



AmeriHealth.

Policy Title Amlodipine/atorvastatin (Caduet®)

Policy Number FS.CLIN.66

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Amlodipine/atorvastatin (Caduet®)** is indicated for the treatment of hypercholesterolemia and hypertension in individuals for whom treatment with both amlodipine and atorvastatin is appropriate.

The use of amlodipine/atorvastatin (Caduet®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description **Amlodipine/atorvastatin (Caduet®)** is a combination of two drugs, a dihydropyridine calcium channel blocker (amlodipine) and an HMG-CoA reductase inhibitor (atorvastatin). The amlodipine component of amlodipine/atorvastatin (Caduet®) inhibits the transmembrane influx of calcium ions into vascular smooth muscles and cardiac muscle to cause a reduction in peripheral vascular resistance and a reduction in blood pressure. Atorvastatin is a HMG-CoA reductase inhibitor. HMG-CoA reductase is the rate-limiting enzyme in de novo cholesterol synthesis.

Policy Guideline Inclusion **Amlodipine/atorvastatin (Caduet®)** is approved when **all** of the following inclusion criteria are met:

- Documentation of a trial and failure or contraindication/intolerance/allergy to **one** of the following agents:
 - Lovastatin-containing product
 - Pravastatin-containing product
 - Simvastatin-containing product
- Documentation of a trial and failure or contraindication/intolerance/allergy to rosuvastatin calcium (Crestor®)

Policy Guideline Exclusion

Amlodipine/atorvastatin (Caduet®) is denied when **any** of the following exclusion criteria are present:

- No documentation of a trial and failure or contraindication/intolerance/allergy to **one** of the following agents:
 - Lovastatin-containing product
 - Pravastatin-containing product
 - Simvastatin-containing product
- No documentation of a trial and failure or contraindication/intolerance/allergy to rosuvastatin calcium (Crestor®)

Policy List of Applicable Drugs

Brand Name	Generic Name
Caduet	amlodipine/atorvastatin

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

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**Policy Link to
Related Policies**

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