

## OPHTHALMIC ANTIVIRALS PA SUMMARY

Preferred	Non-Preferred
Trifluridine ophthalmic solution generic	Zirgan (ganciclovir ophthalmic gel)

**LENGTH OF AUTHORIZATION:** 1 month

**PA CRITERIA:**

- ❖ Approvable for members with acute herpes keratitis (dendritic ulcer) who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or a history of intolerable side effects with trifluridine.

**EXCEPTIONS:**

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

**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.