



**GEORGIA MEDICAID FEE-FOR-SERVICE
VASODILATORS, CORONARY PA SUMMARY**

Preferred	Non-Preferred
Minitran (nitroglycerin transdermal patch) Nitro-Bid (nitroglycerin ointment) Nitro-Dur 0.8 mg/hour (nitroglycerin transdermal patch) Nitroglycerin transdermal patch generic Nitroglycerin sublingual tablets generic Nitrostat (nitroglycerin sublingual tablets)	GoNitro (nitroglycerin sublingual powder) Nitroglycerin lingual pump spray generic NitroMist (nitroglycerin lingual aerosol spray)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

GoNitro, Nitroglycerin Lingual Pump Spray Generic, NitroMist

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic nitroglycerin lingual aerosol spray, Nitrolingual pump spray and Nitrostat sublingual tablets, are not appropriate for the member.

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.