GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
CALCIUM CHANNEL BLOCKERS PA SUMMARY

Preferred	Non-Preferred
Dihydropyridines	
Amlodipine generic Felodipine ER generic Nifedipine ER, IR generic Nimodipine generic	Isradipine generic Katerzia (amlodipine oral suspension) Levamlodipine generic Nicardipine generic Nisoldipine ER generic Norliqva (amlodipine oral solution) Nymalize (nimodipine oral solution prefilled syringes)
Non-Dihydropyridines	
All generic products unless otherwise noted Cardizem LA 120 mg (diltiazem ER) Cartia XT (diltiazem CD/ER, generic Cardizem CD) Diltiazem CD/ER except 360 mg (generic Cardizem CD) Diltiazem IR (generic Cardizem) Diltiazem ER (generic Cardizem LA, Dilacor XR, Tiazac) Dilt-XR (diltiazem ER, generic Dilacor XR) Taztia XT, Tiadylt (diltiazem ER, generic Tiazac) Verapamil IR, ER/SR generics (generic Calan, Calan SR, Isoptin SR, Verelan, Verelan SR)	Diltiazem CD/ER 360 mg generic (generic Cardizem CD) Matzim LA (diltiazem ER, generic Cardizem LA) Verapamil ER generic (generic Verelan PM) Verapamil SR 360 mg generic

*preferred but requires PA; CR/ER/SR/XL=extended-release; IR=immediate-release

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Isradipine Generic

- Approvable for members with severe hypertension or hypertensive urgency.
- Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to at least 2 preferred dihydropyridine calcium channel blockers.

Katerzia, Norliqva and Nymalize

- Approvable for members who are unable to swallow solid dosage forms of medication or medication is being administered in a feeding tube.

Levamlodipine Generic

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred, generic amlodipine, is not appropriate for the member.

Nicardipine Generic and Nisoldipine ER Generic

- Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to at least 2 preferred dihydropyridine calcium channel blockers.

Diltiazem ER 360 mg (Generic Cardizem CD) and Matzim LA (Generic Cardizem LA)

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred diltiazem products are not appropriate for the member.

Verapamil ER (Generic Verelan PM) and Verapamil SR 360 mg Generic

- Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or a history of intolerable side effects to at least 2 preferred products (1 diltiazem preferred product and 1 verapamil preferred product).

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.