OPHTHALMIC BETA BLOCKERS & COMBINATIONS

PREFERRED	Betaxolol HCL generic, Betoptic S, Carteolol HCL generic, Combigan 5 ml, Dorzolamide-timolol generic, Levobunolol HCL generic, Metipranolol generic, Timolol Maleate generic
NON-PREFERRED	Betimol, Combigan 10 ml, Costopt PF, Istalol, Timoptic Ocudose

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Betimol or Istalol

- Submit a written letter of medical necessity stating the reason(s) that generic timolol maleate and at least one other preferred medication is not appropriate for the member.

For Timoptic Ocudose

- Submit documentation of sensitivity to the preservative used in generic timolol maleate or explain why the member's eye condition requires the use of preservative-free eye drops. Otherwise, the member must meet the criteria for Betimol or Istalol listed above.

For Combigan 10 ml

- Submit a written letter of medical necessity stating the reasons the preferred products (brimonidine tartrate and timolol maleate, as two separate prescriptions) are not appropriate for the member. Providers should also note that the Combigan 5ml size is preferred with no PA required.

For Cosopt PF

- Submit documentation of sensitivity to the preservative used in generic dorzolamide/timolol (which is preferred) or explain why the member's eye condition requires the use of preservative-free drops.

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 Limits 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.