CVS Caremark®

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| Reference number(s) |
| 1998- A |

# Specialty Guideline Management Vivitrol

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name | Dosage Form |
| --- | --- | --- |
| Vivitrol | naltrexone | extended-release injectable suspension |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-approved Indications1

* 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.
* Vivitrol is indicated for the prevention of relapse to opioid dependence, following opioid detoxification.

All other indications are considered experimental/investigational and not medically necessary.

## Coverage Criteria

### Alcohol Dependence1

Authorization of 12 months may be granted for treatment of alcohol dependence.

### Opioid Dependence1

Authorization of 12 months may be granted for prevention of relapse to opioid dependence.

## Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria.

## References

1. Vivitrol [package insert]. Waltham, MA: Alkermes, Inc.; January 2024.