

ACE INHIBITORS PA SUMMARY

PREFERRED	All generic ACE Inhibitors (except perindopril), Benazepril, Captopril, Enalapril, Enalaprilat, Fosinopril, Lisinopril, Mavik, Moexipril, Quinapril, Ramipril capsules
NON-PREFERRED	All branded ACE Inhibitors, Aceon, Accupril, Altace, Lotensin, Perindopril, Prinivil, Univasc, Vasotec, Zestril

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *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. If Aceon is approved, the PA will be entered for the brand product.*

PA CRITERIA:

- ❖ Physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 of the preferred products.
- ❖ For Altace tablets, physician should submit a written letter of medical necessity stating the reasons the preferred products (ramipril capsules or generic ACE inhibitors) 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, 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.