



VECAMYL PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for the diagnosis of moderately severe to severe essential hypertension or uncomplicated malignant hypertension in members who have tried and failed at least one antihypertensive from two different classes
- ❖ Approvable for Tourette's Syndrome or autism (dramatic mood swings, rage, or chronic irritability with tics associated with these disorders) in members who responded with success to mecamylamine previously or in those members who have tried and failed clonidine or guanfacine, at least one atypical antipsychotic, and at least two antidepressant medications from different classes
- ❖ Approvable as combination therapy for major depressive disorder in members who responded with success to mecamylamine previously or in those members who have tried and failed at least two antidepressant medications from different classes

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.