

# GEORGIA MEDICAID FEE-FOR-SERVICE ANTIBIOTICS, TOPICAL PA SUMMARY

Preferred	Non-Preferred
Cortisporin cream (neomycin/polymyxin/hydrocortisone) Cortisporin ointment (bacitracin/polymyxin/neomycin/hydrocortisone) Gentamicin cream and ointment generic Mupirocin ointment generic	Mupirocin cream generic Neo-Synalar (neomycin/fluocinolone cream) Neo-Synalar Kit (neomycin/fluocinolone/emollient cream) Xepi (ozenoxacin cream)

#### **LENGTH OF AUTHORIZATION:** 1 month

#### **NOTE:**

• Over-the-counter (OTC) topical antibacterials (neomycin/polymyxin, neomycin/polymyxin/bacitracin) are not covered.

### PA CRITERIA:

## Mupirocin Cream Generic

❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic mupirocin ointment, is not appropriate for the member.

## Neo-Synalar and Neo-Synalar Kit

❖ Prescriber must submit a written letter of medical necessity stating the reasons preferred topical antibacterials, OTC (not covered) topical antibacterials, preferred topical corticosteroids and preferred topical antibacterial/corticosteroid combinations are not appropriate for the member.

## <u>Xepi</u>

❖ Approvable for members 2 months of age or older with a diagnosis of impetigo due to *Staphylococcus aureus or Streptococcus pyogenes* who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to mupirocin or who are resistant to mupirocin.

### **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 <a href="https://www.dch.georgia.gov/prior-authorization-process-and-criteria">www.dch.georgia.gov/prior-authorization-process-and-criteria</a> 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
 <u>www.mmis.georgia.gov/portal</u>, highlight Pharmacy and click on <u>Other Documents</u>, then
 select the most recent quarters QLL list.