

Kloxxado® (naloxone) nasal spray
Effective 02/01/2022

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> MH UPPL <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" 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

Kloxxado is FDA approved for the complete or partial reversal of opioid depression (including respiratory depression) induced by natural and synthetic opioids (eg, propoxyphene, methadone, nalbuphine, butorphanol, pentazocine). Naloxone is also indicated for the diagnosis of suspected or known acute opioid overdose.

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Kloxxado excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has a diagnosis of opioid overdose prevention/reversal
2. ONE of the following:
 - a. Physician documentation of adverse reaction or contraindication to Narcan
 - b. Clinical rationale for the use of Kloxxado instead of other naloxone alternatives

Continuation of Therapy

Reauthorization will be granted when member meets all initial criteria

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months



2. The following quantity limits apply:

Kloxxado 8mg/0.1mL	1 box (2 nasal sprays) per 30 days
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References

1. Kloxxado (naloxone) [prescribing information]. Columbus, OH: Hikma Specialty USA Inc; April 2021.

Review History

11/17/2021 – Created and Reviewed at Nov P&T; matched MH criteria as non-preferred product (must require trial of Narcan). Effective 02/01/2022.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.