

PROSTAGLANDIN AGONISTS

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| PREFERRED | Travatan, Travatan Z, Xalatan |
| NON-PREFERRED | Lumigan |

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Travatan (or Travatan Z) and Xalatan.

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.