



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

Preferred	Non-Preferred
Ciprofloxacin IR tablets, ER tablets, injection generic Cipro oral suspension (ciprofloxacin) Ciprofloxacin oral suspension generic Levofloxacin tablets generic Levofloxacin D5W premix injection generic Moxifloxacin tablets, injection generic Ofloxacin tablets generic	Baxdela tablets, injection (delafloxacin) Levofloxacin oral solution, injection generic

LENGTH OF AUTHORIZATION: Varies

NOTE:

- If the medication is being administered in a physician's office or clinic, please go to the Registered User portion of the Georgia Health Partnership website at www.mmis.georgia.gov/portal to request coverage from Physician Services.

PA CRITERIA:

Baxdela Injection

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility for members who were started on the medication while in the hospital and are unable to transition to oral therapy or take Baxdela tablets.

Baxdela Tablets

- ❖ Approvable for members who were started on the medication (injection or tablets) while in the hospital.

Levofloxacin Injection Generic

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility

AND

- ❖ Member is unable to transition to oral therapy or take levofloxacin tablets, member is unable to use levofloxacin D5W premix AND member was started on the medication while in the hospital

OR



- ❖ Member has organism being treated that is resistant or not susceptible to ciprofloxacin IV and moxifloxacin IV, or when the member has a contraindication, drug-drug interaction or intolerable side effect to ciprofloxacin IV and moxifloxacin IV.

Levofloxacin Oral Solution Generic

- ❖ Approvable for prophylactic use in 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 oral dosage forms of medication.
- ❖ Approvable for members when the organism being treated is resistant or not susceptible to ciprofloxacin (Cipro) suspension, or when the member has a contraindication, drug-drug interaction or intolerable side effect to ciprofloxacin (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 oral dosage forms of medication.

QLL CRITERIA:

Levofloxacin Tablets and Oral Solution

- An authorization to exceed the QLL may be granted for the indication of chronic bacterial prostatitis or prophylactic use due to neutropenic chemotherapy.
- 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.