



BETA BLOCKERS PA SUMMARY

PREFERRED	Acebutolol HCl, Atenolol, Betaxolol, Bisoprolol, Carvedilol, Corzide, Dutoprol, Labetolol, Levatol, Metoprolol Succinate ER, Metoprolol tartrate, Nadolol, Pindolol, Propranolol HCl, Sorine, Sotalol, Sotalol AF, Timolide, Timolol maleate
NON-PREFERRED	Bystolic, Coreg CR, Innopran XL, Metoprolol/HCTZ, Nadolol/bendroflumethiazide

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ For Innopran XL, member should have tried or failed propranolol or experienced intolerable side effects to propranolol.
- ❖ For Coreg CR, member should have tried and failed Coreg or carvedilol or experienced intolerable side effects to Coreg or carvedilol.
- ❖ For Metoprolol HCTZ, prescriber should submit a written letter of medical necessity stating the reasons the separate preferred products, metoprolol and hydrochlorothiazide, are not appropriate for the member.
- ❖ For nadolol/bendroflumethiazide, prescriber should submit a written letter of medical necessity stating the reasons that brand-name Corzide is not appropriate for the member.
- ❖ For Bystolic, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to least two preferred 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 **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.