

**** Pharmacy Provider Notice #310- Opioid Antagonist Provider Protocol & OTC Naloxone Coverage ****

September 5th, 2023

The Department for Medicaid Services (DMS) remains committed to ensuring Kentucky Medicaid members have access to life saving medications used for preventing and responding to opioid overdose.

Attached to this notice you will find an updated statewide Opioid Antagonist Dispensing Protocol issued by DMS Medical Director, Judith Theriot. Opvee nasal spray (Nalmefene 2.7 mg / 0.1 ml) has been added to the medication list. This will allow enrolled pharmacies in Kentucky to receive reimbursement for dispensing naloxone and nalmefene to members who do not have a prescription.

Effective October 5th, DMS will cover Over-the-Counter (OTC) naloxone 4 mg nasal spray on the Fee-For-Service and Managed Care Organizations (MCOs) Over-the-Counter Covered Drug List. The Opioid Antagonist Dispensing Protocol may be used to dispense this product.

Pharmacies should input Dr. Theriot’s National Provider ID (NPI) in the Prescriber ID field. DMS does not currently enroll pharmacists as providers. Therefore, the Pharmacist/Pharmacy NPI should not be used in the Prescriber ID field.

****All noted procedures must be followed to receive reimbursement**.**

Thank you for helping Kentucky Medicaid members maintain access to cost-effective medications by selecting drugs on the preferred drug list whenever possible. For any additional information or questions that you may have, please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com for Fee-for-Service members or the Kentucky MedImpact team at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

Sincerely,

ShaLeigh Hammons, CPhT

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Account Manager I

kyproviders@magellanhealth.com

| Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information | | |
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| Clinical Support Center | 1-800-477-3071 Sunday – Saturday 24 hours a day | Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary. |

| Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information | | |
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| Pharmacy Support Center | 1-800-432-7005 Sunday – Saturday 24 hours a day | Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center. |
| Provider Services | 1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m. | Please contact Provider Services if you have questions about enrollment or when updating your license or bank information. |
| Member Services | 1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m. | Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates. |

Kentucky Statewide Physician Protocol to Initiate Dispensing of Opioid Antagonists for Opioid Overdose Prevention and Response

Purpose

This statewide physician protocol signed by a physician with the Kentucky Department for Public Health specifies the criteria and procedures for eligible pharmacists who have met the requirements and received certification from the Kentucky Board of Pharmacy, according to and in accordance with the Kentucky Board of Pharmacy administrative regulations 201 KAR 2:360 to initiate the dispensing of opioid antagonists. *This signed protocol is intended for pharmacists that **do not** have a medical provider to issue a protocol.*

| Opioid Antagonist Dispensing Protocol | | |
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| Eligible Candidates | <ul style="list-style-type: none"> ▪ Persons with a history of receiving medical care for acute opioid poisoning or overdose ▪ Persons with a suspected history of substance abuse or nonmedical opioid use ▪ Persons receiving high-dose opioid prescriptions (e.g., >50mg morphine equivalent) ▪ Persons who are opioid naïve and receiving a first prescription for methadone for pain ▪ Persons starting buprenorphine or methadone for addiction treatment ▪ Persons on opioid prescriptions for pain in combination with: <ul style="list-style-type: none"> ◦ Smoking, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other respiratory illness ◦ Renal dysfunction, hepatic disease, or cardiac disease ◦ Known or suspected alcohol use ◦ Concurrent benzodiazepine or other sedative prescriptions ◦ Concurrent antidepressant prescription ▪ Persons who may have difficulty accessing emergency medical services ▪ Voluntary request by a person or agency | |
| Medication | Nasal Spray Naloxone HCl 4 mg / 0.1 ml (Narcan) or Naloxone HCl 8 mg / 0.1 ml (Kloxxado) or Nalmefene 2.7 mg / 0.1 ml (Opvee) (for patients 12 and older) Dispense #1 carton | Pre-filled Syringe Naloxone 5 mg /0.5ml injection (Zimhi) (for patients 12 and older) Dispense #1 carton |
| Directions for Use | <ul style="list-style-type: none"> ◦ Call 911. ◦ Do not prime. ◦ Spray in nostril upon signs of opioid overdose. ◦ May repeat in 2–5 minutes in opposite nostril if no or minimal breathing, then as needed (if doses are available), every 2 – 5 minutes. | <ul style="list-style-type: none"> ◦ Call 911. ◦ Administer into the anterolateral aspect of the thigh, through clothing if necessary upon signs of opioid overdose. ◦ May repeat in 2-3 minutes if no or minimal breathing and responsiveness, then as needed (if doses are available), every 2-3 minutes. |

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| Education | <ul style="list-style-type: none"> Pharmacist dispensing an opioid antagonist to a person or agency not operating a harm reduction program shall provide verbal counseling and written educational materials, appropriate to the product and dosage form of dispensed. |
| Documentation | <ul style="list-style-type: none"> Provide education both verbally and in written form for take-home use. Include name and title of person providing education to recipient of the opioid antagonist prescription. Document via prescription record each person who receives an opioid antagonist prescription under this protocol. |
| Contraindications | <ul style="list-style-type: none"> Patients with known hypersensitivity or allergy to naloxone hydrochloride or nalmefene. Naloxone crosses the placenta and may precipitate withdrawal in the fetus. The fetus should be evaluated for signs of distress after naloxone is used. Naloxone should only be used in pregnant women with opioid dependence in situations of life-threatening overdose. (Pregnancy Category C) |
| Notification of Participation | <p>Pharmacists choosing to participate in opioid antagonist distribution under the authority of this Statewide Protocol shall notify the Department for Public Health when initiating their participation. A facsimile of this signed form shall be emailed to Naloxoneprotocol@ky.gov or faxed to 502-564-9377 within seven (7) days of dispensing naloxone.</p> |

Opioid Antagonist Statewide Physician Protocol Signatures:

Judy Ann Theriot, MD, CPE

Judith Ann Theriot, MD, CPE
Medical Director
Kentucky Department for Medicaid Services

July 12, 2023 Date Signed

This order is effective immediately upon signing and may be revised or revoked by the Kentucky Department for Public Health according to their direction.

National Provider ID: 1811990476

By signing this Statewide Physician Protocol, the pharmacist attests that he/she is naloxone-certified by the Kentucky Board of Pharmacy, and has read and understands this Protocol.

Pharmacist

Date Signed

Printed Name

| | |
|---|------------------------|
| Pharmacy Name | Store number(s) |
| Pharmacy Address and email, if available | |

- A copy of this Signed Protocol must be maintained on file and be readily retrievable at each participating pharmacy site.
- This Signed Protocol must be renewed **annually**.

