

## Prior Authorization Procedure for Vivitrol®

Vivitrol requires Prior Authorization (PA) on all insurance plans.

- Clients with HPSM benefits (MediCal/CareAdvantage) or have ACE coverage, use the HPSM Medication Request Form, available online at [https://www.hpsm.org/documents/HPSM\\_Prior\\_Authorization\\_Request\\_Form.pdf](https://www.hpsm.org/documents/HPSM_Prior_Authorization_Request_Form.pdf).
- Clients with private insurance or Part D Plans, prescriber must use the PA form from private insurance or PDP.

HPSM Criteria for PA Approval for Alcohol Use Disorder (F10.20)

1. Patient must have a diagnosis of alcohol use disorder, and
2. The patient is informed of, referred to, or enrolled in an alcohol use treatment or support program.
3. Patient has demonstrated inability to take oral medications by either
  - a. failed a trial of oral medication for alcohol use disorder (these include acamprosate, oral naltrexone, disulfiram, topiramate, and gabapentin), or
  - b. patient's clinical status indicates instability such that oral medication will not be taken consistently or a trial will likely fail.

HPSM Criteria for PA Approval for Opioid Use Disorder (F11.20)

1. Patient must have a diagnosis of opioid use disorder, and
2. The patient is informed of, referred to, or enrolled in a substance use treatment or support program.
3. Patient has demonstrated inability to take oral medications by either
  - a. failed a trial of oral medication for opioid use disorder (these include oral naltrexone, methadone or buprenorphine), or
  - b. patient's clinical status indicates instability such that oral medication will not be taken consistently or a trial will likely fail.

Prior Authorization Request:

- Complete all fields on the PAR form , especially diagnosis and medical justification (see PAR instructions)
- Print out the PAR
- Fax to HPSM (the fax number on top of the PAR form)
- Order Vivitrol 380mg #1 vial per month.
- Send Vivitrol order via eRx, specifying the date/time and location for delivery in the Special Instructions field
- Use SMMC pharmacy or Ted's pharmacy if clients have HPSM benefits (MediCal and CareAdvantage). Use SMMC pharmacy for ACE and BHRS indigent clients. For primary care patients at Fair Oaks Health Center, you may also use the on-site Safeway pharmacy

Formulary coverage for Medication Assisted Treatments:

Medications	BHRS	ACE	HPSM MediCal	CareAdvantage
Acamprosate	F	F	PA	F
Disulfiram	F	F	F	F
Gabapentin	F	F	F	F
Naltrexone oral	F	F	F	F
Naltrexone injectable	PA	PA	PA	PA
Topiramate	F	F	F	F