



Montana Healthcare Programs
Physician-Administered Drug Coverage Criteria

VIVITROL® (naltrexone extended-release)

I. Medication Description

Vivitrol® contains naltrexone, an opioid antagonist, and is indicated for:

- 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.
- Prevention of relapse to opioid dependence, following opioid detoxification.

II. Position Statement

In conjunction with established clinical criteria requirements, providers must follow the Addictive and Mental Disorders Division (AMDD) policy requirements. Providers can find the complete policy within the AMDD Medicaid Services Provider Manual posted at the following link:

<https://dphhs.mt.gov/amdd/>

Note: The prescribing provider must be an enrolled Montana Healthcare Programs provider.

III. Initial Coverage Criteria

Alcohol Dependence:

Member must meet all the following criteria:

- Member is 18 years of age or older.
- Screening/assessment supports a diagnosis of alcohol dependence.
- Clinical rationale submitted why oral naltrexone not appropriate.
- Provider attests behavioral health assessment and engagement in counselling will be recommended as part of treatment plan.
- Opioid-using or opioid-dependent members must be opioid-free for a minimum of 7-10 days or have demonstrated negative naltrexone or naloxone challenge.
- Member must demonstrate tolerability to oral naltrexone.

Opioid Use Disorder:

Member must meet all the following criteria:

- Member is 18 years of age or older.
- Screening/assessment supports a diagnosis of opioid use disorder.
- Clinical rationale submitted why buprenorphine-containing products not appropriate.
- Provider attests behavioral health assessment and engagement in counselling will be recommended as part of treatment plan.
- Member is aware all opioids will be placed on drug non-covered status permanently. All future requests for opioids will require prior authorization.
- Opioid-using or opioid-dependent members must be opioid-free for a minimum of 7-10 days or have demonstrated negative naltrexone or naloxone challenge.
- Member must demonstrate tolerability to oral naltrexone.

IV. Renewal Coverage Criteria

Member must meet all the following criteria:

- Member has been adherent to Vivitrol®.
- Member must attest member is making clinically meaningful progress towards treatment goals.

V. Quantity Limitations

Max 380mg IM every four weeks

VI. Coverage Duration

Initial approval duration: 1 year

Renewal approval duration: 1 year