

## OPHTHALMIC NSAIDS PA SUMMARY

<b>PREFERRED</b>	Acular, Acular PF, Nevanac
<b>NON-PREFERRED</b>	Acular LS, Acuvail, Bromday, Ketorolac Tromethamine, Diclofenac Sodium, Voltaren, Xibrom

**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:**

*Bromday, Diclofenac, Voltaren, or Xibrom*

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

*Acuvail, Acular LS, or generic ketorolac*

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred products (Nevanac and Acular [PF or regular]) 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 **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](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.