

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Katerzia (amlodipine) oral suspension

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Katerzia (amlodipine oral suspension)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Katerzia (amlodipine oral suspension) may be approved if the following criteria are met:

- I. Individual is unable to swallow the oral tablet dose form due to a clinical condition including but not limited to the following:
 - A. Dysphagia; **OR**
 - B. Individual's age.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 6, 2019.
2. Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2019. Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.