

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Non-Preferred Ciprofloxacin – Ciprofloxacin Combination Otic Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comment	Quantity Limit
ciprofloxacin otic with or without an otic/ophthalmic corticosteroid	Preferred	May be subject to quantity limit
Floxin (ofloxacin) otic with or without an otic/ophthalmic corticosteroid		
neomycin/polymyxin B/hydrocortisone		
Cetraxal otic	Non-Preferred	
Cipro HC otic		
Ciprodex otic		
Otovel otic		

APPROVAL CRITERIA

Requests for Cetraxal otic, Ciprodex, Cipro HC, or Otovel) may be approved if the following criteria are met:

- I. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred agent or combination therapy/agent;

Preferred agents or combination therapy/agents: Otic aminoglycoside (such as neomycin/polymyxin B/hydrocortisone); otic fluoroquinolone [ciprofloxacin, Floxin (ofloxacin)] with or without an otic/ophthalmic corticosteroid (such as hydrocortisone, dexamethasone)

OR

- II. The preferred agent or therapy/agents are not FDA-approved and does not have an accepted off-label use per the off-label policy for the prescribed indication and the requested ciprofloxacin otic or ciprofloxacin combination otic agent does;

OR

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- III. The preferred agent or therapy/agents are not acceptable due to concomitant clinical conditions, such as but not limited to the following:
- A. Known hypersensitivity to any ingredient which is not also present in the requested ciprofloxacin otic or ciprofloxacin combination otic agent; **OR**
 - B. Individual's age; **OR**
 - C. Individual has a perforated tympanic membrane and the preferred agent or therapy/agents are contraindicated or not recommended for use within this population; **OR**
 - D. The preferred agent or therapy/agents do not have antimicrobial activity against susceptible bacterial strains (*Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, *Proteus mirabilis*, or *Pseudomonas aeruginosa*).
- OR**
- IV. Ciprodex (ciprofloxacin-dexamethasone) or Otovel (ciprofloxacin-fluocinolone) may be approved if the preferred agent or therapy/agents for the treatment of acute otitis media and ofloxacin otic is unavailable (for example, on manufacturer backorder).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.