

## OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS PA SUMMARY

<b>PREFERRED</b>	Cromolyn Sodium, Optivar, Pataday, Patanol
<b>NON-PREFERRED</b>	Azelastine (generic), Alamast, Alocril, Alomide, Bepreve, Elestat, Emadine

**LENGTH OF AUTHORIZATION:** 1 Year

### **PA CRITERIA:**

#### *For Alomide*

- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to Cromolyn Sodium.

#### *For Alocril or Emadine*

- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to 2 preferred products. If member is pregnant, documentation may be submitted for Cromolyn Sodium only.

#### *For Azelastine*

- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to Optivar (preferred product).

#### *For Other Products*

- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to 2 preferred products.

### **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](http://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](http://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.