Pharmacy Policy Bulletin: J-1039 Conjupri (levamlodipine) – Commercial and Healthcare Reform	
Number: J-1039	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Other Managed Prior Authorization = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1039-008	**Original Date:** 01/29/2020
Effective Date: 07/18/2025	**Review Date:** 06/25/2025

Drugs Product(s):	• Conjupri (levamlodipine)
FDA-Approved Indication(s):	• Used alone or in combination with other antihypertensive agents for the treatment of hypertension, to lower blood pressure.

Background:	• Conjupri is a calcium channel blocker which contains the pharmacologically active, anti-hypertensive isomer of amlodipine. Amlodipine inhibits the transmembrane influx of calcium ions into vascular smooth muscle and cardiac muscle resulting in vasodilation.
	• The exposure of Conjupri 5 mg and Norvasc (amlodipine) 10 mg are similar under fasting conditions. Conjupri was found to achieve a similar blood pressure lowering effect at half the dose of Norvasc.
	• The American College of Cardiology and American Heart Association clinical practice guidelines for the prevention, detection, evaluation, and management of hypertension in adults state that calcium channel blockers, thiazide diuretics, angiotensin-converting enzyme inhibitors (ACE inhibitors), or angiotensin-receptor blockers (ARBs) are an option as first line agents for the treatment of hypertension. Thiazide diuretics and calcium channel blockers are the preferred options for first-line therapy in most U.S. adults.
	• Prescribing Considerations:
	  ○ Co-administration of simvastatin with amlodipine increases the systemic exposure of simvastatin. Limit the dose of simvastatin in patients on amlodipine to 20 mg daily.
	  ○ Conjupri is supplied as 2.5 mg and 5 mg tablets. Currently, there is an authorized generic of Conjupri available as levamlodipine maleate 5 mg tablet, which is scored.

Approval Criteria

I. Initial Authorization

When a benefit, coverage of Conjupri (levamlodipine) may be approved when all of the following criteria are met **(A. through D.)**:

A. The member is 6 years of age and older.

B. The member has a diagnosis of hypertension (ICD-10: I10).

C. The member has experienced therapeutic failure or intolerance to two (2) of the following plan-preferred generic products, or all are contraindicated **(1., 2., and 3.)**:

1. amlodipine

2. felodipine extended-release

3. nifedipine extended-release

D. If the request is for brand Conjupri, the member has experienced therapeutic failure or intolerance to generic levamlodipine tablets.

II. Reauthorization

When a benefit, reauthorization of Conjupri (levamlodipine) may be approved when all of the following criteria are met **(A. and B.)**:

A. The prescriber attests that the member has achieved a reduction in blood-pressure from baseline.

B. If the request is for brand Conjupri, the member has experienced therapeutic failure or intolerance to generic levamlodipine tablets.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial and HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Conjupri [package insert]. Shijiazhuang, China: CSPC Ouyi Pharmaceutical Co., Ltd.; December 2024.
2. DRUGDEX System (Micromedex 2.0). Greenwood Village, CO: Truven Health Analytics; 2025.
3. Liu F, Qiu M, Zhai SD. Tolerability and effectiveness of (S)-amlodipine compared with racemic amlodipine in hypertension: a systematic review and meta-analysis. *Curr Ther Res*. 2010;71(1):1–29.
4. Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of *The American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Hypertension*. 2018;71(6).