

Evzio® (naloxone autoinjection)
Effective 03/01/18

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Evzio® (naloxone autoinjection) is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression in adults and pediatric patients.

Coverage Guidelines

Authorization may be granted for members when the following criteria are met:

1. Evzio will be used for opioid overdose prevention and/or reversal **AND**
2. Provider submitted clinical rationale to establish medical necessity of the auto-injection formulation, as it pertains to the caregiver (i.e. medical necessity for the auto-injection due to cognitive impairment in the caregiver) **AND**
3. Request is for no more than 1 auto-injection device per year **AND**
4. Provider submitted documentation of trials with covered alternatives or clinical rationale for the use of Evzio over the covered alternatives. Covered alternatives include naloxone syringes with nasal atomizers and Narcan® (naloxone nasal spray).

Limitations

1. Approvals will be granted for 12 months.
2. The following quantity limits apply:
 - a. A maximum of #1 syringe per year (rolling 365 days)

References

1. Evzio (naloxone hydrochloride) [prescribing information]. Richmond, VA: kaleo, Inc; October 2016

Review History



03/01/18 – Effective

04/17/19 – Reviewed in P&T Meeting

Disclaimer

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