



**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.

*Xepi*

- ❖ 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 [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.