



CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES PA SUMMARY

PREFERRED	Afeditab CR, Amlodipine, Dynacirc CR, Nifediac CC, Nifedical XL, Nifedipine ER/IR/SA, Nimodipine, Nymalize
NON-PREFERRED	Cardene SR, Felodipine ER, Isradipine, Nicardipine, Nisoldipine SR, Sular 34mg

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Nymalize is preferred, but requires prior authorization. If a PA is approved for Sular 34mg or nisoldipine 34mg, the approval will be issued for the generic product.

PA CRITERIA:

For Non-Preferred Medications

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 6 months.
- ❖ If no preferred agents in profile, member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least 2 preferred products.
- ❖ In addition, isradipine is approvable for members less than 18 years of age with severe hypertension or hypertensive urgency. Patients 18 years of age or older must meet the non-preferred criteria above.

For Nymalize

- ❖ Approvable for NG (nasogastric) or G-tube administration or for members unable to swallow solid dosage forms of medication.

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 Limits 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.