

OPHTHALMIC QUINOLONES

PREFERRED	Besivance, Ciloxan ointment/solution, Moxeza, Ofloxacin, Vigamox
NON-PREFERRED	Ciprofloxacin, Iquix, Levofloxacin (generic), Ocuflax, Quixin (brand), Zymar, Zymaxid

LENGTH OF AUTHORIZATION: 1 Month

NOTE: If levofloxacin is approved, the PA will be issued for brand-name Quixin.

PA CRITERIA:

For Ciprofloxacin

- ❖ Submit a written letter of medical necessity stating the reason(s) that at least two preferred products, one of which must be brand-name Ciloxan, are not appropriate for the member..

For Levofloxacin and Quixin

- ❖ Approvable for a diagnosis of bacterial conjunctivitis or ulcer
AND
- ❖ Submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to two of the preferred agents.

For Iquix

- ❖ Approvable for a diagnosis of corneal ulcer
AND
- ❖ Submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to ciprofloxacin and ofloxacin.

For Zymar or Zymaxid

- ❖ Approvable for a diagnosis of bacterial conjunctivitis
AND
- ❖ Submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Vigamox or Moxeza..

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.