

**LifEMS NALOXONE
(Naloxone Convenience Kit)**

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:
 - a. Narcan nasal spray
 - b. Generic naloxone (vials)
 - c. Generic naloxone (auto-injector, prefilled syringe, or solution cartridge)

Prior - Approval Limits

Quantity 2 Kits
Duration 6 months

Prior – Approval *Renewal* Requirements

Same as Above

Prior - Approval *Renewal* Limits

Same as Above