

Reference number
2992-A

# SUPPLEMENTAL SPECIALTY PA

## VECAMYL (mecamylamine hydrochloride)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Management of moderately severe to severe essential hypertension and in uncomplicated cases of malignant hypertension.

All other indications are considered experimental/investigational and not medically necessary.

#### II. CRITERIA FOR INITIAL APPROVAL

##### A. Moderately severe to severe essential hypertension

Authorization of 12 months may be granted for moderately severe to severe essential hypertension when the member has had an inadequate response to a one month trial of a drug combination with at least 1 medication from each of the following classes unless the member has an intolerance or contraindication to the drug class:

1. Diuretic
2. Angiotensin-converting enzyme inhibitor or Angiotensin II receptor antagonist
3. Calcium channel blocker
4. Mineralocorticoid receptor antagonist (e.g., spironolactone)
5. Beta Blocker

##### B. Uncomplicated malignant hypertension

Authorization of 3 months may be granted for uncomplicated malignant hypertension when the member has had an inadequate response to a one month trial of a drug combination with at least 1 medication from each of the following classes unless the member has an intolerance or contraindication to the drug class:

1. Diuretic
2. Angiotensin-converting enzyme inhibitor or Angiotensin II receptor antagonist
3. Calcium channel blocker
4. Mineralocorticoid receptor antagonist (e.g., spironolactone)
5. Beta Blocker

#### III. REFERENCES

1. Vecamyl [prescribing information]. New York, NY: Vyera Pharmaceuticals, LLC.; July 2018.
2. Carey RM, Calhoun DA, Bakris GL, et al. Resistant hypertension: Detection, evaluation, and management: A scientific statement from the American Heart Association. *Hypertension*. 2018;72:e53-e90.