



**Subject:** Naltrexone extended-release injectable suspension (Vivitrol) \*

**Effective Date:** January 25, 2011

**Department(s):** Utilization Management

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**Policy:** For members whose injectable medication is covered through the medical benefit, injectable extended-release naltrexone is reimbursable under Plans administered by QualCare, Inc. when medical necessity criteria specified below are met.

**Objective:** To ensure proper and consistent reimbursement for a medically necessary service

**Procedure:** I. The use of injectable extended-release naltrexone is considered medically necessary for the treatment of alcohol dependence( ICD-9 291.0-291.9, 303.00-303.03, 303.90-303.93, V11.3; ICD-10 F10.20-F10.29, Z71.41) when there is documentation of all of the following:

- A. Evaluation of liver function (blood tests –AST, ALT GGTP, Bilirubin)
- B. Negative toxicological screening tests.
- C. The individual is not taking buprenorphine (Suboxone or Subutex) or methadone for opioid dependence.

- D. The individual is in a psychosocial management program that encourages attendance at 12-Step or mutual-help meetings or other community support.
- E. The individual has been abstinent from alcohol for at least 4 days.
- F. There has been failure of other pharmacological and behavioral treatments, including disulfiram , oral naltrexone and acamprosate.

II. The use of injectable extended-release naltrexone is considered medically necessary for the treatment of opioid dependence(ICD-9 292.0-292.9, 304.00-304.03, 304.70-304.73;ICD-10 F11.20-F11.29 ) when there is Documentation of all of the following:

- A. The member is opioid-free (including tramadol) for at least 7 days as determined by urine drug testing.
- B. Evaluation of liver function (blood tests –AST, ALT GGTP, Bilirubin)
- C. Active participation in a comprehensive rehabilitation program that includes psychosocial support.
- D. Failure of oral naltrexone.

Injectable extended-release naltrexone is administered by intramuscular injection at a dose of 380mg every four weeks. The initial authorization period is three months.

#### References

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.