



**GEORGIA MEDICAID FEE-FOR-SERVICE
OPHTHALMIC ANTIBIOTICS**

Preferred	Non-Preferred
Bacitracin/polymyxin B generic Ciloxan ointment (ciprofloxacin) Ciprofloxacin solution generic Erythromycin ointment generic Gentak (gentamicin ointment) Gentamicin generic Moxifloxacin generic Neomycin/polymyxin B/bacitracin generic Ofloxacin generic Polymyxin B/trimethoprim generic Sulfacetamide solution generic Tobramycin solution generic Tobrex (tobramycin ointment)	AzaSite (azithromycin) Bacitracin ointment generic Besivance (besifloxacin) Gatifloxacin generic Levofloxacin generic Moxeza (moxifloxacin) Natacyn (natamycin) Neomycin/polymyxin B/gramicidin generic Sulfacetamide ointment generic*

*non-preferred but does not require prior authorization

LENGTH OF AUTHORIZATION: 1 month

PA CRITERIA:

AzaSite, Bacitracin Generic and Neomycin/Polymyxin B/Gramicidin Generic

- ❖ Approvable for members with a diagnosis of bacterial conjunctivitis who have experienced ineffectiveness, allergies, contraindications or intolerable side effects to at least two preferred products.

Besivance, Gatifloxacin Generic and Levofloxacin Generic

- ❖ Approvable for members with a diagnosis of bacterial conjunctivitis or prophylaxis of surgical infection who have experienced ineffectiveness or intolerable side effects to at least two of the following preferred products: ciprofloxacin (Ciloxan), moxifloxacin (Moxeza, Vigamox) and ofloxacin (Ocuflox).

Moxeza

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

Natacyn

- ❖ Approvable for members with a diagnosis of fungal keratitis, fungal blepharitis or fungal conjunctivitis.



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 www.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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.