Pharmacy Medical Necessity Guidelines: Anti-Infective Medications, Ophthalmic

Effective: May 12, 2026

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
These pharmacy medical necessity guidelines apply to the following: ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan		**Fax Numbers:** RXUM: 617.673.0939	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

Zirgan® (ganciclovir) is indicated for the treatment of acute herpetic keratitis (dendritic ulcers). Alternative therapies for herpetic keratitis covered on the Tufts Health RITogether PDL include trifluridine 1% ophthalmic solution and oral acyclovir, famciclovir, and valacyclovir.

Natacyn® (natamycin) is indicated for fungal blepharitis, conjunctivitis, and keratitis caused by susceptible organisms including *Fusarium solani* keratitis.

COVERAGE GUIDELINES

The plan may authorize coverage of an ophthalmic anti-infective medication for a member when the following criteria are met

Zirgan (ganciclovir):

1. The member is diagnosed with a herpetic ophthalmic infection

AND

2. The provider indicates the member had an inadequate response or adverse reaction to, or the provider indicates clinical inappropriateness of therapy with an alternative medication (e.g., oral acyclovir, valacyclovir, or famciclovir)

Natacyn (natamycin):

1. The member is diagnosed with a fungal ophthalmic infection

LIMITATIONS

1. Requests for brand-name products, which have AB-rated generics, will be reviewed according to the Brand Name criteria.

CODES

None

REFERENCES

1. Natacyn (natamycin) [prescribing information]. Fort Worth, TX: Eyevance Pharmaceuticals, LLC; May 2020.
2. Nucci M. Treatment and prevention of Fusarium infection. UpToDate. Available at: www.uptodate.com. Accessed 18 April 2024.
3. Sugar A. Herpes simplex keratitis. UpToDate. Available at: www.uptodate.com. Accessed 18 April 2024.
4. Zirgan (ganciclovir) [prescribing information]. Tampa, FL: Bausch & Lomb; December 2023.

APPROVAL HISTORY

October 11, 2022: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. August 8, 2023: No changes.
2. May 14, 2024: Effective August 1, 2024, updated RxUM fax number and previous trial language.
3. May 13, 2025: No changes
4. May 12, 2026: No changes.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined

population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

Provider Services