

CONJUPRI (levamlodipine, oral)

Diagnosis Considered for Coverage:

- Hypertension (HTN)

Coverage Criteria:

For diagnosis listed above:

- Intolerable side or contraindication to amlodipine (Norvasc) not expected with Conjupri, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 09/27/2023