



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANGIOTENSIN RECEPTOR BLOCKERS AND COMBINATIONS PA SUMMARY**

Preferred	Non-Preferred
<i>Angiotensin Receptor Blockers (ARBs)</i>	
Candesartan generic Irbesartan generic Losartan generic Olmesartan generic Telmisartan generic Valsartan tablets generic	Edarbi (azilsartan) Valsartan oral solution generic
<i>ARB Combinations</i>	
Amlodipine/valsartan generic* Candesartan/hydrochlorothiazide generic Entresto (sacubitril/valsartan tablets)* Irbesartan/hydrochlorothiazide generic Losartan/hydrochlorothiazide generic Olmesartan/hydrochlorothiazide generic Telmisartan/hydrochlorothiazide generic Valsartan/hydrochlorothiazide generic	Amlodipine/olmesartan generic Edarbyclor (azilsartan/chlorthalidone) Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) Telmisartan/amlodipine generic Tribenzor (olmesartan/amlodipine/hydrochlorothiazide)

*Preferred agents that require PA; HCT, HCTZ=hydrochlorothiazide

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Amlodipine/valsartan generic and Entresto are preferred but require prior authorization.

PA CRITERIA:

Edarbi

- ❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred ARB or ARB Combination products (excludes Entresto), one of which must be a losartan-containing product.

Valsartan Oral Solution Generic

- ❖ Approvable for members unable to swallow solid oral dosage forms (i.e., tablet, capsule) or who require a dose that cannot be obtained with valsartan tablets.

Amlodipine/Valsartan Generic

- ❖ Approvable for members who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to a losartan-containing product.

Edarbyclor



- ❖ Approvable for members who have experienced an inadequate response with at least two preferred ARB/Diuretic Combination products, one of which must be losartan/hydrochlorothiazide, or who have experienced allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred ARB/Diuretic Combinations products, one of which must be a losartan-containing product.

Entresto Tablets

- ❖ Approvable for members 1 year of age and older with a diagnosis of heart failure.

Amlodipine/Olmesartan Generic, Exforge HCT, Telmisartan/Amlodipine Generic and Tribenzor

- ❖ Approvable for members who have experienced an inadequate response with losartan/hydrochlorothiazide and amlodipine/valsartan or who have experienced allergies, contraindications, drug-drug interactions or intolerable side effects to losartan and valsartan.

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.