

ACE INHIBITOR / DIURETIC COMBINATIONS PA SUMMARY

PREFERRED	Benazepril HCTZ, Captopril HCTZ, Enalapril HCTZ, Fosinopril HCTZ, Lisinopril HCTZ, Quinapril HCTZ, Uniretic, and all other generic ACE Inhibitor/Diuretic Combinations
NON-PREFERRED	All branded ACE Inhibitors w/Diuretics with generics available, Accuretic, Lotensin HCT, Prinzide, Vaserecic, Zestoretic

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning.*

PA CRITERIA:

- ❖ Physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to 2 or more of the 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.