OPHTHALMIC STEROID-ANTIBIOTIC COMBINATIONS PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Non-PREFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neomycin/Polymyxin B sulfate/dexamethasone susp,</td>
<td>0.3% tobramycin/0.1% dexamethasone suspension (generic TobraDex), TobraDex ST,</td>
</tr>
<tr>
<td>Neomycin/Polymyxin B sulfate/hydrocortisone susp, Poly-Pred suspension,</td>
<td>Zylet</td>
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<tr>
<td>Pred-G suspension, TobraDex suspension</td>
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</tbody>
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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.

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