

**ACE INHIBITOR / DIURETIC COMBINATIONS PA SUMMARY**

<b>PREFERRED</b>	Benazepril HCTZ, Captopril HCTZ, Enalapril HCTZ, Fosinopril HCTZ, Lisinopril HCTZ, Quinapril HCTZ, Quinaretic, Uniretic, and all other generic ACE Inhibitor/Diuretic Combinations
<b>NON-PREFERRED</b>	All branded ACE Inhibitors w/Diuretics with generics available, Accuretic, Capozide, Monopril HCT, Lotensin HCT, Prinzide, Vaserecic, Zestoretic

**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 2 or more of the 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.ghp.georgia.gov](http://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](http://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.