

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Dose Optimization

Override(s)	Approval Duration
Prior Authorization	Approval Duration if dose is being titrated: 3 months Approval Duration for all other approval criteria: 1 year

APPROVAL CRITERIA

Requests for multiple doses of lower strength medications may be approved based on the following criteria:

- I. Individual is intolerant to the recommended drug regimen due to adverse side effects; **OR**
- II. Individual did not achieve desired results with the recommended drug regimen; **OR**
- III. Requested dosage form is not commercially available as a once daily dose; **OR**
- IV. Individual's dose is being titrated; **OR**
- V. Individual cannot use the recommended dosage forms (such as, unable to swallow tablets)

Requests will be approved up to the recommended maximum daily dosing limit that is supported by the FDA for the approved indication. Requests for quantities greater than the maximum daily dose will be reviewed for medical necessity.

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Medication	Strength	Recommended Max Daily Dose
Adalat CC (nifedipine)	30mg	180 mg
Afeditab CR (nifedipine)	30mg	90 mg
Aptiom (eslicarbazepine)	200mg, 400mg	Adult: 1600mg Age 4-17: weight based up to 1200mg
Avapro (irbesartan)	75mg, 150mg	300mg
Azor (amlodipine/olmesartan medoxomil)	5mg/20mg	10mg/40mg
Benicar (olmesartan medoxomil)	20mg	40mg
Benicar HCT(olmesartan medoxomil/hydrochlorothiazide)	20mg/12.5mg	40mg
Briviact (brivaracetam)	10mg, 25mg, 50mg	200mg
Cardene SR (nicardipine hcl)	30mg, 45mg, 60mg	120mg
Cardizem CD (diltiazem hcl)	120mg, 180mg, 240mg	480mg
Cardizem LA (diltiazem hcl)	120mg, 180mg, 240mg	540mg
Covera-HS (verapamil hcl)	180mg, 240mg	540mg
Dilacor XR (diltiazem hcl)	120mg	540mg
Diltiazem ER	180mg	540mg
Diovan HCT (valsartan/ hydrochlorothiazide)	80mg/12.5mg, 160mg/12.5mg	320mg/25mg
Dynacirc CR (isradipine)	5mg, 10mg	20mg
Edarbi (azilsartan medoxomil)	40mg	80mg
Exforge (amlodipine besilate/valsartan)	5mg/160mg	10mg/320mg
Exforge HCT (amlodipine besilate/valsartan/ hydrochlorothiazide)	5mg/160mg/12.5mg	10mg/320mg/25mg
Gocovri ER (amantadine extended release)	68.5 mg	274mg
Gralise (gabapentin extended-release)	300mg	1800mg
Hyzaar (losartan potassium/ hydrochlorothiazide)	50mg/12.5mg	100mg
Ingrezza (valbenazine)	40mg	80mg

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Lyrica CR (pregabalin extended release)	82.5mg, 165mg	660mg
Micardis (telmisartan)	20mg, 40mg	80mg
Micardis HCT (telmisartan/hydrochlorothiazide)	40mg/12.5mg	80mg
Norvasc (amlodipine besylate)	2.5mg, 5mg	10mg
Plendil (felodipine)	2.5mg, 5mg	10mg
Prestalia (perindopril/amlodipine)	3.5 mg/2.5 mg, 7 mg/ 5 mg	14mg/10mg
Prinivil (lisinopril)	2.5mg, 5mg, 10mg, 20mg	40mg
Procardia XL (nifedipine)	30mg	180mg
Sular (nisoldipine)	8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg	34mg
Tarka (trandolapril/verapamil)	1mg/240mg	4mg/240mg
Tekamlo (aliskiren/amlodipine)	150mg/5mg	300mg/10mg
Tekturna (aliskiren fumarate)	150mg	300mg
Tekturna HCT (aliskiren fumarate/hydrochlorothiazide)	150mg/12.5mg	300mg/25mg
Tiazac (diltiazem hcl)	120mg, 180mg, 240mg	540mg
Tribenzor (olmesartan medoxomil/amlodipine/hydrochlorothiazide)	20 /5 /12.5 mg	40 /10 /25 mg
Twynsta (telmisartan/amlodipine)	40mg/5mg	80mg/10mg
Valturna (aliskiren/valsartan)	150mg/160mg	300mg/320mg
Verelan (verapamil sustained release)	120mg, 180mg	480mg
Verelan PM (verapamil hcl)	100mg, 200mg, 300mg	400mg
Zestoretic (lisinopril/hydrochlorothiazide)	10mg/12.5mg	80mg/50mg

Medication	Strength	Recommended Max Daily Dose
HMG CoA Reductase Inhibitors:		
Advicor (niacin extended-release/lovastatin)	500-20mg	2000-40mg/ day
Altoprev (lovastatin)	10mg, 20mg, 40mg	80 mg/day
Caduet (amlodipine besylate/atorvastatin calcium)	2.5-10mg, 2.5-20mg, 2.5-40mg, 5-10mg, 5-20mg, 5-40mg	10-80mg/day
Crestor (rosuvastatin calcium)	5mg, 10mg, 20mg	40mg/day
Lescol (fluvastatin sodium)	20mg, 40mg	80mg/day
Lipitor (atorvastatin calcium)	10mg, 20mg, 40mg	80mg/day
Livalo (pitavastatin calcium)	1mg, 2mg	4mg/day
Lovastatin	10mg, 20mg	80mg/day
Pravachol (pravastatin sodium)	10mg, 20mg, 40mg	Adult: 10-80mg/day

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CRX-ALL-0307-18

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		Age 8-13 years old: 20mg/day Age 14-18 years old: 40mg/day
Zocor (simvastatin)	5mg, 10mg, 20mg, 40mg	80mg/ day
Zypitamag (pitavastatin)	1mg, 2mg	4mg/day
Platelet Aggregation Inhibitors:		
Effient (prasugrel hcl)	5mg	10mg
Miscellaneous:		
Promacta (eltrombopag)* *Note this edit ONLY applies to Medicaid Lines of Business.	12.5mg, 25mg	75mg - ITP 100mg – chronic Hep C
Provigil (modafinil) tablet	100 mg	400 mg

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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