Prior Authorization Review Panel
MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.

Policies submitted without this form will not be considered for review.

Plan: Aetna Better Health	**Submission Date:** 8/1/2021
Policy Number:	**Effective Date:** 8/1/2021 **Revision Date:** 5/2021
Policy Name: Acamprosate (Non-PDL)	
Type of Submission – Check all that apply: ☐ **New Policy** **X Annual Review – No Revisions** ☐ **Revised Policy**	
***All revisions to the policy must be highlighted using track changes throughout the document.** **Please provide any clarifying information for the policy below:** Thank you.	
Name of Authorized Individual (Please type or print): **Natalie Nkurunziza, Pharm.D.**	**Signature of Authorized Individual:** 

Last Review: 5/2021
Previous PARP Approval: 11/2020
Current PARP Approval: 9/2021

AETNA BETTER HEALTH®

Non-Formulary Prior Authorization guideline for acamprosate (Non-PDL)

Authorization guidelines

For members that meet all the following:

A. Diagnosis of alcohol use disorder
B. Member is abstinent from alcohol at treatment initiation
C. Member does not have severe renal dysfunction (Creatine Clearance less than or equal to 30 mL/min)
D. Previous failure of or contraindication/intolerance to naltrexone or disulfiram

Additional Information:

Acamprosate is NOT covered for members with the following criteria:

- Use not approved by the FDA; **AND**
- The use is unapproved and not supported by the literature or evidence as an accepted off-label use.

Approval Duration:
Initial Approval: 3 months
Renewal: 1 year
Requires response to therapy

Quantity Level Limit: Six (6) tablets per day

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

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- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member's family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

References:

1. The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder, January 2018, https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9781615371969, Accessed May 21, 2021.
2. Campral (acamprosate calcium) [package insert], Forest Pharmaceuticals, St Louis, MO 2010, https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021431s015lbl.pdf. Accessed May 21, 2021.
3. Johnson B.A., Pharmacotherapy for alcohol use disorder, 2018, In Hermann, R, (Ed). UpToDate. Retrieved February 7, 2019 from https://www.uptodate.com/contents/pharmacotherapy-for-alcohol-use-disorder?search=acamprosate&source=search_result&selectedTitle=2~12&usage_type=default&display_rank=1
4. Acamprosate monograph, UpToDate, 2019. Retrieved February 7, 2019 from https://www.uptodate.com/contents/acamprosate-drug-information?search=acamprosate&source=panel_search_result&selectedTitle=1~12&usage_type=panel&kp_tab=drug_general&display_rank=1

5. Saitz, R, Approach to treating alcohol use disorder, 2018, In Hermann, R, (Ed). UpToDate. Retrieved February 7, 2019 from https://www.uptodate.com/contents/approach-to-treating-alcohol-use-disorder?search=acamprosate&source=search_result&selectedTitle=3~12&usage_type=default&display_rank=2
6. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; Retrieved from https://www.clinicalkey.com/pharmacology/monograph/2097?sec=monsup . Accessed February 11, 2020.
7. Falk DE, Ryan ML, Fertig JB, Litten RZ. Gabapentin enacarbil extended-release for the treatment of alcohol use disorder: a multi-site, randomized, double blind, placebo-controlled trial. Alcohol Clin Exp Res 2018; 42:67A.