

ARB-COMBINATIONS PA SUMMARY

PREFERRED	Avalide (brand), Benicar HCT, Diovan HCT, Exforge, Exforge HCT, Losartan HCT, Micardis HCT
NON-PREFERRED	Atacand HCT, Edarbyclor, Irbesartan/Hydrochlorothiazide, Teveten HCT

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *Preferred and non-preferred agents require prior authorization. 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 Agent Losartan HCT

- ❖ Member must have failed a trial of an ACE inhibitor/diuretic combination
OR
- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to an ACE inhibitor.

For Preferred Agents Avalide (brand), Benicar HCT, Diovan HCT, Exforge HCT, Micardis HCT

- ❖ Member must have failed a trial of an ACE inhibitor/diuretic combination and generic losartan HCT
OR
- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to an ACE inhibitor and losartan or losartan HCT.

For Preferred Agent Exforge

- ❖ Member must have failed a trial of an ACE inhibitor/diuretic combination and generic losartan HCT or generic losartan
OR
- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to an ACE inhibitor and losartan or losartan HCT.

For Non-Preferred Agents Atacand HCT, Teveten HCT, and Edarbyclor

- ❖ Member must have failed a trial of an ACE inhibitor/diuretic combination and two preferred ARB-diuretic products, one of which must be generic losartan HCT
OR
- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to an ACE inhibitor and two preferred ARB-diuretic products, one of which must be generic losartan HCT.

- ❖ In addition, Edarbyclor also requires a written letter of medical necessity stating the reason(s) that the separate prescription products, Edarbi (which requires PA) and chlorthalidone cannot be used.

For Non-Preferred Agent Irbesartan/Hydrochlorothiazide

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that brand-name Avalide 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 **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, 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.