



**GEORGIA MEDICAID FEE-FOR-SERVICE
DIURETICS PA SUMMARY**

Preferred	Non-Preferred
Amiloride generic Amiloride/hydrochlorothiazide generic Bumetanide generic Chlorothiazide generic Chorthalidone generic Diuril (chlorothiazide suspension) Furosemide generic Hydrochlorothiazide generic Indapamide generic Metolazone generic Spironolactone generic Spironolactone/hydrochlorothiazide generic Torsemide generic Triamterene/hydrochlorothiazide generic	Carospir (spironolactone suspension) Eplerenone generic Ethacrynic acid generic Kerendia (finerenone) Triamterene generic

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Carospir

- ❖ For members who are unable to swallow solid oral dosage formulations (i.e., capsules, tablets) only:
 - Approvable for members with a diagnosis of New York Heart Association (NYHA) Class II-IV heart failure (HF) and left ventricular ejection fraction (LVEF) $\leq 35\%$ or LVEF 36-40% following a myocardial infarction (MI).
 - Approvable as add-on therapy for members with a diagnosis of hypertension (HTN).
 - Approvable for members with a diagnosis of edema caused by cirrhosis who have had an inadequate response to fluid and sodium restrictions.

Eplerenone Generic

- ❖ Approvable for members with a diagnosis of NYHA Class II-IV heart failure and LVEF $\leq 35\%$ or LVEF 36-40% following a MI who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with spironolactone.
- ❖ Approvable for members with a diagnosis of hypertension who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with spironolactone.



Ethacrynic Acid Generic and Triamterene Generic

- ❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least two preferred diuretics.

Kerendia

- ❖ Approvable for members 18 years of age or older with a confirmed diagnosis of chronic kidney disease (CKD) who have type 2 diabetes (T2D) and serum potassium level ≤ 5 mEq/L when used to reduce the risk of sustained estimated glomerular filtration rate (eGFR), end stage kidney disease (ESKD), cardiovascular death, non-fatal myocardial infarction and hospitalization for heart failure

AND

- ❖ Who are on maximally tolerated dose and will continue therapy with an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) or have allergies, drug-drug interactions, contraindications or intolerable side effects to ACE inhibitors and ARBs as well as who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with a sodium-glucose co-transporter 2 (SGLT2) inhibitor.

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.