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 ≤35%, resting heart rate ≥70 beats per minutes and blood pressure ≥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 ≤45%, resting heart rate ≥70 beats per minutes and blood pressure ≥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 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.