



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANGIOTENSIN MODULATORS PA SUMMARY**

Preferred	Non-Preferred
<i>Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations</i>	
Benazepril generic Benazepril/amlodipine generic Benazepril/hydrochlorothiazide generic Captopril generic Captopril/hydrochlorothiazide generic Enalapril generic Enalaprilat generic Enalapril oral solution generic* Enalapril/hydrochlorothiazide generic Fosinopril generic Fosinopril/hydrochlorothiazide generic Lisinopril generic Lisinopril/hydrochlorothiazide generic Ramipril generic Trandolapril generic Trandolapril/verapamil ER generic	Moexipril generic Perindopril generic Qbrelis (lisinopril oral solution) Quinapril generic Quinapril/hydrochlorothiazide generic
<i>Aliskiren and Combinations</i>	
n/a	Tekturna (aliskiren)

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

LENGTH OF AUTHORIZATION: 1 year

NOTE:

- Enalapril oral solution generic requires prior authorization (PA) for members 12 years of age and older.

PA CRITERIA:

Enalapril Oral Solution Generic

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

Moexipril Generic, Perindopril Generic, Quinapril Generic and Quinapril/Hydrochlorothiazide Generic

- ❖ Approvable for members who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least two preferred ACE Inhibitor products.

Qbrelis



- ❖ 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 formulations of medication and have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enalapril oral solution.

Tekturna

- ❖ Approvable for members 6 years of age or older with a diagnosis of hypertension who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with an ACE inhibitor or ACE inhibitor/diuretic, angiotensin receptor blocker (ARB) or ARB/diuretic and at least one other antihypertensive medication (diuretic, beta blocker or calcium channel blocker).

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.