



**Drug Name:** Vivitrol

**Totally Revised Date:** 8-2018

<b>Drug Name:</b>	<b>Vivitrol</b>
<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• The requested drug is prescribed for the treatment of alcohol dependence</li><li>OR</li><li>• The requested drug is prescribed for the prevention of relapse to opioid dependence</li></ul>
<b>Coverage duration:</b>	24 months