



Branded Antivert® Products

Policy # 00782

Original Effective Date: 06/13/2022

Current Effective Date: 06/12/2023

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider the branded Antivert®[‡] Products including Antivert (meclizine) 50 mg oral tablet and Antivert (meclizine) 25 mg chewable tablet to be **eligible for coverage**** when the below patient selection criterion is met.

Patient Selection Criteria

Coverage eligibility will be considered for Antivert (meclizine) 50 mg oral tablet and Antivert (meclizine) 25 mg chewable tablet when the following criterion is met:

- Patient has tried and failed (e.g. intolerance or inadequate response) BOTH the generic meclizine 25 mg and generic meclizine 12.5 mg tablets unless there is clinical evidence or patient history that suggests that the generic products will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

The use of Antivert (meclizine) 50 mg oral tablet and Antivert (meclizine) 25 mg chewable tablet when the patient selection criterion is not met is considered to be **not medically necessary.****

Background/Overview

Antivert contains the active ingredient meclizine which is an anticholinergic agent and is indicated for the treatment of vertigo associated with diseases affecting the vestibular system in adults. The recommended dosage is 25 mg to 100 mg daily administered orally, in divided doses, depending upon clinical response. The generic meclizine is available with a prescription in 12.5 mg and 25 mg

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Branded Antivert® Products

Policy # 00782

Original Effective Date: 06/13/2022

Current Effective Date: 06/12/2023

tablets in addition to 12.5 mg tablets and 25 mg chewable tablets available over the counter. These generic options likely provide a more economical and equally effective treatment option for patients.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Patient selection criteria presented in this policy take into account clinical evidence or patient history that suggest that the patient cannot tolerate the generic meclizine products. Based on review of available data, in the absence of the above-mentioned caveat, there is no advantage of using the branded Antivert products over the available generics.

References

1. Antivert [package insert]. Casper Pharma LLC. East Brunswick, NJ. Updated July 2019.

Policy History

Original Effective Date: 06/13/2022

Current Effective Date: 06/12/2023

05/05/2022 Medical Policy Committee review

05/11/2022 Medical Policy Implementation Committee approval. New policy.

05/04/2023 Medical Policy Committee review

05/10/2023 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 05/2024

****Medically Necessary (or "Medical Necessity")** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Branded Antivert® Products

Policy # 00782

Original Effective Date: 06/13/2022

Current Effective Date: 06/12/2023

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.