



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)	20/5/12.5 daily = \$110.70 40/5/12.5 daily = \$140.40 40/5/25 daily = \$140.40 40/10/12.5 daily = \$140.40 40/10/25 daily = \$140.40

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