

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Vecamyl (mecamylamine)

A. Prescriptions That Require Prior Authorization

All prescriptions for Vecamyl (mecamylamine) must be prior authorized.

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Vecamyl (mecamylamine), the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a diagnosis of severe essential hypertension

AND

2. Is being prescribed the medication by, or in consultation with, a hypertension specialist

AND

3. Does not have a contraindication to Vecamyl (mecamylamine)

AND

4. Has a documented history of failure to achieve blood pressure goals, as defined by the most recent Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC) report, using maximum tolerated doses of all first-line agents and all second-line agents, in accordance with the most recent JNC report.

OR

5. Has a contraindication or intolerance to all first-line and all second-line antihypertensive agents identified in the most recent JNC report

OR

6. Does not meet the clinical review guidelines listed above, but in the professional judgment of the physician reviewer, the therapy is medically necessary to meet the medical needs of the recipient.
7. In addition, if a prescription for Vecamyl (mecamylamine) is in a quantity that exceeds the quantity limit, the determination of whether

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the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

For renewals of prescriptions for Vecamyl (mecamylamine): Requests for prior authorization of renewals of prescriptions for Vecamyl (mecamylamine) that were previously approved will take into account whether the recipient:

1. Has documented improvement in blood pressure

AND

2. Does not have a contraindication to Vecamyl (mecamylamine)

OR

3. Does not meet the clinical review guidelines listed above, but in the professional judgment of the physician reviewer, the therapy is medically necessary to meet the medical needs of the recipient

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for Vecamyl (mecamylamine). If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient

References

1. Vecamyl (mecamylamine) prescribing information. September 2012.
2. Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. December 2003.
3. Micromedex, Drugdex Evaluations. Mecamylamine. Accessed August 2, 2013.