

Alaska Medicaid

VECAMYL™(mecamylamine hcl)

Available 2.5mg tablet

INDICATIONS and USAGE:

For the management of moderately severe to severe essential hypertension and in uncomplicated cases of malignant hypertension.

Criteria for Approval:

1. Diagnosis from the 'Indication and Usage' section; **AND**
2. Use of at least 6 classes of medications within the last 12 months with documented history of failure to achieve blood pressure goals using maximum tolerated doses; **AND**
3. Prescriber must verify the recipient does not have **any** the following contraindications:
 - a. Coronary insufficiency
 - b. Recent myocardial infarction
 - c. Rising or elevated BUN, or known renal insufficiency
 - d. Uremia
 - e. Receiving antibiotics and sulfonamides
 - f. Glaucoma
 - g. Organic pyloric stenosis
 - h. Hypersensitivity to mecamylamine

Length of Authorization:

Coverage may be approved for 6 months.

Dispensing Limit:

The dispensing limit is a 30 day supply of medication with the following **Quantity Limit** of 10 doses per day.

Reminder: You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <http://www.fda.gov/Safety/MedWatch/default.htm> or call 1-800-FDA-1088

References:

Vecamyl™ package insert is available at: <<http://www.manchesterpharma.com/vecamyl.html>>
Accessed 1/02/14

Vecamyl criteria
Version 1
Last updated 1/02/2014
Approved 1/17/2014