

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

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.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.