



## 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  $\geq 70$  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  $\geq 70$  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 current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.