GEORGIA MEDICAID FEE-FOR-SERVICE
TOPICAL ANTIBACTERIALS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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</thead>
<tbody>
<tr>
<td>Bactroban cream (mupirocin)</td>
<td>Altabax (retapamulin)</td>
</tr>
<tr>
<td>Bactroban nasal (mupirocin)</td>
<td>Mupirocin cream generic</td>
</tr>
<tr>
<td>Cortisporin cream (neomycin/polymyxin/hydrocortisone)</td>
<td>Neo-Synalar (neomycin/fluocinolone cream)</td>
</tr>
<tr>
<td>Cortisporin ointment</td>
<td>Neo-Synalar Kit (neomycin/fluocinolone/emollient cream)</td>
</tr>
<tr>
<td>(bacitracin/polymyxin/neomycin/hydrocortisone)</td>
<td></td>
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<tr>
<td>Mupirocin ointment generic</td>
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</tbody>
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LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

For Altabax
- Approvable for members 9 months of age or older with a diagnosis of impetigo who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to mupirocin (Bactroban).

For Mupirocin Cream Generic
- Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Bactroban cream, is not appropriate for the member.

For Neo-Synalar and Neo-Synalar Kit
- Prescriber must submit a written letter of medical necessity stating the reason(s) preferred topical antibacterials (Bactroban cream, Bactroban nasal, mupirocin ointment), OTC (not covered) topical antibiotics (neomycin/polymyxin, neomycin/polymyxin/bacitracin), AND preferred topical corticosteroids or preferred topical antibacterial/corticosteroid combinations are 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.

Revised 9/16/2015
QUANTITY LEVEL LIMITATIONS:
   ❖ For online access to the current 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.