

STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

NIMODIPINE SOLUTION

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
NIMODIPINE	NYMALIZE		34794	GPI-14	
			43848	(34000022002050)	
			47984	(34000022002054)	
			47985		
			48405		

GUIDELINES FOR USE

- 1. Does the patient have a history of subarachnoid hemorrhage (SAH) from a ruptured intracranial berry aneurysm within the past 21 days and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient is unable to swallow nimodipine capsules

If yes, approve once for the requested strength by GPID or GPI-14 up to a maximum 21 day supply with the following quantity limits:

Nymalize 30mg/10mL: #120mL per day.
Nymalize 60mg/20mL: #120mL per day.
Nymalize 30mg/5mL: #60mL per day.

• Nymalize 60mg/10mL: #60mL per day.

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **NIMODIPINE SOLUTION (Nymalize)** requires the following rule(s) be met for approval:

- A. You have a history of subarachnoid hemorrhage (SAH: bleeding in the space surrounding your brain) from a ruptured intracranial berry aneurysm (an area of an artery wall in your brain ballooned and burst) within the past 21 days
- B. You are 18 years of age or older
- C. You are unable to swallow nimodipine oral capsules

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE

Copyright © 2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.

Revised: 7/7/2021 Page 1 of 2



STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

NIMODIPINE SOLUTION

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Nymalize.

REFERENCES

• Nymalize [Prescribing Information]. Atlanta, GA: Arbor Pharmaceuticals, Inc: April 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A Created: 08/13

Commercial Effective: 07/26/21 Client Approval: 07/21 P&T Approval: 07/20

Copyright © 2021 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.

Revised: 7/7/2021 Page 2 of 2