



Office of Pharmacy Services Prior Authorization Criteria

Vivitrol® (naltrexone injection)

Vivitrol® is indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment. Patients should not be actively drinking at the time of initial Vivitrol® administration. Vivitrol® is also indicated for the prevention of relapse to opioid dependence, following opioid detoxification.

Vivitrol® will be approved if the following criteria are met:

1. Prescribed for the treatment of alcohol dependence for patients who are able to abstain from alcohol in an outpatient setting prior to treatment.
- or**
2. Prescribed for prevention of relapse to opioid dependence following opioid dependence.
3. The patient is not in acute opiate withdrawal and has been opioid-free for a minimum of 7 days at the time of administration (for treatment of alcohol dependence or prevention of relapse to opioid dependence).
4. Diagnosis code is provided.
5. The patient is 18 years of age or older.
6. The patient does not have acute hepatitis or liver failure.
7. The patient has not previously exhibited hypersensitivity to naltrexone, PLG, carboxymethylcellulose or any other components of the diluents.

Prescriber requirements:

1. The prior authorization request must be made in writing on the designated form by fax or electronic submission.
2. The prescriber must be enrolled by West Virginia Medicaid, a WV Medicaid MCO or employed by a facility that is enrolled with WV Medicaid.
3. The prescriber must certify that he/she is treating the patient and billing WV Medicaid for the service.
4. The prescriber must attest the board of Pharmacy Prescription Drug Monitoring Program database has been reviewed.
5. Prescriber must document the availability of psychosocial support during treatment for alcohol dependence or prevention of relapse of opioid dependence.