

PROSTAGLANDIN AGONISTS

PREFERRED	Travatan Z, Latanoprost (generic)
NON-PREFERRED	Lumigan, Zioptan

LENGTH OF AUTHORIZATION: 1 Year

- ❖ **PA CRITERIA:** Submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Travatan Z and latanoprost (generic or brand-name Xalatan).
- ❖ In addition, Zioptan may be approvable for members with eye conditions that require the use of preservative-free eye drops.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.