



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIHYPERTENSIVES, SYMPATHOLYTICS PA SUMMARY**

Preferred	Non-Preferred
Clonidine patches 0.1, 0.2, 0.3 mg/24 hour generic Clonidine IR tablets 0.1, 0.2, 0.3 mg generic	clonidine ER tablets 0.17mg generic

IR=immediate-release; ER=extended-release

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

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

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.