



**GEORGIA MEDICAID FEE-FOR-SERVICE  
OPHTHALMIC ANTIBIOTICS**

| <b>Preferred</b>  | <b>Non-Preferred</b>  |
|---|---|
| Bacitracin ointment generic<br>Ciloxan ointment (ciprofloxacin)<br>Ciprofloxacin drops generic<br>Erythromycin ointment generic<br>Gentamicin generic<br>Moxeza (moxifloxacin)<br>Natacyn (natamycin)<br>Neomycin combinations generic<br>Ofloxacin generic<br>Polymyxin/bacitracin ointment<br>Polymyxin/trimethoprim generic<br>Sulfacetamide drops generic<br>Tobramycin drops generic<br>Tobrex (tobramycin ointment)<br>Vigamox (moxifloxacin)<br>Zymaxid (gatifloxacin) | AzaSite (azithromycin)<br>Besivance (besifloxacin)<br>Gatifloxacin generic<br>Levofloxacin generic<br>Sulfacetamide ointment generic* |

\*Does not require PA

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

*AzaSite*

- ❖ Approvable for members with a diagnosis of bacterial conjunctivitis  
*AND*
- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, intolerable side effects or ineffectiveness to two preferred products.

*For Besivance and Levofloxacin Generic*

- ❖ Approvable for members with a diagnosis of bacterial conjunctivitis  
*AND*
- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, intolerable side effects or ineffectiveness to two of the following preferred products: Ciloxan/ciprofloxacin, Moxeza, ofloxacin, Vigamox or Zymaxid.

*For Gatifloxacin Generic*

- ❖ Approvable for members with a diagnosis of bacterial conjunctivitis  
*AND*



- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) why the preferred products, brand Zymaxid AND Vigamox or Moxeza, 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 [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.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 current Quantity Level Limits (QLL), 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 and select that manual.