

amlodipine besylate oral solution (NORLIQVA)

Diagnosis Considered for Coverage:

- Hypertension
- Coronary Arterial Disease
- Angina

Coverage Criteria:

For diagnoses listed above and all compendia supported uses:

- Patient is unable to use preferred oral formulation (i.e. tablet, capsule), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 8/31/2022