Market Applicability						
Market	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X

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 a separate otic/ophthalmic corticosteroid	Preferred	May be subject to quantity limit
Floxin (ofloxacin) otic with or without a separate otic/ophthalmic corticosteroid		
neomycin/polymyxin B/hydrocortisone		
Cetraxal otic – brand and generic	Non-Preferred	
Cipro HC otic		
Ciprodex otic – brand and generic		
Otovel otic – brand and generic		

APPROVAL CRITERIA

Requests for Cetraxal otic – brand and generic, Ciprodex otic – brand and generic, Cipro HC otic, or Otovel otic – brand and generic 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 a separate 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;

Market Applicability						
Market	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X

OR

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 is/are for the treatment of acute otitis media and ofloxacin otic is unavailable (for example, on manufacturer backorder).

Key References:

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3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Jackson MA, Schutze GE, American Academy of Pediatrics Committee on Infectious Diseases. The Use of Systemic and Topical Fluoroquinolones. *Pediatrics*. 2016; 138(5):e20162706. Available from: http://pediatrics.aappublications.org/content/138/5/e20162706. Accessed on: March 11, 2020.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
6. Rosenfeld RM, Schwartz SR, Cannon CR, et al**.** The American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) Clinical Practice Guideline: Acute Otitis Externa. *Otolaryngol Head Neck Surg.* 2014; 150(1S): S1-S24. Available from: http://oto.sagepub.com/content/150/1_suppl/S1.full.pdf+html. Accessed on: March 11, 2020.
7. Rosenfeld RM, Schwartz SR, Pynnonen MA, et al. The American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF) Clinical Practice Guideline: Tympanostomy Tubes in Children. *Otolaryngol Head Neck Surg*. 2013; 149(1 Suppl):S1-S35. Available from: http://www.entnet.org/content/clinical-practice-guidelines. Accessed on: March 11, 2020.

Market Applicability						
Market	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X

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.