

GEORGIA MEDICAID FEE-FOR-SERVICE BETA BLOCKERS PA SUMMARY

Preferred	Non-Preferred
Acebutolol generic	Carvedilol ER generic
Atenolol generic	Innopran XL (propranolol ER)
Atenolol/chlorthalidone generic	Metoprolol/hydrochlorothiazide generic
Betaxolol generic	Sotylize (sotalol)
Bisoprolol generic	Timolol generic
Bisoprolol/hydrochlorothiazide generic	
Carvedilol IR generic	
Labetolol generic	
Metoprolol succinate ER generic	
Metoprolol tartrate generic	
Nadolol generic	
Nebivolol generic	
Pindolol generic	
Propranolol generic	
Propranolol ER generic (generic Inderal LA)	
Propranolol/hydrochlorothiazide generic	
Sorine (sotalol)	
Sotalol generic	

ER/LA/XL=extended-release; IR=immediate-release

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Carvedilol ER Generic

Approvable for members who have experienced an inadequate response or intolerable side effects to the preferred product, generic carvedilol (immediate-release), and have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, generic metoprolol succinate extended-release.

Innopran XL

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

Metoprolol/Hydrochlorothiazide Generic

Prescriber must submit a written letter of medical necessity stating the reasons the separate preferred products, generic metoprolol and generic hydrochlorothiazide, are not appropriate for the member.

<u>Sotylize</u>

 Approvable for members who are unable to swallow solid dosage forms of medication or medication is being administered in a feeding tube.



<u>Timolol Generic</u>

✤ Approvable for members who have experienced an inadequate with at least 2 preferred beta blockers.

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 <u>http://dch.georgia.gov/preferred-drug-lists</u>.

PA AND APPEAL PROCESS:

• For online access to the PA process, please go to <u>www.dch.georgia.gov/prior-authorization-process-and-criteria</u> 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 <u>www.mmis.georgia.gov/portal</u>, highlight Pharmacy and click on <u>Other Documents</u>, then select the most recent quarters QLL List.