



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

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

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

Blephamide SOP

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Blephamide Suspension, generic sulfacetamide/prednisolone solution and at least one other preferred product, are not appropriate for the member.

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 and Tobramycin 0.3%/Dexamethasone 0.1% Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand TobraDex 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 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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.