| AETNA BETTER HEALTH®<br>Coverage Policy/Guideline | | | |
|---|---|---|---|
| Name: Acamprosate Calcium | | | Page: 1 of 3 |
| Effective Date: 4/1/2024 | | | Last Review Date: 3/2024 |
| Applies to: | ☐Illinois<br>☐New Jersey<br>☒Pennsylvania Kids | ☐Florida<br>☐Maryland<br>☐Virginia | ☒Florida Kids<br>☐Michigan<br>☐Kentucky PRMD |

## Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Acamprosate calcium under the patient's prescription drug benefit.

## Description:

Acamprosate calcium is indicated for the maintenance of abstinence from alcohol in patients with alcohol dependence who are abstinent at treatment initiation. Treatment with acamprosate calcium should be part of a comprehensive management program that includes psychosocial support.

The efficacy of acamprosate calcium in promoting abstinence has not been demonstrated in subjects who have not undergone detoxification and not achieved alcohol abstinence prior to beginning acamprosate calcium treatment. The efficacy of acamprosate calcium in promoting abstinence from alcohol in polysubstance abusers has not been adequately assessed.

## Applicable Drug List:

**Non-preferred:** Acamprosate calcium

## Policy/Guideline:

**The requested drug will be covered with prior authorization when the following criteria are met:**

- The patient has a diagnosis of alcohol use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

**AND**

- The requested drug will be used as part of a comprehensive management program that includes psychosocial support

**AND**

  - The request is for continuation of therapy

    **AND**

    - The patient has achieved or maintained a positive clinical response (e.g., abstinence from alcohol, increase in abstinent days, decrease in heavy

drinking episodes, improved physical health, improvements in psychosocial functioning)

**OR**

- The patient has experienced improvement on prior therapy and the requested drug will be restarted due to relapse

**OR**

- The patient is, or the patient will be, abstinent from alcohol at treatment initiation

**AND**

- The patient has experienced an inadequate treatment response to oral naltrexone

**OR**

- The patient has experienced an intolerance to oral naltrexone

**OR**

- The patient has a contraindication that would prohibit a trial of oral naltrexone

## Approval Duration and Quantity Restrictions:

**Approval:** 12 months

## References:

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2. Naltrexone [package insert]. Webster Groves, MO: SpecGx LLC.; July 2022.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed October 18, 2023.
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5. Pharmacotherapy for Adults with Alcohol-Use Disorder (AUD) in Outpatient Settings. AHRQ Effective Health Care Program. https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/alcohol-misuse-drug-therapy_clinician.pdf. February 2016. Accessed October 23, 2023.
6. Pharmacotherapy for Adults with Alcohol-Use Disorders in Outpatient Settings: Systematic Review Update. AHRQ Evidence-based Practice Center Systematic Review Protocol. https://effectivehealthcare.ahrq.gov/sites/default/files/product/pdf/alcohol-pharma-final-protocol.pdf. February 2022. Accessed October 23, 2023.

7. Reus VI, Fochtmann LJ, Bukstein O, et al. The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder. *The American Journal of Psychiatry*. January 5, 2018.
8. Substance Abuse and Mental Health Services Administration. (2021). Prescribing Pharmacotherapies for Patients with Alcohol Use Disorder. *Advisory*.
9. Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism, *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.* HHS Publication No. (SMA) 15-4907. Rockville, MD: Substance Abuse and Mental Health Services Administration 2015.