Clinical Policy: Naltrexone (Vivitrol)

Reference Number: ERX.SPA.144
Effective Date: 12.01.15
Last Review Date: 05.21
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Naltrexone (Vivitrol®) is an opioid antagonist.

FDA Approved Indication(s)
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 with Vivitrol. Patients should not be actively drinking at the time of initial Vivitrol administration*
- For the prevention of relapse to opioid dependence, following opioid detoxification*

**Vivitrol should be part of a comprehensive management program that includes psychosocial support.*

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Vivitrol is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Alcohol and Opioid Dependence (must meet all)**:**

1. Diagnosis of one of the following (a or b):
   a. Alcohol dependence;
   b. Opioid dependence;
2. Member meets one of the following (a or b):
   a. Member is currently hospitalized and request is for Vivitrol treatment post-hospital discharge;
   b. Member meets both of the following (i or ii):
      i. If diagnosis is alcohol dependence, recent alcohol screening test (within past 7 days) confirms that member has been alcohol-free;
      ii. Recent naloxone challenge test or urine drug screen (within past 7 days) confirms that member is opioid-free;
3. Dose does not exceed 380 mg every 4 weeks or once a month.

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Alcohol and Opioid Dependence (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;

2. Member is responding positively to therapy;
3. Member does not have concurrent opioid claims per pharmacy record;
4. Evidence of adherence to Vivitrol per pharmacy claims record or provider's notes;
   **If not adherent to treatment, member must meet initial approval criteria*
5. If request is for a dose increase, new dose does not exceed 380 mg every 4 weeks or once a month.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s):
  - Patients receiving opioid analgesics;
  - Patients with current physiologic opioid dependence;
  - Patients in acute opioid withdrawal;
  - Any individual who has failed the naloxone challenge test or has a positive urine screen for opioids;
  - Patients who have previously exhibited hypersensitivity to naltrexone, polylactide-co-glycolide (PLG), carboxymethylcellulose, or any other components of the diluent.
- Boxed warning(s): none reported

Appendix D: General Information
- Opioid-dependent and opioid-using patients, including those being treated for alcohol dependence, should be opioid-free before starting Vivitrol treatment, and should notify healthcare providers of any recent opioid use. An opioid-free duration of a minimum of 7-10 days is recommended for patients to avoid precipitation of opioid withdrawal that may be severe enough to require hospitalization.
- Although the safety and efficacy of Vivitrol have not been established in the pediatric population, the consensus opinion of the American Society of Addiction Medication (ASAM) national practice guideline committee is that opioid agonists (methadone and buprenorphine) and antagonists (naltrexone) may be considered for treatment of opioid use disorder in adolescents. The American Academy of Pediatrics recommends that pediatricians consider offering medication-assisted treatment to their adolescent and young adult patients with severe opioid use disorders or discuss referrals to other providers for this service.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Alcohol and opioid dependence	380 mg IM every 4 weeks or once a month	380 mg/dose

VI. Product Availability

Injectable suspension (vial): 380 mg naltrexone microspheres and 4 mL diluent

VII. References

1. Vivitrol Prescribing Information. Waltham, MA: Alkermes, Inc.; July 2020. Available at http://www.vivitrol.com. Accessed December 2, 2020.
2. 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 Sept/Oct; 9(5).
3. Kleber HD, Weiss RD, Anton RF et al. Practice guidelines for the treatment of patients with substance use disorders, second addition. American Psychiatric Association. Am J Psychiatry. 2006 Aug;163(8 Suppl):5-82.
4. Practice guideline for the treatment of patients with substance use disorders: alcohol, cocaine, opioids. American Psychiatric Association. Am J Psychiatry. 1995 Nov;152(11 Suppl):1-59.
5. AAP Committee on Substance Use and Prevention. Medication-Assisted Treatment of Adolescents With Opioid Use Disorders. *Pediatrics.* 2016;138(3):e20161893.
6. Center for Substance Abuse Treatment. Medications for opioid use disorder. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2020. (Treatment Improvement Protocol (TIP) Series, No. 63) Available from: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006. Accessed December 2, 2020.
7. Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005. Available at: https://www.asam.org/docs/advocacy/samhsa_tip43_matforopioidaddiction.pdf?sfvrsn=0. Accessed December 3, 2020.
8. Center for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 45. HHS Publication No. (SMA) 15-4131. Rockville, MD: Center for Substance Abuse Treatment, 2006. Available at: https://www.samhsa.gov/search-samhsa/featured/tip-45. Accessed December 3, 2020.
9. American Society of Addiction Medicine (ASAM). National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. Available at: https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf. Accessed December 3, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy converted to new template. Added requirement for alcohol abstinence at time of initial request. Added preferencing for oral naltrexone for both indications and additional preferencing for methadone and Suboxone for opioid dependence (per literature review, naltrexone is a third-line therapy). Removed prescriber restriction, requests for documentation, and requirement for participation in abuse counseling program. Modified approval duration from 12 months to 6 months. Removed specific requirements for treatment beyond 12 months and 18 months.	07.16	09.16
Converted to new template. Added age requirement as safety and efficacy has not been established in pediatric patients. Added participation in psychosocial treatment while on Vivitrol to initial and continued criteria. For alcohol dependence, removed abstaining from alcohol in an outpatient setting and not actively drinking at the time of initial Vivitrol administration and replaced with a requirement for alcohol screening test. For opioid dependence, modified trial of methadone and suboxone to methadone or	06.17	08.17

Reviews, Revisions, and Approvals	Date	P&T Approval Date
suboxone. Extended initial approval to 6 months and continued approval to 12 months. Added a time period for which naloxone challenge test/urine drug screen is valid. For re-auth, added requirement for no concurrent opioid claims and evidence of adherence per pharmacy records or doctor's notes.		
1Q18 annual review: Removed age restriction (per ASAM practice guideline, naltrexone may be considered for treatment of opioid use disorder in adolescents) and requirements related to trial and failure of oral naltrexone, and methadone or buprenorphine/naloxone (for opioid dependence) to reduce barriers to treatment due to opioid epidemic. Removed participation in psychosocial treatment while on Vivitrol from initial and continued criteria.	11.10.17	02.18
1Q 2019 annual review: no significant changes; references reviewed and updated.	10.15.18	02.19
1Q 2020 annual review: no significant changes; references reviewed and updated.	11.27.19	02.20
1Q 2021 annual review: no significant changes; references reviewed and updated.	12.02.20	02.21
Added a bypass of the alcohol and opioid screening test requirements for members currently hospitalized who are requesting Vivitrol for treatment post-discharge.	03.22.21	05.21

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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