

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Narcan (naloxone) Nasal Spray

Override(s)	Approval Duration
Prior Authorization	1 year

APPROVAL CRITERIA

Requests for Narcan (naloxone) Nasal Spray may be approved when the following criteria are met:

- I. Narcan (naloxone) nasal spray will be used to treat known or suspected opioid overdose; **AND**
- II. Immediate administration will be used in emergency setting where opioids may be present; **AND**
- III. Emergency medical care will be sought immediately after use.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Narcan Nasal Spray [Package insert]. Radnor, PA. Adapt Pharma, Inc.; 11/2015.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.