## BRAND Name (generic)

(acamprosate calcium)

# Status: CVS Caremark Criteria Type: Initial Prior Authorization

### POLICY

#### FDA-APPROVED INDICATIONS

Acamprosate calcium is indicated for the maintenance of abstinence from alcohol in patients with alcohol dependence that 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.

#### **COVERAGE CRITERIA**

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

• Patient has a diagnosis of alcohol dependence AND the requested drug will be prescribed as part of a comprehensive psychosocial treatment program

#### AND

- The patient is, or the patient will be, abstinent from alcohol at treatment initiation
- AND
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to naltrexone

#### REFERENCES

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