



FLUOROQUINOLONE OTICS

PREFERRED	Neomycin/Polymixin B/Hydrocortisone Otic, Ofloxacin Otic
NON-PREFERRED	Ciprodex, Cipro HC, Ciprofloxacin Otic

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

For Ciprodex

- ❖ Approvable for a diagnosis of otitis externa in members 6 months of age and older

AND

- ❖ Member must have experienced trial and failure, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Ofloxacin Otic OR Neomycin/Polymixin B/Hydrocortisone Otic.

OR

- ❖ Approvable for acute otitis media with tympanostomy tubes or AOMT in members 6 months to 1 year of age. For members 1 year or older with this diagnosis, member must have experienced trial and failure, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Ofloxacin Otic.

For Cipro HC or Ciprofloxacin Otic

- ❖ Approvable for a diagnosis of otitis externa in members 1 year of age or older

AND

- ❖ Member must have experienced trial and failure, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Ofloxacin Otic OR Neomycin/Polymixin B/Hydrocortisone Otic.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran 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.