OHCA 2018-09

May 7, 2018

**RE: Prior Authorization for Otiprio® - Effective June 11, 2018**

Dear Provider,

Effective June 11, 2018, the Oklahoma Health Care Authority will require a prior authorization (PA) for the coverage of Otiprio® (ciprofloxacin otic suspension, 6 mg).

Below are the approval criteria, which can also be found on the OHCA's website at [www.okhca.org/pa](http://www.okhca.org/pa) in the Ocular/Otic therapeutic category.

**Otiprio® (ciprofloxacin otic suspension) Approval Criteria:**

* An FDA approved indication of one of the following:
	+ For the treatment of bilateral otitis media with effusion undergoing tympanostomy tube placement; or
	+ For the treatment of acute otitis externa due to *S. aureus* or *P. aeruginosa;* and
* Member must be at least six months of age; and
* Otiprio® must be administered by a healthcare professional; and
* A patient-specific, clinically significant reason why all lower tiered Otic anti-infectives are not appropriate for the member; and
* A quantity limit of one vial per treatment course will apply.

To request a prior authorization for Otipiro® use form PHARM-18, which is located on the forms page of the SoonerCare website at [www.okhca.org/forms](http://www.okhca.org/forms).

All medication PA requests are submitted to the Pharmacy Prior Authorization Unit at the fax number located at the bottom of the form. Do **not** submit the request to Medical Authorization Unit or via the provider portal.

If you have any questions please contact the pharmacy help desk at (800) 522-0114, option 4.

Thank you for your continued service to Oklahoma’s SoonerCare members.

Sincerely,

Rebecca Pasternik-Ikard

Chief Executive Officer