

## **Clinical Policy: Alcohol Use Disorder Agents**

Reference Number: PHW.PDL.748

Effective Date: 01/09/2023

Last Review Date: 11/2023

[Revision Log](#)

### **Policy/Criteria**

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of PA Health & Wellness<sup>®</sup> that Alcohol Use Disorder Agents are **medically necessary** when the following criteria are met:

### **I. Requirements for Prior Authorization of Antihemophilia Agents**

#### **A. Prescriptions That Require Prior Authorization**

1. A non-preferred Alcohol Use Disorder Agents.
2. An Alcohol Use Disorder Agent with a prescribed quantity that exceeds the quantity limit.

#### **B. Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for an Alcohol Use Disorder Agent, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. For a non-preferred Alcohol Use Disorder Agent, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Alcohol Use Disorder Agents; **AND**
2. If a prescription for a Skeletal Muscle Relaxant is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

#### **C. Clinical Review Process**

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Alcohol Use Disorder Agent. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior

## CLINICAL POLICY

### Alcohol Use Disorder Agents



authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member.

#### D. **Approval Duration: 12 months**

#### E. References

1. Reus VI, Fochtmann LJ, Bukstein O, et al. The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder. *Am J Psychiatry* 2018; 175:86.
2. Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2015.

| Reviews, Revisions, and Approvals  | Date       |
|------------------------------------|------------|
| Policy created                     | 01/09/2023 |
| Q1 2024 annual review: no changes. | 11/2023    |