



AZOR PA SUMMARY

PREFERRED	Amlodipine, Benicar
NON-PREFERRED	Azor

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (Generic Amlodipine and Benicar) 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 **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 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.