

## FLUOROQUINOLONE OTICS

<b>PREFERRED</b>	Neomycin/Polymixin B/Hydrocortisone Otic, Ofloxacin Otic
<b>NON-PREFERRED</b>	Cetraxal, Ciprodex, Cipro HC

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

*For Cetraxal*

- ❖ Approvable for a diagnosis of otitis externa
- AND
- ❖ Submit documentation of trial and failure, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Ofloxacin Otic.

*For Ciprodex or Cipro HC*

- ❖ Approvable for a diagnosis of otitis externa
- AND
- ❖ Submit documentation of trial and failure, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Ofloxacin Otic OR Neomycin/Polymixin B/Hydrocortisone Otic (or have a confirmed or suspected perforated tympanic membrane for Ciprodex).

**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](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 Limits 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.