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

Effective Date: January 25, 2011

Department(s): Utilization Management

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 toxological 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 disulfuram, 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


Drafted By/Date: MMcNeil MD 01/10/11
Approved By/Date: QMC, 01/25/11
Revised By/Date: M.McNeil, MD 03/21/16
Approved By/Date: QM Committee 04/19/16

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