

OPHTHALMIC ANTIVIRALS

PREFERRED	Viroptic Ophthalmic Solution (brand)
NON-PREFERRED	Trifluridine Ophthalmic Solution (generic), Zirgan

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

For Trifluridine

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred product, brand name Viroptic, is not appropriate for the member.

For Zirgan

- ❖ Approvable for the diagnosis of acute herpes keratitis (dendritic ulcer)
- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, history of intolerable side effects, or ineffectiveness of brand name Viroptic (preferred product).

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, 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 Limit please go to 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.