Pharmacy Policy

Lucemyra™

Policy Number: 9.501
Version Number: 1
Version Effective Date: 1/1/2021

Product Applicability ☐ **All Plan+ Products**

Well Sense Health Plan
☐ New Hampshire Medicaid

Boston Medical Center HealthNet Plan
☒ MassHealth - MCO
☒ MassHealth - ACO
☐ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **Lucemyra (lofexidine)**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All approved FDA indication unless otherwise excluded
Exclusion Criteria	None
Required Medical Information	1. A diagnosis of Opioid Use Disorder; AND 2. Member is currently or soon to be undergoing abrupt opioid discontinuation within the next 7 days; AND 3. An intolerance, contraindication or inadequate response to a trial of clonidine.
Age Restriction	18 years of age and older
Prescriber Restriction	Prescribed by or in consultation with opioid use disorder specialist
Coverage	Initial: 14 days

+ *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Duration	
Quantity Limit	224 tablets per 14 days
Other criteria	None

Clinical Background Information and References

1. Lucemyra Prescribing Information. US World Meds LLC. South Louisville, KY May 2018
2. Article, Think of Lucemyra as Similar to Clonidine for Opioid Withdrawal, Pharmacist's Letter, August 2018
3. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) national practice guideline for the use of medications in the treatment of addiction involving opioid use. *J Addict Med*. 2015;9(5):358-367

Original Approval Date	Original Effective Date	Policy Owner	Approved by
9/10/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
9/10/2020	9.089 Lucemyra Policy retired, new policy created. Added requirement for treatment to begin within 7 days, updated coverage duration and QL to match manufacturer recommended maximum values	1/1/2021	P&T Committee

Next Review Date

08/2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.