

OPHTHALMIC NSAIDS PA SUMMARY

PREFERRED	Acular, Nevanac
NON-PREFERRED	Acular LS, Acuvail, Bromday, Bromfenac, Ketorolac Tromethamine, Diclofenac Sodium, Voltaren

LENGTH OF AUTHORIZATION: 1 Month

NOTE: If the PA is approved and generic diclofenac ophthalmic solution is being prescribed, the dispensing of brand Voltaren is preferred. If the PA is approved and generic ketorolac 0.4% is being prescribed, the dispensing of brand Acular LS is preferred.

PA CRITERIA:

Bromfenac, Diclofenac, or Voltaren

- ❖ Submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Nevanac and Acular.

Acuvail, Acular LS, Bromday, or generic ketorolac

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred products (Nevanac and Acular) are not appropriate for the member. For Bromday, the letter must also state the reason(s) that generic bromfenac (NP/PA required) cannot be used.

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.