

## NYMALIZE (30 mg/5 ml unit-dose nimodipine oral solution)

## Diagnosis Considered for Coverage:

 Reduction of the incidence and severity of ischemic deficits associated with subarachnoid hemorrhage (SAH)

## Coverage Criteria:

## For diagnosis listed above:

- Medical reason why patient is unable to use nimodipine capsule formulation (unit-dose card), and
- Dose does not exceed FDA label maximum.

Coverage Duration: Length of benefit

Effective: 9/01/2020GF