



**GEORGIA MEDICAID FEE-FOR-SERVICE
ACE (ANGIOTENSIN CONVERTING ENZYME) INHIBITORS AND COMBINATIONS
PA SUMMARY**

Preferred	Non-Preferred
All generic ACE Inhibitors and ACE Inhibitor Combination Products unless otherwise noted Benazepril generic Captopril generic Enalapril generic Enalaprilat generic Epaned (enalapril oral solution)* Fosinopril generic Lisinopril generic Moexipril generic Qbrelis (lisinopril oral solution)* Quinapril generic Ramipril generic Trandolapril generic Trandolapril/verapamil ER generic EXCEPT by Labeler 59762-##-####	Perindopril generic Prestalia (perindopril/amlodipine) Trandolapril/verapamil ER generic by Labeler 59762-##-####

*requires PA for members 12 years of age and older; ER=extended-release

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- 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.
- Epaned and Qbrelis require prior authorization (PA) for members 12 years of age and older.

PA CRITERIA:

Epaned

- ❖ Approvable for members 12 years of age or older with a diagnosis of hypertension, symptomatic heart failure or asymptomatic left ventricular dysfunction who are unable to swallow solid dosage forms of medication.

Perindopril Generic

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or history of intolerable side effects to at least two preferred products.



Prestalia

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic perindopril and generic amlodipine as separate products, are not appropriate for the member.

Obrelis

- ❖ Approvable for members 12 years of age or older with a diagnosis of hypertension, symptomatic heart failure or reduction of mortality in acute myocardial infarction who are unable to swallow solid dosage forms of medication.

Trandolapril/Verapamil ER Generic by Labeler 59762-##-####

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic trandolapril/verapamil ER by other manufacturer(s), is 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 **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.