GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIHYPERTENSIVES, OTHER PA SUMMARY

Preferred	Non-Preferred
Clonidine patches generic Clonidine IR tablets generic Nexiclon XR (clonidine ER tablets)	clonidine ER tablets generic
Hydrochlorothiazide tablets and capsules generic	Inzirqo (hydrochlorothiazide for oral suspension)
n/a	Tryvio (aprocitentan)

IR=immediate-release; ER=extended-release

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Clonidine ER Tablets Generic

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Nexiclon XR, generic clonidine patches and generic clonidine immediate-release tablets, are not appropriate for the member.

Inzirqo

- Approvable for members who are unable to swallow solid oral dosage forms of medication or prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic hydrochlorothiazide tablets and capsules, are not appropriate for the member.

Tryvio

- Approvable for members 18 years of age or older with a diagnosis of resistant hypertension who have a systolic blood pressure $\geq$130 mmHg or a diastolic blood pressure $\geq$80 mmHg while previously treated with all of the following antihypertensive classes for an adequate duration (minimum 4 weeks each) at a maximally tolerated dose:
  - Maximally tolerated blocker of the renin-angiotensin system [angiotensin-converting enzyme (ACE) inhibitor (e.g., enalapril, lisinopril) or angiotensin II receptor blocker (ARB) (e.g., candesartan, valsartan)]
  - Maximally tolerated calcium channel blocker (e.g., amlodipine, diltiazem, verapamil)
  - Maximally tolerated diuretics (e.g., hydrochlorothiazide)

- Maximally tolerated mineralocorticoid receptor antagonist [MRA (e.g., spironolactone, eplerenone) *AND*

- Other causes of hypertension have been ruled out (e.g., secondary causes, white coat effect, medication nonadherence) *AND*
- Medication is being prescribed by or in consultation with a cardiologist or other specialist in treating resistant hypertension.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.