Pharmacy Medical Necessity Guidelines: Naltrexone tablet

Effective: January 1, 2021

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM

These pharmacy medical necessity guidelines apply to the following:

Commercial Products

☐ Tufts Health Plan Commercial products – large group plans
☐ Tufts Health Plan Commercial products – small group and individual plans
☐ Tufts Health Freedom Plan products – large group plans
☐ Tufts Health Freedom Plan products – small group plans
- CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Tufts Health Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan

Fax Numbers:
RXUM: 617.673.0988

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FDA-APPROVED INDICATIONS

Naltrexone tablet is approved for the treatment of alcohol use disorder. It is also approved for the blockade of the effects of exogenously administered opioids.

The goal of the MassHealth Pediatric Behavioral Health Medication Initiative (PBHMI) is to encourage safe prescribing of behavioral health mediation regimens to members less than 18 years of age. As part of PBHMI, a prior authorization is required for pediatric members less than 6 years of age who are being prescribing memantine or donepezil.

COVERAGE GUIDELINES

The plan may authorize coverage of naltrexone tablet Members less than 6 years of age when the following criteria are met:

Age Specific-Criteria for Members Less than 6 Years of Age:

1. Member has one of the following:
   a) Recent psychiatric hospitalization (within the last three months)
   OR
   b) History of severe risk of harm to self or others
   OR
2. All of the following criteria are met:
   a) An appropriate diagnosis
   AND
   b) Treatment plan including the names of the Member's current behavioral health medications and corresponding diagnoses
   AND
   c) The prescriber is a specialist (e.g., neurologist, psychiatrist) or a consult is provided

LIMITATIONS

None

CODES

None

REFERENCES

1. MassHealth. Pediatric Behavioral Health Medication Initiative (PBHMI) Information. Available at: mass.gov/info-details/pediatric-behavioral-health-medication-initiative-pbhmi-information. Accessed 3 September 2020.

APPROVAL HISTORY

September 15, 2020: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:
1.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.