

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1131-11
Program	Prior Authorization/Notification
Medication	Vecamyl® (mecamylamine)
P&T Approval Date	5/2014, 5/2015, 3/2016, 4/2017, 5/2018, 6/2019, 6/2020, 7/2021, 9/2022, 10/2023, 10/2024
Effective Date	1/1/2025

1. Background:

Vecamyl (mecamylamine) is indicated for the management of moderately severe to severe essential hypertension and uncomplicated cases of malignant hypertension.¹ 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 The product was withdrawn in September 2009; withdrawal was not due to safety concerns.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

2. Coverage Criteria^a:

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.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Vecamyl [package insert]. New York, NJ: Vyera Pharmaceuticals LLC; July 2018.
2. U.S. Food and Drug Administration website.
www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=204054.
 Accessed September 6, 2024.

Program	Prior Authorization/Notification - Vecamyl
Change Control	
5/2014	New Program
5/2015	Annual review. No changes.
3/2016	Annual review with administrative changes.
4/2017	Annual review. Updated references.
5/2018	Annual review with administrative changes.
6/2019	Annual review. Updated references.
6/2020	Annual review. Added reference for mecamlamine history.
7/2021	Annual review. Updated references.
9/2022	Annual review. Added state mandate footnote.
10/2023	Annual review. Updated references.
10/2024	Annual review. Updated references.