NIMODIPINE SOLUTION

Generic	Brand	HICL	GCN	Exception/Other
NIMODIPINE	NYMALIZE		34794 43848	

This drug requires a written request for prior authorization.

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?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Is the patient unable to swallow nimodipine capsules?

   If yes, **approve once by GPID up to a maximum 21 day supply with a quantity limit of #120mL per day.**
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

DENIAL TEXT: The guideline named **NIMODIPINE SOLUTION (Nymalize)** requires a history of subarachnoid hemorrhage (SAH) from a ruptured intracranial berry aneurysm within the past 21 days. Nymalize has comparable bioavailability to nimodipine oral capsules and should only be used in patients who are unable to swallow nimodipine oral capsules.

RATIONALE
Ensure cost-effective use of Nymalize with FDA approved indication and dosing.

FDA APPROVED INDICATIONS
Nymalize is a dihydropyridine calcium channel blocker indicated for the improvement of neurological outcome by reducing the incidence and severity of ischemic deficits in adult patients with subarachnoid hemorrhage (SAH) from ruptured intracranial berry aneurysms regardless of their post-ictus neurological condition (i.e., Hunt and Hess Grades I-V).

DOSAGE AND ADMINISTRATION
Treatment courses of Nymalize are started within 96 hours of the onset of SAH. The approved dosage is 20 mL (60 mg) given enterally (orally or via feeding tube) every 4 hours for 21 consecutive days. The dosage can be reduced to 10 mL (30mg) every 4 hours in patients with cirrhosis.

CONTINUED ON NEXT PAGE

NIMODIPINE SOLUTION

FDA APPROVED INDICATIONS (CONTINUED)

DOSAGE AND ADMINISTRATION
Patients who require administration through a feeding tube should use the supplied oral syringe labeled "ORAL USE ONLY." After each dose is administered, the syringe should be refilled with 20 mL of 0.9% saline solution in order to flush any remaining contents from nasogastric or gastric tube into the stomach. Nymalize should not be administered intravenously or using other parenteral routes.

AVAILABLE STRENGTHS
Nymalize is supplied as a 3mg/mL oral solution in a 16 oz (473 mL) bottle, carton of 12 individually wrapped 20mL packages (60 mg/20mL unit-dose cup and one oral syringe) or carton of 12 individually wrapped 10mL packages (30 mg/10mL unit-dose cup and one oral syringe).

REFERENCES

- Nymalize [Prescribing Information]. Atlanta, GA: Arbor Pharmaceuticals, Inc. September, 2017.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 11/01/17
Created: 08/13
Client Approval: 09/17
P&T Approval: 10/17