



**OPHTHALMIC NSAIDS PA SUMMARY**

<b>PREFERRED</b>	Ketorolac Tromethamine, Nevanac
<b>NON-PREFERRED</b>	Acuvail, Bromday, Bromfenac, Diclofenac Sodium, Ilevro, Prolensa

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

*Bromfenac, Diclofenac, or Prolensa*

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

*Acuvai, Bromday, or Ilevro*

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred products (Nevanac and ketorolac 0.5%) 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 **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.