Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

SDAMLO® (amlodipine) PA CRITERIA:

SDAMLO® (amlodipine) is a long-acting calcium channel blocker used for the treatment of angina and coronary artery disease in adults or hypertension in adults and children 6 years of age and older.

Prior authorization is required for SDAMLO® (amlodipine). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 1 Year

1. The patient meets the minimum age limit as outlined by the product labeling for the indicated diagnosis; **AND**
2. The patient has a diagnosis of hypertension, angina, or coronary artery disease; **AND**
3. The patient has at least a six-month trial and had an inadequate response, intolerance, or contraindication to at least two different preferred long-acting calcium channel blocker agents; **AND**
4. The patient has at least a six-month trial and had an inadequate response, intolerance, or contraindication to NORLIQVA® (amlodipine); **AND**
5. The prescribed dose does not exceed 10 mg per day for adult patients or 5 mg per day for pediatric patients.

Re-Authorization: 1 Year

1. The patient has a positive clinical response to therapy; **AND**
2. The prescribed dose does not exceed 10 mg per day for adult patients or 5 mg per day for pediatric patients.

SDAMLO® Dosing:

- Adults: 5 mg orally once daily with maximum dose 10 mg once daily.
  - Small, fragile, or elderly patients, or patients with hepatic insufficiency may be started on 2.5 mg once daily.
- Pediatrics: 2.5 mg to 5 mg once daily
  - Doses in excess of 5 mg daily have not been studied in pediatric patients.

Formulation: SDAMLO® is available as a 2.5 mg, 5 mg , or 10 mg powder for oral solution.