



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANGIOTENSIN MODULATORS PA SUMMARY**

Preferred	Non-Preferred
<i>Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations</i>	
Benazepril generic Benazepril/amlodipine generic Benazepril/hydrochlorothiazide generic Captopril generic Captopril/hydrochlorothiazide generic Enalapril generic Enalaprilat generic Enalapril oral solution generic* Enalapril/hydrochlorothiazide generic Fosinopril generic Fosinopril/hydrochlorothiazide generic Lisinopril generic Lisinopril/hydrochlorothiazide generic Moexipril generic Qbrelis (lisinopril oral solution)* Quinapril generic Ramipril generic Trandolapril generic Trandolapril/verapamil ER generic	Perindopril generic Quinapril/hydrochlorothiazide generic
<i>Aliskiren and Combinations</i>	
n/a	Tekturna (aliskiren) Tekturna HCT (aliskiren/hydrochlorothiazide)

*requires PA for members 12 years of age and older; ER=extended-release

LENGTH OF AUTHORIZATION: 1 year

NOTE:

- Enalapril oral solution generic and Qbrelis require prior authorization (PA) for members 12 years of age and older.

PA CRITERIA:

Enalapril Oral Solution Generic

- ❖ Approvable for members 12 years of age or older with a diagnosis of hypertension (HTN), symptomatic heart failure (HF) or asymptomatic left ventricular dysfunction (LVD) who are unable to swallow solid dosage formulations of medication.

Perindopril Generic and Quinapril/Hydrochlorothiazide Generic

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



Obrelis

- ❖ Approvable for members 12 years of age or older with a diagnosis of hypertension, symptomatic heart failure or reduction of mortality in acute myocardial infarction who are unable to swallow solid dosage formulations of medication.

Tekturna and Tekturna HCT

- ❖ Approvable for members 6 years of age or older with a diagnosis of hypertension that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with an angiotensin-converting enzyme inhibitor or ACE inhibitor/diuretic, angiotensin receptor blocker (ARB) or ARB/diuretic and at least one other antihypertensive medication (diuretic, beta blocker or calcium channel blocker).

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.