DATE: July 22, 2025

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: **Naloxone Protocol Update**

Status: MedImpact would like to inform the provider network of the new Naloxone protocol for 2025-2026. Please see the attached document for the protocol.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week];Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	

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.*

<table>
<tr><th colspan="3">Opioid Antagonist Dispensing Protocol</th></tr>
<tr><td>Eligible Candidates</td><td colspan="2">▪ 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:
◦ 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</td></tr>
<tr><td>Medication</td><td>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</td><td>Pre-filled Syringe

Naloxone 5 mg/0.5ml injection (Zimhi) (for patients 12 and older)

Dispense #1 carton</td></tr>
<tr><td>Directions for Use</td><td>◦ 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.</td><td>◦ 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.</td></tr>
</table>

Education	▪ 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	▪ 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	▪ 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	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.

Opioid Antagonist Statewide Physician Protocol Signatures:

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

National Provider ID: 1811990476

July 01, 2025 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.

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**.

July 17, 2024

Kentucky Public Health
Prevent. Promote. Protect.