**Pharmacy Policy Bulletin**

**Title:** Naloxone auto injector (Evzio)

**Policy #:** Rx.01.167

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*Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.*

*This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.*

*Members are advised to use participating pharmacies in order to receive the highest level of benefits.*

**Intent:**
The intent of this policy is to communicate the medical necessity criteria for naloxone auto-injector (Evzio™).

**Description:**
Drug overdoses are the leading cause of accidental deaths in 25 to 64 years old Americans. The rate of overdose deaths has been rising steadily over the past 20 years. In 2012, approximately 72% of deaths due to drug overdose involved opioid analgesics.

Naloxone is an opioid antagonist that competes for mu, kappa and sigma opiate sites in the central nervous system (CNS), with the strongest affinity for mu receptors. Naloxone is indicated for known or suspected opioid overdoses, manifested by respiratory and/or CNS depression. Naloxone is not a substitute for emergency medical care.

**Policy:**
Naloxone auto-injector (Evzio™) is approved when BOTH of the following are met:
- A. It will be used for known or suspected opioid overdose; and
- B. The prescription is written for the member to whom the medication will be administered.

**Black Box Warning:**
None

**Guidelines:**
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Evzio</td>
<td>Naloxone auto-injector</td>
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Cross References:

Policy Version Number: 4.00
P&T Approval Date: January 12, 2017
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