



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

<b>Preferred products</b>	<b>Non-Preferred Products</b>
Ciprofloxacin IR tablets, ER tablets, injection generic Cipro suspension (ciprofloxacin) Ofloxacin tablets generic Levofloxacin tablets generic Levofloxacin D5W premix injection generic	Avelox tablets, injection (moxifloxacin) Avelox ABC (moxifloxacin) Ciprofloxacin suspension generic Factive (gemifloxacin) Levofloxacin oral solution, injection generic Moxifloxacin tablets, injection generic Noroxin (norfloxacin)

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- ❖ If generic moxifloxacin tablets are approved, the PA will be issued for brand Avelox.
- ❖ If an injectable medication is being administered in a physician’s office then the criteria information below does not apply. Instead, the physician’s office must bill this drug through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be found at <https://www.mmis.georgia.gov>.

**PA CRITERIA:**

*Avelox tablets, Moxifloxacin tablets generic and Avelox ABC tablets*

- ❖ Approvable for members who were started on the medication while in the hospital

*OR*

- ❖ Approvable for members with a diagnosis of complicated intra-abdominal infection

*OR*

- ❖ Approvable for members with other diagnoses when the organism being treated is resistant or not susceptible to levofloxacin or when member has contraindications, drug-drug interactions, or a history of intolerable side effects to levofloxacin.

*Factive*

- ❖ Approvable for members who were started on the medication while in the hospital

*OR*

- ❖ Approvable for members when the organism being treated is resistant or not susceptible to levofloxacin or when the member has contraindications, drug-drug interactions, or history of intolerable side effects to levofloxacin.

*Avelox Injection and Moxifloxacin Injection Generic*

- ❖ Approvable if administered in the member’s home by home health or in a long-term care facility, member is unable to take Avelox tables and member was started on the medication while in the hospital



*OR*

- ❖ Approvable for members with a diagnosis of complicated intra-abdominal infection

*OR*

- ❖ Approvable for members with other diagnoses when the organism being treated is resistant or not susceptible to levofloxacin injection (levofloxacin D5W premix) or when the member has contraindications, drug-drug interactions, or a history of intolerable side effects to levofloxacin injection (levofloxacin D5W premix).

*Levofloxacin injection generic*

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility, member is unable to take levofloxacin tablets, member is unable to use levofloxacin D5W premix AND member was started on the medication while in the hospital

*OR*

- ❖ Approvable for members when the organism is resistant or not susceptible to ciprofloxacin IV or when the member has contraindications, drug-drug interactions, or a history of intolerable side effects to ciprofloxacin IV.

*Levofloxacin oral solution generic*

- ❖ Approvable for prophylactic use in infant or child members on neutropenic chemotherapy when the member requires a dose that cannot be delivered by the available strengths of levofloxacin tablets or is unable to swallow solid dosage forms

*OR*

- ❖ Approvable for members when the organism being treated is resistant or not susceptible to Cipro suspension or when the member has contraindications, drug-drug interactions, or history of intolerable side effects to Cipro suspension AND the member requires a dose that cannot be delivered by the available strengths of levofloxacin tablets or is unable to swallow solid dosage forms.

*Noroxin*

- ❖ Approvable for members who were started on the medication while in the hospital

*OR*

- ❖ Approvable for members when the organism being treated is resistant or not susceptible to ciprofloxacin, levofloxacin AND ofloxacin or the member has contraindications, drug-drug interactions or a history of intolerable side effects to ciprofloxacin, levofloxacin AND ofloxacin.

*Ciprofloxacin suspension generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Cipro Suspension, is not appropriate for the member.



**QLL CRITERIA:**

*Levofloxacin*

- ❖ An authorization to exceed the QLL may be granted for the indication of chronic bacterial prostatitis.
- ❖ Otherwise, for an extension of therapy, the culture and sensitivity report completed after an initial course of therapy must show an infection with sensitivity to levofloxacin.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage, including initiation of therapy with a non-preferred agent during hospitalization, 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.