



**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)* 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)
<i>Angiotensin and Endothelin Receptor Blocker</i>	
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.

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 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.

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

- ❖ 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:

- 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.