



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

Preferred	Non-Preferred
Dilatrate SR (isosorbide dinitrate SR) Isordil (isosorbide dinitrate) Isosorbide dinitrate generic Isosorbide mononitrate generic Isosorbide mononitrate ER generic 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)	BiDil (isosorbide dinitrate/hydralazine hydrochloride) GoNitro (nitroglycerin sublingual powder) Nitroglycerin lingual spray generic Verquvo (vericiguat)

SR=sustained release; ER=extended release

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

BiDil

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic isosorbide dinitrate and generic hydralazine, are not appropriate for the member.

GoNitro and Nitroglycerin Lingual Spray Generic

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

Verquvo

- ❖ Approvable for members 18 years of age and older with a diagnosis of New York Heart Association (NYHA) Class II-IV or American College of Cardiology/American Heart Association (ACC/AHA) Stage C-D chronic heart failure and left ventricular ejection fraction (LVEF) <45% who have been hospitalized for heart failure within the past 6 months or received an outpatient intravenous (IV) diuretic within the past 3 months

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least one medication in at least three of the following classes:
 - ☐ Sodium-glucose transport protein 2 [SGLT-2] inhibitors (e.g., dapagliflozin [Farxiga], canagliflozin [Invokana], empagliflozin [Jardiance])
 - ☐ Angiotensin-converting enzyme [ACE] inhibitors (e.g., enalapril, lisinopril), Angiotensin receptor blockers [ARBs] (e.g., losartan,



valsartan, candesartan) or Angiotensin receptor-neprilysin inhibitor [ARNI] (e.g., sacubitril/valsartan [Entresto])

- ☐ Beta blockers (e.g., bisoprolol, carvedilol, metoprolol succinate)
- ☐ Aldosterone antagonists (e.g., spironolactone, eplerenone)

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.