



**GEORGIA MEDICAID FEE-FOR-SERVICE
OPHTHALMIC NSAIDS PA SUMMARY**

Preferred	Non-Preferred
Diclofenac sodium 0.1% generic Ilevro (nepafenac 0.3%) Ketorolac tromethamine 0.4%, 0.5% generic	Acuvail (ketorolac tromethamine 0.45%) Bromfenac 0.09% generic, once-daily or twice daily BromSite (bromfenac 0.075%) Nevanac (nepafenac 0.1%) Prolensa (bromfenac 0.07%)

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

Non-Preferred Products

- ❖ Approvable for members with ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.

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.