



GEORGIA MEDICAID FEE-FOR-SERVICE CORLANOR PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic heart failure who are class II-IV or stage C-D and in normal sinus rhythm with left ventricular ejection fraction $\leq 35\%$, resting heart rate ≥ 70 beats per minutes and blood pressure $\geq 90/50$ mmHg, and who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to maximally-tolerated doses of beta blockers.
- ❖ Approvable for members 6 months to 17 years of age with a diagnosis of chronic heart failure due to dilated cardiomyopathy who are class II-IV or stage C-D and in normal sinus rhythm with left ventricular ejection fraction $\leq 45\%$, resting heart rate ≥ 70 beats per minutes and blood pressure $\geq 90/50$ mmHg, and who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to maximally-tolerated doses of 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 <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.