



ANGIOTENSIN RECEPTOR BLOCKERS PA SUMMARY

PREFERRED	Avapro (brand), Benicar, Diovan, Losartan, Micardis
NON-PREFERRED	Atacand, Candesartan, Eprosartan, Edarbi, Irbesartan (generic), Teveten

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *Preferred (except losartan) and non-preferred agents require prior authorization. If eprosartan is approved, the PA will be issued for brand-name Teveten. If candesartan is approved, the PA will be issued for brand-name Atacand. Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning.*

PA CRITERIA:

For Preferred Agents Avapro (brand), Benicar, Diovan, Micardis

- ❖ Member must have failed a trial of generic losartan
- OR*
- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, or intolerable side effects to losartan.

For Non-Preferred Agents Atacand (brand), Edarbi, Teveten (brand)

- ❖ Member must have failed a trial of two preferred ARB products, one of which must be generic losartan
- OR*
- ❖ Member must have experienced allergies, contraindications, drug-to-drug interactions, or intolerable side effects to two preferred ARB products, one of which must be generic losartan.
- ❖ If the member meets the criteria for brand-name Teveten, the PA will be issued for generic eprosartan. If the member is unable to use generic eprosartan, the physician should submit a written letter of medical necessity.

For Candesartan (generic)

- ❖ In addition to meeting the criteria above for brand-name Atacand, the physician should submit a written letter of medical necessity stating the reason(s) that brand-name Atacand is not appropriate for the member.

For Eprosartan (generic)

- ❖ In addition to meeting the criteria above for brand-name Teveten, the physician should submit a written letter of medical necessity stating the reason(s) that brand-name Teveten is not appropriate for the member.

For Irbesartan (generic)

- ❖ In addition to meeting the criteria above for brand-name Avapro, the physician should submit a written letter of medical necessity stating the reason(s) that brand-name Avapro is 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, 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 Limit please go to 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.