

**TOBRAMYCIN/DEXAMETHASONE (generic TobraDex)  
OPHTHALMIC SUSP; TOBRADEX ST PA SUMMARY**

<b>PREFERRED</b>	TobraDex
<b>NON-PREFERRED</b>	0.3% tobramycin/0.1% dexamethasone Ophthalmic Suspension (generic TobraDex) TobraDex ST (0.3% tobramycin/0.05% dexamethasone ophthalmic suspension)

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the inactive ingredients in brand name TobraDex (preferred medication).

**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.