



Louisiana

Lucemyra™ (lofexidine)

Policy # 00645

Original Effective Date: 11/21/2018

Current Effective Date: 12/14/2020

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 Lucemyra™‡ (lofexidine) for the mitigation of opioid withdrawal symptoms to be **eligible for coverage**** when the patient selection criteria are met.

Patient Selection Criteria

Coverage eligibility for Lucemyra (lofexidine) will be considered when ALL of the following criteria are met:

- Patient has a diagnosis of opioid use disorder; AND
- Patient is 18 years of age or older, AND
- Requested drug is used for the mitigation of opioid withdrawal symptoms; AND
- Patient is undergoing abrupt opioid discontinuation; AND
- Requested drug is being used with a comprehensive management program to treat opioid use disorder; AND
- Patient and caregiver(s) have been educated on increased risk of overdose; AND
- Patient has tried and failed (e.g. intolerance or inadequate response) oral immediate release generic clonidine or generic transdermal clonidine unless there is clinical evidence or patient history that suggests the use of the required products will be ineffective or cause an adverse reaction to the patient.

*(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

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When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Lucemyra (lofexidine) when the patient has not tried and failed (e.g. intolerance or inadequate response) oral immediate release generic clonidine or generic transdermal clonidine to be **not medically necessary**.**

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of Lucemyra (lofexidine) when the patient selection criteria are not met (with the exception of the criterion denoted as **not medically necessary****) to be **investigational**.*

Background/Overview

Lucemyra is a central alpha-2 adrenergic agonist indicated for the mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults. The usual dose of Lucemyra is three 0.18 mg tablets taken orally 4 times daily at 5 to 6 hour intervals. Lucemyra may be continued for up to 14 days with dosing guided by symptoms. Lucemyra should be discontinued with a gradual dose reduction over 2 to 4 days. Lucemyra is the first non-opioid medication to receive FDA approval for the management of opioid withdrawal symptoms.

Opioid use disorder can involve misuse of prescribed opioid medications, use of diverted opioid medications, or use of illicitly obtained heroin. Opioid use disorder is typically a chronic, relapsing illness, associated with significantly increased rates of morbidity and mortality. Note that the psychiatric diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) opioid abuse and opioid dependence were replaced by one diagnosis, opioid use disorder, in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Of note, Lucemyra trials were conducted under the DSM IV definition, however the label was approved under the DSM 5 definitions.

The American Psychiatric Association practice guidelines and the American Society of Addiction Medicine practice guidelines for the use of medications in the treatment of addiction involving

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opioid use recommend the use of clonidine to suppress withdrawal symptoms. The guidelines have not been updated to include Lucemyra as of the publication of this policy. It should be noted that Lucemyra has not been compared head to head to clonidine, therefore no claims of superiority can be made.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Lucemyra is indicated for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.

Rationale/Source

The efficacy of Lucemyra was established in two phase III, randomized, double-blind, placebo-controlled, multicenter, pivotal studies in patients dependent on short-acting opioids. The primary efficacy endpoint for both pivotal trials was the Short Opiate Withdrawal Scale (SOWS)-Gossop scores on day 3 (Study 1) or the difference between each Lucemyra group vs. the placebo group in overall score on days 1 to 7 (Study 2). SOWS-Gossop is a patient-rated scale consisting of 10 items (each representing a symptom), scored from 0 (none) to 3 (severe) [total range, 0 to 30].

In Study 1, the mean SOWS-Gossop score on day 3 was lower in the Lucemyra 2.88 mg/day group compared with the placebo group (6.32 vs. 8.67, respectively; $P = 0.0212$). In Study 2, the mean SOWS-Gossop score for days 1 to 7 was lower in the Lucemyra groups compared with the placebo group (8.8 for placebo, 6.5 for Lucemyra 2.16 mg/day, and 6.1 for Lucemyra 2.88 mg/day).

References

1. Lucemyra [package insert]. Louisville, Kentucky. Updated May 2018.
2. Lucemyra Drug Evaluation. Express Scripts. Updated June 2018.
3. Comer S, Cunningham C, Fishman MJ, et al. American Society of Addiction Medicine National Practice Guideline for the use of medications in the treatment of addiction involving opioid use. 2015. Available at:
<http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg/complete-guideline>.

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4. Kleber HD, Weiss RD, Anton Jr., RF, et al. American Psychiatric Association practice guideline for the treatment of patients with substance use disorders, second edition. Am J Psychiatry. 2007;164(Suppl 4):5-123. Available at: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf.
5. Opioid Use Disorder. UpToDate. Updated September 2018.

Policy History

Original Effective Date: 11/21/2018

Current Effective Date: 12/14/2020

- 11/08/2018 Medical Policy Committee review
- 11/21/2018 Medical Policy Implementation Committee approval. New policy.
- 11/07/2019 Medical Policy Committee review
- 11/13/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 11/05/2020 Medical Policy Committee review
- 11/11/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 11/2021

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

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1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

**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:

- 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.

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