 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Vivitrol Injections
	PRODUCT LINE:	All
	POLICY NUMBER:	065
	ORIGINAL POLICY EFFECTIVE DATE:	01/24/2011
	LAST REVISED DATE:	05/06/2019
	LAST REVIEWED DATE:	03/07/2024

DESCRIPTION: Vivitrol is a form of the oral drug naltrexone which is administered by intramuscular (IM) gluteal injection. Naltrexone is approved by the FDA for the treatment of alcohol and opioid narcotic dependency by competing with opioid receptor sites and reducing euphoria and drug craving without supporting the addiction. Vivitrol is administered monthly in an outpatient clinic setting.

Vivitrol injections are contraindicated for persons with the following:

- Positive urine screen for opioids
- Current failed naloxone challenge test
- Acute hepatitis or liver failure
- Previous known hypersensitivity to naltrexone

Naloxone Challenge Test: A test done at the discretion of the provider, used to determine if naltrexone administration is appropriate in patients with whom there is concern for current opioid withdrawal or use. Small amounts of naloxone are injected either IV or subcutaneously and patient is monitored for signs and symptoms of opioid withdrawal. *A positive test is a contraindication for beginning therapy with naltrexone.* Test can be repeated in 24 hours and is not necessary to initiate therapy.


POLICY: **Commercial:** Covered service if criteria are met. GHC is responsible for the coverage of this drug.

Vivitrol injections for the treatment of alcohol and/or opioid narcotic dependency are considered medically necessary when all of the following are met:

1. Member is being treated for a diagnosis of alcohol or opioid narcotic dependence, AND
2. Member is not a candidate for Suboxone or related therapy, AND
3. Member has been free from alcohol or opioids for at least 7 days, AND
4. Member is actively participating in AODA counseling

If determined to be medically necessary, approve injections for a period of 3 months with the following verbiage: Monthly Vivitrol injections are approved for 3 months. Future requests for continued authorization of Vivitrol injections must include documentation indicating why a transition to oral naltrexone is contraindicated.

Medicaid: Since Vivitrol is administered in the clinic setting, this medication is covered through Forward Health. Note: There may be some instances where Group Health Cooperative of Eau Claire is responsible for covering this drug based on individual contract circumstances.

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APPROVED: 

DATE: 03/07/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/22/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P
02/15/2014	Lynne Komanec, RN HM Mgr	Reviewed with no changes
01/16/2015	Terry Weaver, RN	Reviewed with no changes
04/28/2016	Betsy Kelly, RN	Reviewed with no changes
05/06/2019	Michele Bauer, MD, CMO	Updated criteria
05/01/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
03/31/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
03/14/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
03/03/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
03/07/2024	Dakota Rau, PharmD	Reviewed. No changes.