



**GEORGIA MEDICAID FEE-FOR-SERVICE
DIURETICS PA SUMMARY**

Preferred	Non-Preferred
Amiloride generic Amiloride/hydrochlorothiazide generic Chlorothiazide generic Chorthalidone generic Diuril (chlorothiazide suspension) Furosemide generic Hydrochlorothiazide generic Indapamide generic Metolazone generic Spironolactone generic Torsemide generic Triamterene/hydrochlorothiazide generic	Bumetanide generic Carospir (spironolactone suspension) Eplerenone generic Ethacrynic acid generic Methyclothiazide generic

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Bumetanide Generic, Ethacrynic Acid Generic and Methyclothiazide Generic

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred products.

Carospir

- ❖ Approvable for members with a diagnosis of New York Heart Association (NYHA) Class II-IV heart failure and left ventricular ejection fraction (LVEF) $\leq 35\%$ or LVEF 36-40% following a myocardial infarction (MI) who are unable to swallow solid dosage forms of medication.
- ❖ Approvable as add-on therapy for members with a diagnosis of hypertension who are unable to swallow solid dosage forms of medication.
- ❖ Approvable for members with a diagnosis of edema caused by cirrhosis who have had an inadequate response to fluid and sodium restrictions and are unable to swallow solid dosage forms of medication.

Eplerenone Generic

- ❖ Approvable for members with a diagnosis of NYHA Class II-IV heart failure and LVEF $\leq 35\%$ or LVEF 36-40% following a MI who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to spironolactone.
- ❖ Approvable for members with a diagnosis of hypertension who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to spironolactone.



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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.