

## OPHTHALMIC STEROID-ANTIBIOTIC COMBINATIONS PA SUMMARY

<b>PREFERRED</b>	Neomycin/Polymyxin B sulfate/dexamethasone susp, Neomycin/Polymyxin B sulfate/hydrocortisone susp, Poly-Pred suspension, Pred-G suspension, TobraDex suspension
<b>NON-PREFERRED</b>	0.3% tobramycin/0.1% dexamethasone suspension (generic TobraDex), TobraDex ST, Zylet

**LENGTH OF AUTHORIZATION:** 1 month

### PA CRITERIA:

*Tobramycin/Dexamethasone Ophthalmic Suspension or TobraDex ST*

- ❖ Submit a written letter of medical necessity stating the reason(s) that brand-name TobraDex suspension and at least one other preferred product are not appropriate for the member.

*Zylet*

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, a history of intolerable side effects, or ineffectiveness 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 **SXC Health Solutions at 1-866-525-5827**.

### PA and Appeal Process:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits 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 Part II and select that manual.