

## Evzio (naloxone) Policy Number: C9085-A

**CRITERIA EFFECTIVE DATES:**

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
9/1/2016	1/29/2020	1/29/2021
J CODE	TYPE OF CRITERIA	LAST P&T APPROVAL/VERSION
J3490 (NOC)- Unclassified drugs	RxPA	Q2 2020 20200422C9085-A

**PRODUCTS AFFECTED:**

Evzio (naloxone)

**DRUG CLASS:**

Opioid Antagonists

**ROUTE OF ADMINISTRATION:**

Subcutaneous OR Intramuscular injection

**PLACE OF SERVICE:**

Retail Pharmacy

**AVAILABLE DOSAGE FORMS:**

Evzio Inj 0.4/0.4ML, Evzio Inj 2/0.4ML

**FDA-APPROVED USES:**

Treatment of opioid overdose

**COMPENDIAL APPROVED OFF-LABELED USES:**

None

**COVERAGE CRITERIA: INITIAL AUTHORIZATION**

**DIAGNOSIS:**

Emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression in adults and pediatric patients.

**REQUIRED MEDICAL INFORMATION:**

**A. EMERGENCY TREATMENT OF KNOWN/SUSPECTED OPIOID OVERDOSE:**

1. (a) Claims and chart notes must show member is currently taking an opioid pain medication.  
OR  
(b) Chart notes show that member is at high risk of opioid overdose (e.g. Diagnosis of opiate dependence). Examples include: Recent emergency medical care for opioid overdose, History of opioid addiction or other substance use disorder, Daily opioid doses exceed 100 mg of morphine equivalents, Recent discharge from opioid detox or abstinence based program, Comorbid mental illness (eg, bipolar disorder, schizophrenia, depression), Concomitant use with benzodiazepines, antidepressants, alcohol, or muscle relaxants  
AND

- Documentation shows a valid medical reason why preferred options (eg. nasal spray or naloxone injection) cannot be used

**DURATION OF APPROVAL:**

Initial authorization: 12 months, Continuation of Therapy: 12 months

**QUANTITY:**

Up to 3 injection per 30 days

**PRESCRIBER REQUIREMENTS:**

No requirements

**AGE RESTRICTIONS:**

No restriction

**CONTINUATION OF THERAPY:****A. EMERGENCY TREATMENT OF KNOWN/SUSPECTED OPIOID OVERDOSE:**

- Chart notes show member continues to be at high risk of opioid overdose OR claims show member is still receiving an opioid pain medication  
AND
- Member is filling over 5 times per month, documentation that member has been evaluated by a medical health professional.

**CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:**

Hypersensitivity of naloxone or any component of the formulation.

**OTHER SPECIAL CONSIDERATIONS:**

Cardiovascular diseases, seizures, opioid overdose involving long-acting opioids, partial opioid agonist and mixed agonist/antagonist overdose may require larger or repeat dose of naloxone, postoperative reversal should be avoided after surgical use of opioids at high doses

**BACKGROUND:**

Narcan is naloxone nasal spray while Evzio is an injection (intramuscular or subcutaneous use). Narcan seems less invasion and easier to use

**APPENDIX:**

None

**Documentation Requirements:**

*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

**REFERENCES:**

1. Evzio [package insert]. Richmond, VA: kaleo, Inc.; April 2014.
2. Narcan Nasal Spray [package insert]. Radnor, PA: Adapt Pharma, Inc.; November 2015.
3. Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 14-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.  
[http://store.samhsa.gov/shin/content/SMA14-4742/Toolkit\\_FirstResponders.pdf](http://store.samhsa.gov/shin/content/SMA14-4742/Toolkit_FirstResponders.pdf).
4. Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. World Health Organization. Available at:  
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