

Commercial/Healthcare Exchange PA Criteria

Effective: November 2015

Prior Authorization: Prestalia

Products Affected: Prestalia (perindopril arginine and amlodipine besylate) oral tablet

Medication Description:

Perindopril is a prodrug of perindoprilat, an ACE inhibitor. ACE inhibitors decrease vasoconstriction by reducing plasma levels of angiotensin II, a potent peripheral vasoconstrictor. Plasma renin activity is also enhanced, and aldosterone secretion decreased. Amlodipine is a calcium channel antagonist of the dihydropyridine class that reduces peripheral vascular resistance by inhibition of calcium ion influx into vascular smooth muscle cells. Amlodipine is more selective for vascular than cardiac muscle cells.

Covered Uses: Treatment of hypertension

Exclusion Criteria:

1. Hereditary or idiopathic angioedema, with or without previous ACE inhibitor treatment

Required Medical Information:

1. Diagnosis
2. Previous medications tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

1. Patient has a diagnosis of hypertension; AND
2. Patient has a documented intolerance to, or treatment failure to all of the following:
 - a. A generic ACE Inhibitor (ie, lisinopril, benazepril, quinapril, ramipril); AND
 - b. Amlodipine; AND
 - c. Two other generic hypertensive medications

References:

1. Product Information: PRESTALIA(R) oral tablets, perindopril arginine, amlodipine oral tablets. Symplmed Pharmaceuticals LLC (per FDA), Cincinnati, OH, 2017.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/2015
2	Update	Updated template Added exclusion criteria	All	2/2020
3	Update	Update MOA, Exclusion Criteria, References	Medication Description, Exclusion Criteria, References	6/2020