



GEORGIA MEDICAID FEE-FOR-SERVICE BETA BLOCKERS PA SUMMARY

Preferred	Non-Preferred
<p>Acebutolol generic Atenolol generic Atenolol/chlorthalidone generic Betaxolol generic Bisoprolol generic Bisoprolol/hydrochlorothiazide generic Carvedilol IR generic Dutoprol (metoprolol/hydrochlorothiazide) Labetolol generic Metoprolol succinate ER generic Metoprolol tartrate generic Nadolol generic Pindolol generic Propranolol generic Propranolol ER/SR generic (generic Inderal LA) Propranolol/hydrochlorothiazide generic Sorine (sotalol) Sotalol generic</p>	<p>Bystolic (nebivolol) Coreg CR (carvedilol ER) Innopran XL (propranolol ER) Metoprolol/hydrochlorothiazide generic Sotylize (sotalol) Timolol generic</p>

CR/ER/LA/SR/XL=extended-release; IR=immediate-release

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Bystolic

- ❖ Approvable for members who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred beta-1 cardioselective beta-blocker products (acebutolol, atenolol, betaxolol bisoprolol, metoprolol/metoprolol extended-release).

Coreg CR

- ❖ Approvable for members who have experienced an inadequate response or intolerable side effects to the preferred product, generic carvedilol (immediate-release), and have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, generic metoprolol extended-release.

Innopran XL

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic propranolol immediate-release and generic propranolol extended-release, are not appropriate for the member.

Metoprolol/Hydrochlorothiazide Generic



- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the separate preferred products, generic metoprolol and generic hydrochlorothiazide, are not appropriate for the member.

Sotyize

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

Timolol Generic

- ❖ Approvable for members who have experienced an inadequate with at least 2 preferred beta blockers.

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 <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria 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 www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.