescriber must submit a written letter of medical necessity stating the reason the preferred product, amoxicillin immediate-release, 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 <http://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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.