

GEORGIA MEDICAID FEE-FOR-SERVICE OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS PA SUMMARY

Preferred	Non-Preferred
Bepreve (bepotastine besilate)	Alocril (nedocromil sodium)
Cromolyn sodium generic	Alomide (lodoxamide tromethamine)
Olopatadine generic	Azelastine generic
	Epinastine generic
	Lastacaft (alcaftadine)
	Verkazia (cyclosporine)
	Zerviate (cetirizine)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Alocril, Azelastine Generic and Lastacaft

- ❖ Approvable for non-pregnant members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.
- Approvable for pregnant members who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, cromolyn sodium.

Alomide

Approvable for members who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, cromolyn sodium.

Epinastine Generic and Zerviate

❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.

Verkazia

❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred products, cromolyn sodium and Alomide (lodoxamide).

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 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.