

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Evzio (naloxone injection)

Override(s)	Approval Duration
Step Therapy Quantity Limit	1 year

Medications	Quantity Limit	Comments
Naloxone injection 1 mg/mL, 0.4 mg/mL	6 syringes/vials per 3 months	Preferred
Narcan (naloxone) Nasal Spray 4 mg/0.1 mL	6 nasal sprays (3 cartons) per 3 months	
Evzio (naloxone injection)	6 auto-injectors per 3 months	Non Preferred

APPROVAL CRITERIA

Requests for Evzio (naloxone injection) for opioid overdose reversal may be approved when the following criterion is met:

- I. Individual has had a trial of one preferred naloxone agent for opioid overdose reversal.

Preferred agents: Naloxone injection (all strengths, all dose forms – except generic Evzio); Narcan Nasal Spray

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.