



### OPHTHALMIC QUINOLONES

<b>PREFERRED</b>	Ciloxan (ointment, solution), Moxeza, Ofloxacin, Vigamox
<b>NON-PREFERRED</b>	Besivance, Ciprofloxacin, Levofloxacin (generic), Ocuflux Zymaxid

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

*For Levofloxacin and Besivance*

- ❖ Approvable for a diagnosis of bacterial conjunctivitis
- AND
- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, intolerable side effects, or ineffectiveness to two of the preferred agents

*For Ciprofloxacin*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons that at least two preferred products, one of which must be brand-name Ciloxan, are not appropriate for the member.

*For Zymaxid*

- ❖ Approvable for a diagnosis of bacterial conjunctivitis
- AND
- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, intolerable side effects, or ineffectiveness to Moxeza or Vigamox.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage 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.