

Pharmacy Policy

Ophthalmic Antibiotics

Policy Number: 9.901

Version Number: 2.0

Version Effective Date: 3/1/2022

Product Applicability <input type="checkbox"/> All Plan+ Products	
Well Sense Health Plan <input type="checkbox"/> New Hampshire Medicaid	Boston Medical Center HealthNet Plan <input checked="" type="checkbox"/> MassHealth - MCO <input checked="" type="checkbox"/> MassHealth - ACO <input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- levofloxacin 0.5% solution
- gatifloxacin 0.5% solution
- moxifloxacin 0.5% solution

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	None
Required Medical Information	1. A diagnosis of bacterial conjunctivitis; AND a. Both of the following:

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	<p>i. A fluoroquinolone is required to provide necessary antimicrobial coverage of pseudomonas (e.g. member is a contact lens wearer or has corneal ulcer/corneal keratitis); AND</p> <p>ii. An inadequate response or intolerance to a trial of ofloxacin or ciprofloxacin ophthalmic solution; OR</p> <p>b. An inadequate response, intolerance or contraindication to a trial of the following broad-spectrum antibiotics as empiric therapy for bacterial conjunctivitis:</p> <p>a. Erythromycin ophthalmic ointment or Polymixin-trimethoprim solution; AND</p> <p>b. Ofloxacin or ciprofloxacin ophthalmic solution. OR</p> <p>2. Antimicrobial prophylaxis is required for an ophthalmic surgical procedure</p>
Age Restriction	None
Prescriber Restriction	None
Coverage Duration	1 month
Quantity Limit	None
Other criteria	None

Clinical Background Information and References

1. American Academy of Ophthalmology Cornea/External Disease Panel. Conjunctivitis. Limited revision. San Francisco (CA): American Academy of Ophthalmology (AAO); Sept. 2018. Accessed Sept 2021.
2. Hutnik C, Mohammad-Shahi M. Bacterial Conjunctivitis. Clinical Ophthalmology 2010;4;1451-1457.
3. Jacobs DS. Conjunctivitis. UptoDate. Waltham, MA. Updated Oct. 2021. Accessed Oct. 2021.
4. Kanj SS, Sexton DJ. Other Pseudomonas aeruginosa infections. UptoDate. Waltham, MA. Updated June 2013. Accessed October 2013.
5. Kernt M, Kampik A. Endophthalmitis: Pathogenesis, clinical presentation, Management and perspectives. Clinical Ophthalmology 2010;4;121-135.
6. Leboyer RM, Soong HK. Complications of contact lenses. UptoDate. Waltham, MA. Updated Oct 2021. Accessed October 2021.
7. Levofloxacin ophthalmic solution [prescribing information]. Lake Forest, IL: Akorn Inc; Accessed Sept. 2021.
8. Moxeza (moxifloxacin) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2021. Accessed Sept. 2021.
9. Ophthalmic and Otic Agents. Drug Facts and Comparisons. Drug Facts and Comparisons 4.0{online}. 2009. Available from Wolters Kluwer Health, Inc. Accessed October 13, 2009.

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10. Tauber S, Cupp G, Garber R, et.al. Microbiological Efficacy of a New Ophthalmic Formulation of Moxifloxacin Dosed Twice-Daily for Bacterial Conjunctivitis. *Adv Ther* (2010);28(7);566-574.
11. Sharifi E, Porco TC, Naseri A. Cost-effectiveness analysis of intracameral cefuroxime use for prophylaxis of endophthalmitis after cataract surgery. *Ophthalmology*. 2009 Oct;116(10):1887-96.
12. Haas W, Pillar CM, Torres M, Morris TW, Sahm DF. Monitoring Antibiotic Resistance in Ocular Microorganisms: Results From the Antibiotic Resistance Monitoring in Ocular Microorganisms (ARMOR) 2009 Surveillance Study. *Am J Ophthalmol*. 2011 Oct. 152(4):567-574.e3. [[Medline](#)].
13. Zymar (gatifloxacin ophthalmic solution) [prescribing information]. Irvine, CA: Allergan; Accessed Sept. 2021.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	9.023 Ophthalmic Antibiotics policy retired; new policy created	1/1/2021	P&T Committee
11/1/2021	Minor formatting changes. No recommended changes to criteria.	3/1/2022	P&T Committee

Next Review Date

2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

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Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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