

BETA BLOCKERS PA SUMMARY

PREFERRED	All generic products except those noted, acebutolol HCl, atenolol, betaxolol, bisoprolol, carvedilol, Corzide, labetalol, Levatol, Lopressor HCT, metoprolol succinate ER, metoprolol tartrate, nadolol, pindolol, propranolol HCl, Sorine, sotalol, sotalol AF, Timolide, timolol maleate
NON-PREFERRED	All branded products with generics available except those noted, Betapace, Betapace AF, Bystolic, Coreg, Coreg CR, Corgard, Inderal, Inderal LA, Innopran XL, Kerlone, Lopressor, Metoprolol/HCTZ, Nadolol/bendroflumethiazide, Sectral, Tenormin, Toprol XL, Trandate, Zebeta

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *All members who had received a non-preferred medication in this category, at the time this criteria was adopted, were grandfathered on that medication. The member must have had at least one claim for the requested non-preferred product within the last 12 months of claims history. 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 Innopran XL, member should have tried or failed propranolol or physician should submit documentation of a history of intolerable side effects to propranolol.
- ❖ For Coreg CR, member should have tried and failed carvedilol (Coreg) or physician should submit documentation of a history of intolerable side effects to carvedilol (Coreg).
- ❖ For Metoprolol HCTZ, member should have tried and failed Lopressor HCT or physician should submit documentation of a history of intolerable side effects to Lopressor HCT.
- ❖ For nadolol/bendroflumethiazide, member should have tried and failed Corzide or physician should submit documentation of a history of intolerable side effects to Corzide.
- ❖ For Bystolic, physician should submit documentation of allergies, contraindications, drug-drug interactions, history of intolerable side effects, or failure to achieve the desired clinical endpoints with at least two preferred beta blockers.

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.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.