

**CALCIUM CHANNEL BLOCKERS – NONDIHYDROPYRIDINES
PA SUMMARY**

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| PREFERRED | All generic products (except Dilt-CD, Diltiazem CD/ER [generic Cardizem CD, Tiazac], Diltzac, Matzim LA and Taztia XT), Cardizem LA, Cartia XT, Dilt-CD, Diltiazem CD/ER (except 360mg), Diltiazem (ER, HCL, XR, injectable), Dilt-XR, Tiazac, Verapamil HCL |
| NON-PREFERRED | All brands with generics available (except Cardizem LA and Tiazac), Cardizem CD 360mg (PA not required), Covera HS, Diltiazem ER (generic Tiazac), Diltzac (generic Tiazac), Matzim LA (generic Cardizem LA), Taztia XT (generic Tiazac) |

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Diltiazem CD/ER 360mg (generic Cardizem CD), Diltiazem ER (generic Tiazac), Diltzac, Matzim LA or Taztia XT:

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that brand Cardizem LA or brand Tiazac and at least one other preferred medication are not appropriate for the member.

For other medications:

Physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least two preferred products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions 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.