



GEORGIA MEDICAID FEE-FOR-SERVICE RANOLAZINE GENERIC PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 year

NOTE: Ranolazine generic is preferred but requires prior authorization.

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic stable angina/stable ischemic heart disease (SIHD) experiencing an inadequate response to at least one medication in two of the following anti-anginal drug classes, calcium channel blockers, beta-blockers and nitrates, or allergies, contraindications, drug-drug interactions or intolerable side effects to calcium channel blockers, beta blockers and nitrates.

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.