

CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES PA SUMMARY

PREFERRED	Afeditab CR, Amlodipine, Dynacirc CR, Isradipine, Nicardipine, Nifediac CC, Nifedical XL, Nifedipine ER/IR/SA
NON-PREFERRED	Adalat CC, Cardene SR, Felodipine ER, Nisoldipine, Norvasc, Plendil, Procardia, Procardia XL, Sular

LENGTH OF AUTHORIZATION: 1 Year

NOTE: If a PA is approved for Sular or nisoldipine, the approval will be issued for the brand product, Sular.

PA CRITERIA:

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 6 months.
- ❖ If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 preferred products.

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.