



**GEORGIA MEDICAID FEE-FOR-SERVICE
QUINOLONES PA SUMMARY**

Preferred	Non-Preferred
Ciprofloxacin IR tablets, ER tablets, injection generic Cipro oral suspension (ciprofloxacin) Ofloxacin tablets generic Levofloxacin tablets generic Levofloxacin D5W premix injection generic	Avelox tablets, injection (moxifloxacin) Avelox ABC (moxifloxacin) Ciprofloxacin oral suspension generic Levofloxacin oral solution, injection generic Moxifloxacin tablets, injection generic

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ If generic moxifloxacin tablets are approved, the PA will be issued for brand Avelox.
- ❖ If an injectable medication is being administered in a physician’s office, the injectable medication must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be found at <https://www.mmis.georgia.gov>.

PA CRITERIA:

Avelox Tablets, Avelox ABC and Moxifloxacin Tablets Generic

- ❖ Approvable for members who were started on the medication while in the hospital.
- ❖ Approvable for members with a diagnosis of complicated intra-abdominal infection.
- ❖ Approvable for members with other diagnoses when the organism being treated is resistant or not susceptible to levofloxacin, or when member has a contraindication, drug-drug interaction or intolerable side effect to levofloxacin.

Avelox Injection and Moxifloxacin Injection Generic

- ❖ Approvable if administered in the member’s home by home health or in a long-term care facility

AND

- ❖ Member is unable to take Avelox tablets and member was started on the medication while in the hospital

OR

- ❖ Member has a diagnosis of complicated intra-abdominal infection

OR

- ❖ Member has organism being treated that is resistant or not susceptible to levofloxacin injection (levofloxacin D5W premix), or when the member has a contraindication, drug-drug interaction or intolerable side effect to levofloxacin injection (levofloxacin D5W premix).



Ciprofloxacin Oral Suspension Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Cipro Oral Suspension, is not appropriate for the member.

Levofloxacin Injection Generic

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility

AND

- ❖ Member is unable to take levofloxacin tablets, member is unable to use levofloxacin D5W premix AND member was started on the medication while in the hospital

OR

- ❖ Member has organism being treated that is resistant or not susceptible to ciprofloxacin IV, or when the member has a contraindication, drug-drug interaction or intolerable side effect to ciprofloxacin IV.

Levofloxacin Oral Solution Generic

- ❖ Approvable for prophylactic use in members on neutropenic chemotherapy when the member requires a dose that cannot be delivered by the available strengths of levofloxacin tablets or is unable to swallow solid dosage forms.
- ❖ Approvable for members when the organism being treated is resistant or not susceptible to Cipro suspension, or when the member has a contraindication, drug-drug interaction or intolerable side effect to Cipro suspension AND the member requires a dose that cannot be delivered by the available strengths of levofloxacin tablets or is unable to swallow solid dosage forms.

QLL CRITERIA:

Levofloxacin Tablets and Oral Solution

- ❖ An authorization to exceed the QLL may be granted for the indication of chronic bacterial prostatitis or prophylactic use due to neutropenic chemotherapy.
- ❖ 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 **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.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the 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.