



**GEORGIA MEDICAID FEE-FOR-SERVICE
OTIC ANTIBIOTICS PA SUMMARY**

Preferred	Non-Preferred
Cipro HC (ciprofloxacin/hydrocortisone otic) Ciprodex (ciprofloxacin/dexamethasone otic) Coly-mycin S (neomycin/colistin/hydrocortisone/thonzonium otic) Neomycin/polymixin B/hydrocortisone otic generic Ofloxacin otic generic	Ciprofloxacin otic generic Otovel (ciprofloxacin/fluocinolone otic)

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

Ciprofloxacin Otic Generic

- ❖ Approvable for members 6 months of age or older with a diagnosis of otitis externa or otitis media who have experienced ineffectiveness or intolerable side effect with ofloxacin otic or whose ear infection is being caused by or suspected of being caused by an organism that is not susceptible to ofloxacin otic.

Otovel

- ❖ Approvable for members 6 months to 12 years of age with a diagnosis of otitis media who have tympanostomy tubes who are unable to use otic dexamethasone; otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Ciprodex, is not appropriate for the member.

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 <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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.