



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

Preferred	Non-Preferred
Angiotensin Receptor Blockers (ARBs)	
Irbesartan generic Losartan generic Olmesartan generic Telmisartan generic Valsartan tablets generic	Candesartan generic Edarbi (azilsartan) Valsartan oral solution generic
ARB Combinations	
Amlodipine/valsartan generic* Entresto (sacubitril/valsartan)* Irbesartan/hydrochlorothiazide generic Losartan/hydrochlorothiazide generic Olmesartan/hydrochlorothiazide generic Valsartan/hydrochlorothiazide generic	Amlodipine/olmesartan generic Candesartan/hydrochlorothiazide generic Edarbyclor (azilsartan/chlorthalidone) Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) Micardis HCT (telmisartan/hydrochlorothiazide) Telmisartan/amlodipine generic Telmisartan/hydrochlorothiazide generic Tribenzor (olmesartan/amlodipine/hydrochlorothiazide)
Angiotensin and Endothelin Receptor Blocker	
Filspari (sparsentan)*	

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

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Amlodipine/valsartan generic, Entresto and Filspari are preferred but require prior authorization.
- If generic telmisartan/hydrochlorothiazide is approved, the PA will be issued for brand Micardis HCT.

PA CRITERIA:

Candesartan Generic and 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 and Filspari), 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.

Candesartan/HCTZ Generic, Edarbyclor, Micardis HCT and Telmisartan/HCTZ Generic

- ❖ 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

- ❖ 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.

Filspari

Approvable if the following criteria are met:

- ❖ Member has a diagnosis of primary immunoglobulin A nephropathy (IgAN) is confirmed by a kidney biopsy; **AND**
- ❖ Member is 18 years of age or older; **AND**
- ❖ Member is at risk of rapid disease progression as shown by a urine protein-to-creatinine ratio [UPCR] greater than or equal to 1.5 g/g; **AND**
- ❖ Member has proteinuria greater than or equal to 1.0 g/day; **AND**
- ❖ Member has an estimated glomerular filtration rate (eGFR) of greater than or equal to 30 mL/min/1.73 m²; **AND**
- ❖ Member has been on a minimum 90-day trial of a maximally tolerated dose of one of the following:
 - An angiotensin-converting enzyme (ACE) inhibitor (e.g., benazepril, lisinopril); **OR**
 - An angiotensin II receptor blocker (ARB) (e.g., losartan, valsartan); **AND**
- ❖ Member has failed at least a 90-day trial of or has an allergy, contraindication, drug-drug interaction or intolerable side effect to a sodium-glucose cotransporter 2 (SGLT2) (e.g., dapagliflozin, empagliflozin); **AND**
- ❖ Medication is being prescribed by or in consultation with a nephrologist; **AND**
- ❖ Prescriber, member and pharmacy are enrolled in the Filspari REMS program.

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:

Commented [A1]: I did not see this step in other online criteria but is noted in UpToDate as mentioned in Oct 2023 GPI Orphan Oncology slide but if receive pushback or want removed, please let me know.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

- 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.