



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AMLODIPINE SUSPENSION

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AMLODIPINE BENZOATE	KATERZIA	45864		GPI-10 (3400000308)	

GUIDELINES FOR USE

1. Is the patient unable to swallow oral amlodipine tablets at prescribed dose?

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of 10mL per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **AMLODIPINE SUSPENSION (Katerzia)** requires the following rule(s) be met for approval:

- A. You are unable to swallow oral amlodipine tablets at prescribed dose

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Katerzia.

REFERENCES

- Katerzia [Prescribing Information]. Greenwood Village, CO: Silvergate Pharmaceuticals, Inc., July 2019.

Library	Commercial	NSA
Yes	Yes	No

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