



**GEORGIA MEDICAID FEE-FOR-SERVICE  
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS PA SUMMARY**

Preferred	Non-Preferred
Neomycin/polymyxin B/dexamethasone generic Sulfacetamide/prednisolone solution generic Tobramycin 0.3%/dexamethasone 0.1% generic Zylet (0.5% loteprednol/0.3% tobramycin suspension)	Neomycin/polymyxin B/bacitracin/hydrocortisone generic Neomycin/polymyxin B/hydrocortisone generic TobraDex ST (tobramycin 0.3% /dexamethasone 0.05%)

**LENGTH OF AUTHORIZATION:** 1 month

**PA CRITERIA:**

Neomycin/Polymyxin B/Bacitracin/Hydrocortisone Generic

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 2 preferred products.

Neomycin/Polymyxin B/Hydrocortisone Generic

- ❖ Approvable for members who have experienced ineffectiveness with at least 2 preferred products, one of which must be neomycin/polymyxin B/dexamethasone, or who have experienced allergies, contraindications, drug-drug interactions or intolerable side effects to dexamethasone and at least one other preferred product.

TobraDex ST

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, tobramycin 0.3%/dexamethasone 0.1% and at least one other preferred product, are not appropriate for the member.

**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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.