

SOLODYN PA SUMMARY

PREFERRED	Doxycycline, Erythromycin, Minocycline regular-release (available in 50, 75, and 100 mg tablets and capsules), Tetracycline
NON-PREFERRED	Solodyn

LENGTH OF AUTHORIZATION: 3 months

NOTE: Solodyn and its generic are both non-preferred with PA required

PA CRITERIA:

- ❖ Approvable for members 12 years of age or older with moderate to severe acne
- AND*
- ❖ Submit documentation of trial and failure with at least one of the following: doxycycline, erythromycin, or tetracycline
- AND*
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions or a history of intolerable side effects to the inactive ingredients in regular-release 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.