

ACE INHIBITORS PA SUMMARY

PREFERRED	All generic ACE Inhibitors (except ramipril capsules), Altace capsules, Benazepril, Captopril, Enalapril, Enalaprilat, Fosinopril, Lisinopril, Mavik, Moexipril, and Quinapril
NON-PREFERRED	All branded ACE Inhibitors with generics available (except Altace capsules), Aceon, Accupril, Altace tablets, Capoten, Lotensin, Monopril, Prinivil, Ramipril capsules, 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.*

PA CRITERIA:

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