

TRIBENZOR PA SUMMARY

PREFERRED	Amlodipine, Benicar (requires PA), Benicar HCT (requires PA), Hydrochlorothiazide (HCTZ)
NON-PREFERRED	Tribenzor

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Submit a written letter of medical necessity stating the reasons the 3 preferred products as separate prescriptions (amlodipine, Benicar, and HCTZ) or the 2 preferred products as separate prescriptions (amlodipine and Benicar HCT) are not appropriate for the member.

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 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.