

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Emergency treatment for suspected or confirmed opioid overdose
2. High risk of suspected opioid overdose

AND ALL of the following:

- a. Inadequate treatment response, intolerance, or contraindication to **ALL** of the following:
 - i. Narcan nasal spray
 - ii. Generic naloxone (vials)
 - iii. Generic naloxone (auto-injector, prefilled syringe, or solution cartridge)

Prior - Approval Limits

Quantity

<u>Strength</u>	<u>Quantity and Duration</u>
0.4mg	1 carton (2 auto-injectors) per 180 days OR
2mg	1 carton (2 auto-injectors) per 180 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above