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 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.