



**GEORGIA MEDICAID FEE-FOR-SERVICE
OPHTHALMIC ALPHA ADRENERGIC AGONISTS PA SUMMARY**

Preferred	Non-Preferred
Alphagan P 0.1% (brimonidine) Alphagan P 0.15% (brimonidine) Brimonidine 0.2% generic Iopidine 0.5% (apraclonidine) Simbrinza (brinzolamide 1%-brimonidine 0.2%)	Apraclonidine 0.5% generic Brimonidine P 0.15% generic

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Apraclonidine 0.5% Generic

- ❖ A written letter of medical necessity must be submitted stating the reasons the preferred product, brand Iopidine 0.5%, is not appropriate for the member.

Brimonidine P 0.15% Generic

- ❖ A written letter of medical necessity must be submitted stating the reasons the preferred products, brand Alphagan P 0.15% as well Alphagan P 0.1% and generic brimonidine 0.2%, 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 **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.