

# GEORGIA MEDICAID FEE-FOR-SERVICE CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES PA SUMMARY

Preferred	Non-Preferred
Afeditab CR (nifedipine ER)	Isradipine generic
Amlodipine generic	Nisoldipine ER/SR generic
Felodipine ER/SR generic	
Nicardipine generic	
Nifedical XL (nifedipine ER)	
Nifedipine ER/SR, IR generic	
Nimodipine generic	
Nymalize (nimodipine)*	

<sup>\*</sup>preferred but requires PA; CR/ER/SR/XL=extended-release; IR=immediate-release

#### **LENGTH OF AUTHORIZATION: 1 Year**

**NOTE:** Nymalize is preferred, but requires prior authorization.

## PA CRITERIA:

Nymalize

❖ Approvable for members who are unable to swallow solid dosage forms of medication or medication is being administered in a feeding tube.

## Isradipine Generic

- ❖ Approvable for members less than 18 years of age with severe hypertension or hypertensive urgency.
- ❖ Approvable for members 18 years of age or older who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least two preferred products.

## Nisoldipine ER/SR Generic

❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least 2 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 OptumRx at 1-866-525-5827.

## PREFERRED DRUG LIST:

❖ For online access to the Preferred Drug List (PDL), please go to <a href="http://dch.georgia.gov/preferred-drug-lists">http://dch.georgia.gov/preferred-drug-lists</a>.

#### **PA and APPEAL PROCESS:**

❖ For online access to the PA process, please go to <a href="www.dch.georgia.gov/prior-authorization-process-and-criteria">www.dch.georgia.gov/prior-authorization-process-and-criteria</a> and click on Prior Authorization (PA) Request Process Guide.



## **QUANTITY LEVEL LIMITATIONS:**

❖ For online access to the current Quantity Level Limits (QLL), please go to <a href="www.mmis.georgia.gov/portal">www.mmis.georgia.gov/portal</a>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.