UnitedHealthcare Community Plan

Clinical Pharmacy Program Guideline for Vecamyl

Program	Prior Authorization
Medication	Vecamyl (mecamylamine)
Pharmacy & Therapeutics Approval Date	3/23/2016
Effective Date	11/1/2016

1. Background:

Vecamyl (mecamylamine) is indicated for the management of moderately severe to severe essential hypertension and in uncomplicated cases of malignant hypertension. Vecamyl, was originally approved under the brand name Inversine, which was launched in the 1950s. The product was withdrawn in September, 2009, withdrawal was not due to safety concerns. As of March, 2013, the FDA issued an approval for mecamylamine to be re-marketed in the United States.

2. Coverage Criteria:

A. Initial Authorization

1. **Vecamyl** will be approved based on **one** of the following criteria:

   a. Diagnosis of moderately severe to severe essential hypertension

   -OR-

   b. Diagnosis of uncomplicated malignant hypertension

Authorization will be issued for 12 months.

B. Reauthorization

1. **Vecamyl** will be approved based on the following criterion:

   a. Documentation of a positive clinical response to Vecamyl therapy

Authorization will be issued for 12 months.

3. References:

1. Vecamyl [Package Insert]. Fort Collins, CO: Manchester Pharmaceuticals, Inc; September 2012.
2. James, Paul A, et al. "2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC8)." JAMA: the Journal of the American Medical Association 311.5 (2014):507-520.

Program	Prior Authorization - Vecamyl (mecamylamine)
Change Control	
December 2013	New Guideline for a non-preferred drug
February 2013	Removed Nicotine Dependence section
March 2013	Updated numbering in criteria. “2” changed to “1.2” to allow for proper decision flow.
December 2015	Annual Review
March 2016	Removed requirement for prior therapy with other antihypertensive agents Created new reauthorization criteria