Ryvent™ (carbinoxamine)

Policy # 00566
Original Effective Date: 06/21/2017
Current Effective Date: 06/20/2018

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 Ryvent™‡ (carbinoxamine) to be **eligible for coverage** when the patient selection criteria are met.

Patient Selection Criteria
Coverage eligibility for Ryvent (carbinoxamine) will be considered when BOTH of the following criteria are met:

- Patient has tried and failed generic carbinoxamine 4 mg tablets/liquid unless there is clinical evidence or patient history that suggests the use of generic carbinoxamine 4 mg tablets/liquid will be ineffective or cause an adverse reaction to the patient; AND
- Patient has tried and failed TWO additional generic prescription antihistamine products (e.g. levocetirizine, desloratadine, clemastine, diphenhydramine, etc) unless there is clinical evidence or patient history that suggests the use of TWO additional generic prescription antihistamine products will be ineffective or cause an adverse reaction to the patient

When Services Are Considered Not Medically Necessary
Based on review of available data, the Company considers the use of Ryvent (carbinoxamine) when BOTH of the patient selection criteria are not met to be **not medically necessary.****

Background/Overview

Ryvent is a 6 mg tablet containing carbinoxamine. Carbinoxamine is a product that is currently generically available as 4 mg tablets and an oral solution. Ryvent is approved for the exact same indications as the generic product. Those indications are seasonal and perennial allergic rhinitis, vasomotor rhinitis, allergic conjunctivitis due to inhalant allergens and foods, mild, uncomplicated allergic skin manifestations of urticarial and angioedema, dermatographism, adjunctive anaphylactic reaction therapy, and amelioration of the severity of allergic reactions to blood or plasma.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)
Ryvent is indicated for seasonal and perennial allergic rhinitis, vasomotor rhinitis, allergic conjunctivitis due to inhalant allergens and foods, mild, uncomplicated allergic skin manifestations of urticarial and

angioedema, dermatographism, adjunctive anaphylactic reaction therapy, and amelioration of the severity of allergic reactions to blood or plasma.

Rationale/Source

Ryvent is simply a 6 mg containing carbinoxamine tablet. Ryvent has the exact same indications as generic carbinoxamine 4 mg tablets and liquid. There are also no clinical studies in the package insert to give insight into any advantages of this product. There have been no head to head studies of this product versus generic carbinoxamine in a clinical setting. Based on a review of the available data, there is no advantage of using Ryvent over generic carbinoxamine.

References

1. Ryvent [package insert]. Carwin Pharmaceutical Associates, LLC. Hazlet, New Jersey.

Policy History

Original Effective Date: 06/21/2017
Current Effective Date: 06/20/2018
06/01/2017 Medical Policy Committee review
06/21/2017 Medical Policy Implementation Committee approval. New policy.
06/07/2018 Medical Policy Committee review
06/20/2018 Medical Policy Implementation Committee approval. No change to coverage.
Next Scheduled Review Date: 06/2019

**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: 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.