

Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Evzio (naloxone injection), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be prescribed opioid therapy per physician order for a diagnosis of pain at doses greater than 90 mg morphine equivalent/day or in treatment for opioid addiction. Documentation of treatment regimen must be provided.
- Must have two risk factors for opioid overdose which includes the following:
 - Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, or other respiratory illness
 - Renal dysfunction, hepatic disease, cardiac disease or HIV/AIDS
 - Bipolar or schizophrenia
 - Currently on methadone or other long-acting or extended-release prescription opioid Concurrent benzodiazepine or other sedative use
 - Concurrent alcohol use
 - Concurrent antidepressant use
 - History of substance abuse or illicit opioid use
 - Difficulty accessing emergency medical services
 - Receiving rotating opioid medication regimens and at risk for incomplete cross-tolerance
 - Discharged from emergency medical care following opioid intoxication or poisoning
 - Completing or initiating opioid detoxification or abstinence programs
 - Recently released from incarceration and a past history of opioid abuse
- Must have a caregiver to administer injection

Reauthorization Criteria:

All prior authorization renewals are reviewed on a case-by-case basis to determine the Medical Necessity for continuation of therapy.



Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	1 fill
Reauthorization	Same as initial
Quantity Level Limit	
Evzio	1 pack per 6 months

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Evzio [prescribing information]. Richmond, VA: kaleo, Inc.; 2014.
2. Evzio AMCP Dossier. Richmond, VA: kaleo, Inc.; 2014
3. Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit: Information for Prescribers. HHS Publication No. (SMA) 13-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.
4. Instructions for health care providers with patient inclusion criteria and billing options. Available at: <http://prescribetoprevent.org/prescribers/>. Accessed on: July 8, 2014.
5. Manchikanti L, Abdi S, Atluri S, et al. American Society of Interventional Pain Physicians (ASIPP) guidelines for responsible opioid prescribing in chronic non-cancer pain: Part 2 – Guidance. Pain Physician 2012; 15:S67-S116.
6. Project Lazarus: Policy Briefing Document. Available at: <http://intranasal.net/Peer%20Reviewed%20literature/Project%20Lazarus,%20North%20Carolina%20N%20Naloxone%202007.pdf>. Accessed on: July 9, 2014.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

