



### PROSTAGLANDIN AGONISTS

<b>PREFERRED</b>	Travatan Z, Latanoprost (generic)
<b>NON-PREFERRED</b>	Lumigan, Rescula, Travoprost (generic), Zioptan

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

*For Lumigan, Rescula, and Zioptan*

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Travatan Z and latanoprost (generic or brand-name Xalatan).
- ❖ In addition, Zioptan may be approvable for members with eye conditions that require the use of preservative-free eye drops or for members who are sensitive to the preservative contained in the preferred products.

*For Travoprost*

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, brand-name Travatan Z and latanoprost, are not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran 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.