

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

VIVITROL (naltrexone)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY TO 855-828-4992**

**CRITERIA for Treatment of Alcohol Abuse OR for Prevention of Relapse to Opioid
Dependence:**

- Diagnosis of alcohol abuse AND/OR Diagnosis of opioid dependence
- Negative urine screen for opioids or passed naloxone challenge.
- **No concomitant treatment with Suboxone or Subutex.**
- Description of the psychosocial support to be received by patient, as indicated by chart notes or a brief letter of medical necessity.
- Current certification that the prescriber has successfully completed both the Utah Medical Association's Controlled Substances Education requirement and the Controlled Substance Database tutorial and examination. See the Utah Medical Association's website for more details.
http://www.utahmed.org/wcm/_PhysicianSupport/Controlled_Substances_Course.aspx

INFORMATION:

- Negative urine screen for opioids is critical regardless of condition being treated - see Vivitrol's FDA-approved prescribing information, section 5.5
- Vivitrol is to be given by substance abuse treatment providers. Provider will bill with J-code J2315, NDC 65757-300-01, and PA number.
- This drug is NOT available to patients with Primary Care Network (PCN) coverage.

AUTHORIZATION for both indications:

Initial authorization is for 6 months.

RE-AUTHORIZATION for both indications:

Updated letter of medical necessity

08/21/2015

<https://medicaid.utah.gov/pharmacy/>