GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
OPHTHALMICS, GLAUCOMA AGENTS PA SUMMARY

Preferred	Non-Preferred
Alpha Adrenergic Agonists	
Alphagan P 0.1% (brimonidine) Alphagan P 0.15% (brimonidine) Brimonidine 0.2% generic Iopidine 1% (apraclonidine)	Apraclonidine 0.5% generic Brimonidine P 0.15% generic Simbrinza (brinzolamide 1%/brimonidine 0.2%)
Beta Blockers	
Betaxolol HCL generic Betoptic S (betaxolol hydrochloride) Carteolol HCL generic Combigan 5 mL (brimonidine tartrate/timolol maleate) Dorzolamide/timolol generic Levobunolol HCL generic Timolol maleate generic	Betimol (timolol) Combigan 10 mL (brimonidine tartrate/timolol maleate) Istalol (timolol maleate) Timoptic Ocudose (timolol maleate)
Carbonic Anhydrase Inhibitors	
Dorzolamide generic	Azopt (brinzolamide)
Cholinergic Agonists	
n/a	Pilocarpine generic
Prostaglandin Agonists	
Latanoprost solution generic Lumigan (bimatoprost 0.01%) Travoprost [benzalkonium free]) generic by Sandoz only (NDC 00781-6185-##)	Bimatoprost 0.03% generic Vyzulta (latanoprostene bunod) Xelpros (latanoprost emulsion) Zioptan (tafluprost)
Rho Kinase Inhibitor	
Rhopressa (netarsudil)* Rocklatan (netarsudil/latanoprost)*	n/a

*Preferred but requires PA

LENGTH OF AUTHORIZATION: 1 year

NOTE: Rhopressa and Rocklatan are preferred but require prior authorization.

PA CRITERIA:

Apraclonidine 0.5% Generic

- Approvable for members with a diagnosis of elevated intraocular pressure (IOP) associated with open-angle glaucoma or ocular hypertension who have experienced an inadequate response, allergy, contraindication, drug-drug

interaction or intolerable side effect with Alphagan P (brimonidine 0.1%, 0.15%) or brimonidine 0.2% and who have experienced an inadequate response or intolerable side effect to Iopidine (apraclonidine 1%).

Brimonidine P 0.15% Generic

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Alphagan P 0.15%, Alphagan P 0.1% and generic brimonidine 0.2%, are not appropriate for the member.

Simbrinza

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have experienced an inadequate response with dorzolamide in combination with brimonidine 0.2% or have an allergy, contraindication, drug-drug interaction or intolerable side effect to dorzolamide.

Betimol and Istalol

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic timolol maleate and at least one other preferred ophthalmic beta blocker, are not appropriate for the member.

Combigan 10 mL

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brimonidine tartrate 0.2% and timolol maleate 0.5% as two separate prescriptions, are not appropriate for the member. Providers should also note that the Combigan 5 mL size is preferred with a quantity level limited to 5 mL per 30 days.

Timoptic Ocudose

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have a sensitivity to the preservative used in the preferred product, generic timolol maleate, or for members whose eye condition requires the use of preservative-free eye drops. Otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic timolol maleate and at least one other preferred ophthalmic beta blocker, are not appropriate for the member.

Azopt

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to dorzolamide.

Pilocarpine Generic

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have experienced an

inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred ophthalmic glaucoma products.

Bimatoprost 0.03% Generic

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have experienced an inadequate response to at least two preferred ophthalmic prostaglandin agonists, one of which must be Lumigan or have experienced allergies, contraindications, drug-drug interactions or intolerable side effects to latanoprost and travoprost.

Vyzulta and Xelpros

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred ophthalmic prostaglandin agonists, one of which must be latanoprost.

Zioptan

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred ophthalmic prostaglandin agonists.

Rhopressa and Rocklatan

- Approvable for members with a diagnosis of elevated IOP associated with open-angle glaucoma or ocular hypertension who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to at least one preferred generic ophthalmic glaucoma agent.

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