



## QUINOLONONES PA SUMMARY

<b>PREFERRED</b>	Ciprofloxacin (IR tablets, ER tablets, injection), Cipro Suspension, Ofloxacin, Levofloxacin tablets, Levofloxacin D5W Premix injection
<b>NON-PREFERRED</b>	Avelox (tablets, injection), Avelox ABC, Factive, Levofloxacin (oral solution, injection), Moxifloxacin, Noroxin

**LENGTH OF AUTHORIZATION:** 1 Month

**NOTE:** If generic moxifloxacin tablets are approved, the PA will be issued for brand-name Avelox.

### PA CRITERIA:

*For Avelox tablets (brand or generic moxifloxacin) or Avelox ABC tablets*

- ❖ Approvable for the diagnosis of complicated intra-abdominal infection  
*OR*
- ❖ Approvable for other diagnoses when the organism being treated is resistant or not susceptible to levofloxacin, or when member has contraindications, drug-to-drug interactions, or a history of intolerable side effects to levofloxacin.

*For Avelox Injection*

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility  
*AND*
- ❖ Member must be unable to take Avelox tablets  
*AND*
- ❖ For diagnoses other than complicated intra-abdominal infection, approvable when the organism being treated is resistant or not susceptible to levofloxacin injection (levofloxacin D5W premix), or when the member has contraindications, drug-to-drug interactions, or history of intolerable side effects to levofloxacin injection (levofloxacin D5W premix).

*For Factive*

- ❖ Approvable when the organism being treated is resistant or not susceptible to levofloxacin, or when the member has contraindications, drug-to-drug interactions, or history of intolerable side effects to levofloxacin.

*For Levofloxacin injection*

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility  
*AND*
- ❖ Member must be unable to take levofloxacin tablets  
*AND*
- ❖ Member must be unable to use levofloxacin in dextrose 5% solution for injection (premix)



AND

- ❖ Organism must be resistant or not susceptible to ciprofloxacin IV, or member must have contraindications, drug-to-drug interactions, or history of intolerable side effects to ciprofloxacin IV.

*For Levofloxacin oral solution*

- ❖ Approvable for prophylactic use in infant or child members on neutropenic chemotherapy when the member requires a dose that cannot be delivered by strengths of tablets available or is unable to swallow solid dosage forms

OR

- ❖ Approvable when the organism being treated is resistant or not susceptible to Cipro suspension, or when the member has contraindications, drug-to-drug interactions, or history of intolerable side effects to Cipro suspension

AND

- ❖ Member must require a dose that cannot be delivered by the strengths of levofloxacin tablets available or is unable to swallow solid dosage forms.

*For Noroxin*

- ❖ Member must have contraindications, drug-to-drug interactions, or a history of intolerable side effects, or the organism being treated must be resistant or not susceptible to at least 1 medication in each of the following groups: 1. Ciprofloxacin, Cipro suspension, Cipro IV; 2. Levofloxacin; 3. Ofloxacin.

#### **QLL CRITERIA:**

*For Levofloxacin*

- ❖ An authorization to exceed the QLL may be granted for the indication of chronic bacterial prostatitis.
- ❖ 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 **Catamaran at 1-866-525-5827**.

#### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.



**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.