Prior Authorization Approval Criteria

Tribenzor (olmesartan, amlodipine, and hydrochlorothiazide)

Generic name: olmesartan, amlodipine, and hydrochlorothiazide
Brand name: Tribenzor
Medication class: angiotensin receptor blocker, calcium channel blocker and thiazide diuretic
FDA-approved uses: Treatment of hypertension
Available dosage forms: Tablets
mg olmesartan/mg amlodipine/mg hydrochlorothiazide: 20/5/12.5, 40/5/12.5, 40/5/25, 40/10/12.5, and 40/10/25
Usual dose range: One tablet daily (20/5/12.5 to 40/10/25)
Duration of therapy: Indefinite
Approximate monthly cost: (based on AWP 2011)

<table>
<thead>
<tr>
<th>Dosage Form</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/5/12.5 daily</td>
<td>$110.70</td>
</tr>
<tr>
<td>40/5/12.5 daily</td>
<td>$140.40</td>
</tr>
<tr>
<td>40/5/25 daily</td>
<td>$140.40</td>
</tr>
<tr>
<td>40/10/12.5 daily</td>
<td>$140.40</td>
</tr>
<tr>
<td>40/10/25 daily</td>
<td>$140.40</td>
</tr>
</tbody>
</table>

Criteria for use (bullet points below are all inclusive unless otherwise noted):
- The indicated diagnosis (including any applicable labs and/or tests) and medication usage must be supported by documentation from the patient’s medical records.
- Clinically diagnosed mild to moderate hypertension
- Failed thiazide diuretics
- Failed / intolerant to ace inhibitors
- Failed ARBs
- Failed / intolerant to beta blockers
- Failed calcium channel blockers
- Must have tried and failed three drug combinations

Contraindications:
- Anuria
- Hypersensitivity to sulfonamide-derived drug

Not Approved if:
- Does not meet the above stated criteria
- This fixed dose combination is being used for initial therapy

FCHP Pharmacy and Therapeutics Committee approval: ________________________________

Date: ______________________

Adopted: 3/09/11