

## Kentucky Medicaid Pharmacy Provider Notice #277 – Naloxone Treatment Physician Protocol

**This applies to both Fee-For-Service Medicaid and the Managed Care Organizations**

**August 8th, 2022**

Please be advised that 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 a statewide Physician Protocol issued by DMS Medical Director, Judith Theriot. This will allow enrolled pharmacies in Kentucky to receive reimbursement for naloxone for members who do not have a prescription.

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 assisting Kentucky Medicaid members in accessing naloxone coverage.

For any additional information or questions that you may have, please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for Fee-for-Service members or the Kentucky MedImpact team at [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members.

Sincerely,

*Chloé L. Groomes*

Chloé L. Groomes, RPh

Clinical Account Manager

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

<b>Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information</b>		
<b>Clinical Support Center</b>	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.
<b>Pharmacy Support Center</b>	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.
<b>Provider Services</b>	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.
<b>Member Services</b>	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.

July 28, 2022

# Kentucky Statewide Physician Protocol to Initiate Dispensing of Naloxone 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 naloxone. *This signed protocol is intended for pharmacists that **do not** have a medical provider to issue a protocol.*

<b>Naloxone Dispensing Protocol</b>		
<b>Eligible Candidates</b>	<ul style="list-style-type: none"> <li>▪ Persons with a history of receiving medical care for acute opioid poisoning or overdose</li> <li>▪ Persons with a suspected history of substance abuse or non-medical opioid use</li> <li>▪ Persons receiving high-dose opioid prescriptions (e.g. &gt;100 mg morphine equivalent)</li> <li>▪ Persons who are opioid naïve and receiving a first prescription for methadone used for pain</li> <li>▪ Persons starting buprenorphine or methadone for addiction treatment</li> <li>▪ Persons on opioid prescriptions for pain in combination with:               <ul style="list-style-type: none"> <li>◦ Smoking, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other respiratory illness</li> <li>◦ Renal dysfunction, hepatic disease, or cardiac disease</li> <li>◦ Known or suspected alcohol use</li> <li>◦ Concurrent benzodiazepine or other sedative prescriptions</li> <li>◦ Concurrent anti-depressant prescriptions</li> </ul> </li> <li>▪ Persons who may have difficulty accessing emergency medical services</li> <li>▪ Voluntary request by a person or agency</li> </ul>	
<b>Medication</b>	NARCAN® <i>(including associated generics, if available)</i> Naloxone HCl 4mg/0.1 ml Nasal Spray Dispense #1 Carton	KLOXXADO® <i>(including associated generics, if available)</i> Naloxone HCl 8mg/0.1 ml Nasal Spray Dispense #1 Carton
<b>Directions for Use</b>	<ul style="list-style-type: none"> <li>◦ <b>Call 911.</b></li> <li>◦ Do not prime.</li> <li>◦ Spray in nostril upon signs of opioid overdose.</li> <li>◦ May repeat in 2–3 minutes in opposite nostril if no or minimal breathing, then as needed (if doses are available), every 2 to 3 minutes.</li> </ul>	<ul style="list-style-type: none"> <li>◦ <b>Call 911.</b></li> <li>◦ Administer into the anterolateral aspect of the thigh, through clothing if necessary, upon signs of opioid overdose.</li> <li>◦ May repeat in 2-3 minutes if no or minimal breathing and responsiveness.</li> </ul>

<b>Education</b>	<p>Pharmacist will provide and document in the pharmacy management system that persons receiving naloxone under this protocol were educated on the following:</p> <ol style="list-style-type: none"> <li>1. Risk factors for opioid overdose</li> <li>2. Strategies to prevent opioid overdose</li> <li>3. Signs of opioid overdose</li> <li>4. Step-by-step response to an overdose</li> <li>5. Information about naloxone</li> <li>6. Procedures for administering naloxone</li> <li>7. Proper storage procedures and expiration date of the naloxone product dispensed</li> </ol>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Provide education both verbally and in written form for take-home use.</li> <li>▪ Include name and title of person providing education to recipient of the naloxone prescription.</li> <li>▪ Document via prescription record each person who receives a naloxone prescription under this protocol.</li> </ul>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>▪ Patients with known hypersensitivity or allergy to naloxone hydrochloride.</li> <li>▪ 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)</li> </ul>
<b>Notification of Participation</b>	<p>Pharmacists choosing to participate in naloxone 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 <a href="mailto:Naloxoneprotocol@ky.gov">Naloxoneprotocol@ky.gov</a> or faxed to <b>502-564-9377</b> within seven (7) days of dispensing naloxone.</p>

Naloxone Statewide Physician Protocol Signatures:

*Judy Ann Theriot, MD, CPE*

*July, 28, 2022*

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

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Date Signed

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.

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**Pharmacist**

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**Date Signed**

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**Printed Name**

<b>Pharmacy Name</b>	<b>Store number(s)</b>
<b>Pharmacy Address and email, if available</b>	

July 28, 2022

- 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**.

