

**perindopril/amlodipine (PRESTALIA)**

**Diagnosis Considered for Coverage:**

- Hypertension

**Coverage Criteria:**

**For diagnosis listed above:**

- Patient is currently taking both perindopril and amlodipine given separately and request is to reduce pill burden, **and**
- Dose does not exceed 14mg perindopril/10mg amlodipine once a day.

**Coverage Duration:** one year

Effective Date: 8/2/2023