PRACTICAL GUIDANCE: NALOXONE DISTRIBUTION IN THE SUBSTANCE USE DISORDER (SUD) TREATMENT SETTING UTILIZING INSURANCE AND PRESCRIPTION BENEFITS

Introduction

Naloxone (Narcan®) is a life-saving medicine that reverses the effects of opioids like fentanyl and heroin in emergency situations. It is an opioid antagonist that works by displacing opioids from their receptors in the brain to restore normal breathing and consciousness.

Naloxone distribution is a key overdose prevention strategy. For current data on naloxone distribution and other Bureau of Substance Addiction Services (BSAS) services, please visit the BSAS Dashboard.[1]

Opioids such as fentanyl outlast the effects of naloxone, and a person can begin to experience respiratory distress again as opioids reattach to receptors in the brain after a successful reversal with naloxone. In part, this is why it's important for people who have experienced an overdose to get medical attention and be observed for a period of time after naloxone administration.

Substance use disorder (SUD) treatment facilities are uniquely positioned to reduce overdoses by coordinating access to naloxone and providing overdose education to individuals who use drugs. For these reasons, accessibility to naloxone and education about its use are critical for clients in SUD and medical care.

Pursuant to Chapter 285 of the Acts of 2024, certain **Substance Use Disorder (SUD) Treatment Facilities[2] are required to educate certain patients and residents on the use of naloxone and dispense not less than two doses of naloxone upon discharge, effective July 1, 2025**. This guidance has been created to assist SUD facilities in familiarizing themselves with recommendations and best practices for obtaining naloxone for patient dispensing.

Naloxone is available as a prescription and over-the-counter (OTC) medication. It can be obtained at a pharmacy, hospital, emergency department, certain retail settings, and community-based overdose prevention programs. For SUD treatment facilities, the sustainable and most supportive approach is to utilize pharmacy benefits, also known as prescription drug coverage. This allows naloxone to be billed and reimbursed through a person's insurance at a pharmacy.

Implementation

SUD treatment facilities should establish policies and procedures to ensure patients and residents have at least two naloxone rescue kits, either through direct prescribing or through a Qualified

Standing Order for Dispensing Naloxone Rescue Kits

M.G.L. c. 94C, § 19B, as amended by section 32 of chapter 208 of the Acts of 2018, *An Act for Prevention and Access to Appropriate Care and Treatment of Addiction*, expanded access to naloxone through a statewide standing order. This authorizes licensed pharmacists to dispense naloxone rescue kits to anyone in a position to assist a person at risk of experiencing an opioid-related overdose or at risk of experiencing an opioid-related overdose.

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[2] "Substance use disorder treatment facility", a facility licensed or approved by the department or the department of mental health to offer treatment for substance use disorder, including, but not limited to: (i) withdrawal management services; (ii) clinical stabilization services; (iii) transitional support services; (iv) residential support services; (v) community behavioral health center services; (vi) office-based opioid or addiction treatment services; or (vii) inpatient or outpatient substance use disorder services.

Service Organization Agreement (QSOA) in partnership with a local pharmacy, upon discharge from the facility and educate on its use.

Licensed and Approved Providers shall comply with all federal and state regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.

Program Implementation Plan Recommendations

1. **Develop a written policy and procedure**
    a. This may be incorporated into an existing medication policy and procedure.
2. **Work with the pharmacy to obtain naloxone**
    a. Massachusetts pharmacies are required to stock a continuous, sufficient supply of naloxone in accordance with M.G.L. c. 94C, § 19C.
    b. The Program can obtain naloxone from any pharmacy. It can be a pharmacy the Program has an established relationship with (i.e., a pharmacy partner) or a pharmacy of the resident's or patient's choice.
    c. **Using a pharmacy partner is highly recommended.** If the Program uses a pharmacy to fill patient and resident medications, a new pharmacy partner is not necessary.

A **pharmacy partner or preferred pharmacy** is a pharmacy that has an established relationship with the Program to provide medications and services to patients and residents through a Qualified Service Organization Agreement (QSOA).

3. **Train program staff**

Patients and residents maintain the right to choice and may request that the naloxone be dispensed at another pharmacy of their choice. Obtain any necessary patient consent to share information with the pharmacy where the naloxone order is being placed. Consult with your legal counsel to ensure that you have obtained any patient consents necessary to share information with the pharmacy where the naloxone order is being placed.

Recommended Best Practice for Naloxone Daily Workflow

1. **Upon admission (within 24 hours), make a verbal offer for naloxone to the patient or resident. If the offer is declined, document the refusal in the patient record.**
    a. Chapter 285 of the Acts of 2024 requires SUD treatment facilities to discharge an individual who has: (i) a history of using opioids; (ii) been diagnosed with opioid use disorder; or (iii) experienced an opioid-related overdose, with naloxone. However, it is best practice to offer naloxone to **all** patients and residents. For individuals receiving care in outpatient settings, it is best practice to offer naloxone at enrollment.

Why should naloxone be offered to everyone, even those without an Opioid Use Disorder (OUD) diagnosis or history of experiencing an opioid-related overdose?

The Massachusetts drug supply is unregulated and unpredictable.

Fentanyl has been found in cocaine, methamphetamine, and counterfeit pills –Massachusetts community drug checking programs have found that 66% of samples tested positive for the presence of fentanyl.[3]

Polysubstance use is prevalent. One study found that the majority of primary care patients diagnosed with a substance use disorder (SUD) also met criteria for one or more additional SUDs. Among those meeting criteria for tobacco use disorder, 45.8% also had another SUD, 63.6% for alcohol, 73.8% for cannabis, 87.5% for prescription opioids, 90.2% for cocaine/crack, and 93.8% for heroin.[4]

b. The verbal offer should be made at the beginning of the treatment episode and no later than 24 hours after admission to the facility.

Why is naloxone offered at the beginning of the treatment episode?

Recovery is different for each person. They may voluntarily choose to leave treatment prematurely or against medical/clinical advice within the first 2 days. Following periods of abstinence, such as hospitalization and medical detoxification, causes reduced opioid tolerance and thus increased overdose risk[5]. For this reason, it is critical to make the offer of naloxone ***early within the first 24 hours of admission***.

c. Following the offer, the naloxone should be obtained within a reasonable timeframe.
    - For programs with a stock supply onsite, naloxone should be obtained within 24 hours of the offer.
    - For programs utilizing an offsite pharmacy to obtain naloxone, the naloxone should be filled by the pharmacy in a timely manner and **no later than 48 to 72 hours after admission.**
    - Programs can establish a best practice protocol with the preferred pharmacy that clearly outlines the timeline for naloxone dispensing. Refer to **Attachment B**

d. The offer for naloxone does not need to be a new process and may be incorporated into an existing process. For example,
    - Make the offer for naloxone and the offer for Medication for Addiction Treatment (MAT) / Medications for Opioid Use Disorder (MOUD) at the same time.
    - Make the offer during the Initial Assessment
    - Make the offer when creating the Treatment Plan

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[3]Massachusetts Drug Supply Data Stream (MADDS), 2025
Massachusetts Drug Supply Data Stream (MADDS). (2025) Brandeis University. Accessed 5/15/2025. https:/heller.brandeis.edu/opioid-policy/community-resources/madds/drug-checking-resources.html

[4] John WS, Zhu H, Mannelli P, Schwartz RP, Subramaniam GA, Wu LT. Prevalence, patterns, and correlates of multiple substance use disorders among adult primary care patients. *Drug Alcohol Depend*. 2018;187:79-87. doi:10.1016/j.drugalcdep.2018.01.035

[5] Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study *BMJ* 2003; 326 :959 doi:10.1136/bmj.326.7396.959

- Make the offer when doing safety planning
- Make the offer when doing a medication reconciliation or making the medication list.
- Programs should create a written policy and procedure that clearly outlines *who* and *when* the offer for naloxone is made to patients and residents.

e. Designate a staff member(s) and backup staff member(s) to make the offer for naloxone.

Position: This is not a new position. It can be incorporated into the duties of an existing staff member, such as an intake coordinator, nurse, case manager, counselor, medication specialist, or another direct care worker 105 CMR 164.074(B).

f. **Staff Training:** The staff member making the offer must have overdose response training. They should know how to use naloxone and how to train others in naloxone administration. Approved training and resources for SUD direct care workers can be found at TRAIN Massachusetts at www.train.org.

Programs should establish written protocols and procedures to ensure direct care staff are properly trained, evaluated for competence, and up to date in their overdose response skills and knowledge.

2. **Obtain any necessary patient consent to share information with the pharmacy where the naloxone order is being placed. If the patient or resident refuses to give consent, go to step 6.**
   a. **Consult with your legal counsel to ensure that you have obtained any patient consents necessary to share information with the pharmacy where the naloxone order is being placed**
3. **Obtain a Consent to Bill Insurance, or Insurance Consent, for naloxone and share this information with the pharmacy. If the person declines to use insurance, go to step 6.**
   a. A consent to bill insurance allows naloxone to be submitted to the recipient's insurance for payment and reimbursement.
   b. The Program is responsible for obtaining consent from the resident or patient. The pharmacy is responsible for billing and submitting the claim for payment.
   c. The insurance consent may not constitute a new record. It can be incorporated into an existing document such as the Release of Information or the naloxone order form.
   d. A resident or patient may decline to use their insurance benefits. In these cases, the resident or patient is responsible for any out-of-pocket costs.
4. **Place a naloxone order at the pharmacy.** Contact the pharmacy and request naloxone.
   a. An order for naloxone can be placed at any pharmacy in Massachusetts.
   b. Create a standardized process and/or standardized form to transmit the necessary information to the pharmacy in a timely and efficient manner.
   c. At a minimum, the pharmacy will need the **patient/resident's name, date of birth, prescription insurance information, and consent to bill.** If the naloxone is being delivered, the pharmacy will also need the Program's address. **See Attachment C.**

d. The order for naloxone can be filled without a prescription through the Massachusetts Standing Order or with a prescription if the Program has a medical director, nurse practitioner, or other authorized prescriber. A prescription is not required to place an order for naloxone.

Naloxone Formulation
Several new opioid overdose reversal agents, including long-acting and high-dose agents, have been approved. Medical literature and clinical experience have shown that these are more likely to precipitate withdrawal, which can in turn increase mistrust and foster avoidance of future use of overdose reversal agents among people who use drugs[6]. Providers should keep this in mind when selecting a naloxone formulation. Review **Attachment B** for an overview of the different formulations available.

5. Payment for naloxone, uninsured Individuals and Individuals with Out-of-State Insurance

a. Chapter 285 of the Acts of 2024 mandates that fully-insured Massachusetts insurance plans, Medicaid/MassHealth, and state employee health plans cover naloxone "without a deductible, coinsurance, copayments or out-of-pocket limits; provided, however, that cost-sharing shall be required if the applicable plan is governed by the federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on cost-sharing for this service."

b. *No insurance*: If the patient or resident does not have insurance or prescription drug coverage, begin care coordination as required by 105 CMR 164.074(H); 164.574(H). Assisting patients and residents obtain insurance benefits is part of case management.

c. *Out-of-State Insurance, Medicare, self-insured, or ERISA:* some insurance plans may cover naloxone at no cost, while others may require a copay or deductible. In these cases, the patient or resident is responsible for out-of-pocket costs.

d. The Program may, at its discretion, establish written policies and procedures to assist patients and residents with out-of-pocket costs who are unable to pay due to a lack of prescription coverage.

6. Individuals with no prescription coverage, insufficient financial means, and/or who decline to use their insurance (refuse consent), should be provided with information about community-based overdose prevention programs where the individual may obtain a no-cost naloxone kit at their convenience. If the person is unable to travel to those programs and has a home address in Massachusetts, they may order one naloxone kit per year from YouCan. **Upon delivery to the facility, document and store the naloxone with the patient's or resident's prescription medications.**

Naloxone Documentation:

a. Document naloxone on a standard medication record, such as Medication Administration Record (MAR) or Medication Observation Record (MOR), in accordance with 105 CMR 164.105 (A)7; 164.406 (E).

[6] Commonwealth of Massachusetts. Frequently asked questions (FAQs) about naloxone. Mass.gov. https://www.mass.gov/info-details/frequently-asked-questions-faqs-about-naloxone

b. Programs should **document first, then store** the naloxone to ensure there are no undocumented or unaccounted for medications in the Program.

Naloxone Storage:

c. Naloxone must be stored in the manufacturer's original packaging. The prefilled device should not be removed from the original packaging until it is ready to be used. If the packaging has been damaged or there is evidence of tampering, a new order for naloxone should be placed.

d. Patient or resident-owned naloxone is stored in the same manner as other prescription medications. It must be securely stored in a locked container (such as a locker or cabinet) or locked area (such as a medication room). For recommendations on procedures to allow patient/residents to keep medications on their person, see (g) below.

e. Patient or resident-owned naloxone must be stored separately from the facility supplies. Facilities must not use patient-specific naloxone to stock pharmacies.

f. Programs should not co-mingle or store naloxone belonging to multiple persons together. To prevent loss or misplacement, store each person's naloxone with their other prescription medications.

Storing Naloxone On-Person or Taking Patient or Resident-Owned Naloxone Offsite:

g. Depending on the service setting, over 30-day residential treatment programs, may allow residents to take naloxone with them on leaves of absence such as a weekend pass when they are away from the facility.

    1. This is a harm reduction strategy intended to support residents and possibly other members of the community by minimizing the risks associated with overdose. This does not imply medication misuse will take place during their time away form the program.

h. If the facility allows the patients and residents to keep naloxone on-person or take naloxone offsite, the Program **should still ensure the resident is dispensed two doses of naloxone upon discharge**. For example, if the resident uses or misplaces a dose of naloxone, the program is responsible for obtaining a replacement dose. MassHealth will cover a naloxone kit each day.

    1. Depending on each individual insurance, there may be daily or monthly limits to the amount of naloxone that can be filled

7. Educate the patient or resident on overdose prevention, recognition, and response.

a. Designate staff member(s) responsible for providing patient and resident overdose prevention education. Develop a clear policy and procedure outlining the responsible staff and designated backups. Overdose educators do not constitute a new position.

b. Overdose education can be completed in a one-on-one meeting or as a group.

c. It can be incorporated into an existing procedure such as discharge, safety, and aftercare planning.

d. Overdose education must be provided at least once during the treatment episode. It can be provided prior to discharge. Document the date in the patient record. This does not constitute a new record. It may be recorded in a treatment plan, crisis prevention plan,

safety plan, relapse prevention plan, or another document in accordance with BSAS Performance Specifications.

e. Provide the patient and resident with information on how to access naloxone in the community. **See Attachment G.**

8. At discharge, document that the patient or resident is leaving with two (2) doses of naloxone in hand. A person who has previously declined an offer of naloxone should be re-offered naloxone at discharge.

a. If the patient or resident does not return or refuses to take naloxone with them, document this in the patient or resident record.

- If at the time of discharge, the patient or resident-owned naloxone cannot be located, for any reason, efforts should be made to utilize methods described above for procuring naloxone for patients at discharge. In some cases, such as when a patient is imminently leaving against clinical advice, programs may choose to purchase and stock extra kits to distribute.

Applicable Good Samaritan Laws

Pursuant to M.G.L. c. 94C, § 19B, as amended by section 32 of chapter 208 of the acts of 2018, *An Act for Prevention and Access to Appropriate Care and Treatment of Addiction,* naloxone can be accessed without a prescription through a statewide Standing Order.

Chapter 208 protects the physician signing the statewide order, and all practitioners prescribing or dispensing naloxone from criminal or civil liability or any professional disciplinary action (M.G.L. c. 94C, § 19B(f)). In addition to the immunity established under M.G.L. c. 94C, § 34A, chapter 208 also provides criminal and civil immunity for anyone, acting in good faith, who administers an opioid antagonist to an individual appearing to experience an opioid-related overdose (M.G.L. c. 94C, § 19B(g)).

9. Data to include in patient and/or resident's chart, as required:

a. All offers of naloxone

Consider documenting:

b. Number of naloxone doses distributed

c. Number of referrals to a pharmacy

Questions? Please contact:

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Note: The information given for participants in the Guidance development indicates their affiliations at the time of their participation and may not reflect their current affiliations.

This guidance was developed by a group of primarily nonfederal clinical, research, administrative, and recovery support experts with deep knowledge of the Guidance topic. With the Massachusetts Department of Public Health's Bureau of Substance Addiction Services (DPH-BSAS), the authors and reviewers develop Guidance through a consensus-driven, collaborative process that blends evidence-based and best practices with the panel members' expertise and combined experience.

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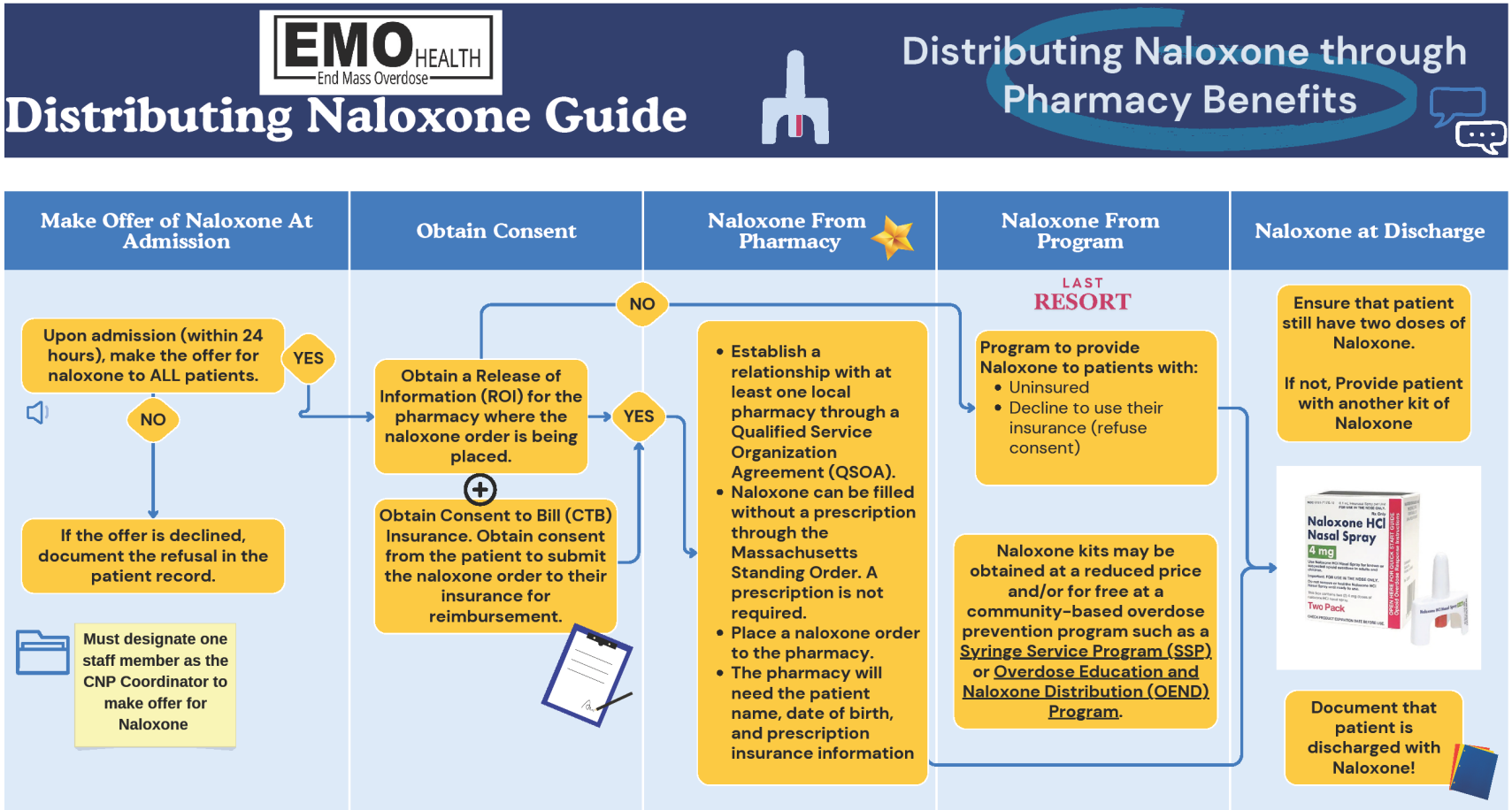
Disclaimer: The views, opinions, and content expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of SAMHSA or HHS or BSAS. No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

Attachment A: Example Workflow - Distributing Naloxone through Pharmacy Benefits



Attachment B: Establishing a Pharmacy Partnership

Background: All Massachusetts pharmacies are required to maintain a "continuous, sufficient supply of naloxone to meet the needs of the community" (M.G.L. c. 94C, § 19C; The Board of Registration in Pharmacy Policy 2024-01: Naloxone Dispensing). Additionally, Massachusetts law allows any person to purchase naloxone without a prescription using their prescription insurance (M.G.L. c. 94C, § 19B).

Addressing Pharmacy Hesitancy and Resistance: Pharmacies may hesitate to explicitly agree to partner with programs to fulfill naloxone orders. A pharmacist may not have the authority to make business agreements on behalf of their employer. Programs can advocate for their patients and residents by preparing the following:

a) Estimating the number of naloxone requests per week based on historical admissions and discharge data
b) Fulfillment expectations, such as being able to wait up to 48 hours for pick-up or delivery

Steps to Establish a Pharmacy Partnership:

1. Contact a local pharmacy and sign a Qualified Service Organization Agreement (QSOA). Note that the program's priority should be working with the patient's pharmacy of choice, so while creating a QSOA with the provider is good practice for serving patients without a pharmacy preference, a QSOA may not be appropriate in many cases.
2. Designate a person to serve as the main point of contact at the Program.
3. Discuss the naloxone workflow with the pharmacy including:
    a. What is the preferred method of communicating the requests (ex. phone or fax)
    b. What information is required to bill the patient's insurance (ex. name, date of birth, insurance numbers, etc.)
    c. How long after the request is submitted can the program or patient expect to pick up the order or receive delivery (if offered)
    d. Who to contact at the Program if there is a copay or out of pocket cost

No Pharmacy Partner:

Programs that are unable to establish a formal relationship with a pharmacy partner are still expected to distribute two doses of naloxone at discharge. Naloxone can be accessed through any Massachusetts pharmacy; however, the administrative burden on both the program and the pharmacy may be greater. Therefore, it is best practice to establish a working relationship with at least one pharmacy partner.

Refer to DPH and BSAS guide on how community members can access naloxone at pharmacies by visiting mass.gov [https://www.mass.gov/info-details/getting-naloxone-from-a-pharmacy-or-store]. Programs and patients are eligible to utilize these same pharmacy benefits. The second option, to bill insurance without a prescription, will be the preferred option for most programs. Use the DPH-BSAS guide to lead program policy and procedure.

Attachment C: Sample Naloxone Request Form

<table>
<tr><td colspan="2">Patient Name:

Date of Birth (MM/DD/YYYY):</td><td colspan="2">Allergies to medications or food:
☐No Known Allergies
☐Penicillin
☐Sulfa Drugs
☐Aspirin
☐Other (please list):</td></tr>
<tr><td colspan="4">Last known address (optional):

Street address including apt/unit/bldg. # City State Zip Code</td></tr>
<tr><td colspan="4">Delivery Address:</td></tr>
<tr><td colspan="4">Prescription Insurance Information</td></tr>
<tr><td colspan="2">☐Medicaid Patient</td><td colspan="2">☐Patient has MA Health Standard (blue card)
☐Patient has ACO/MCO/PCC/SCO through MA Health</td></tr>
<tr><td colspan="2">MA Health ID #:</td><td colspan="2">Plan ID # (if different than MA Health ID):</td></tr>
<tr><td colspan="2">☐NON-Medicaid Patient</td><td colspan="2">Name of Plan:</td></tr>
<tr><td>BIN #:</td><td>PCN #:</td><td>ID #:</td><td>Rx Group:</td></tr>
</table>

Attachment D: MassHealth Copayment Rules Poster

Attention MassHealth Members

Copayment Rules Effective January 1, 2025

MassHealth members do not have to pay copays for prescription drugs. This policy includes members in

- MassHealth Fee-for-Service (FFS) plans;
- Primary Care Accountable Care Organizations;
- Accountable Care Partnership Plans (ACPPs);
- Managed Care Organizations (MCOs);
- One Care Plans;
- Senior Care Options (SCO) Plans; and
- Program of All-inclusive Care for the Elderly (PACE) Organizations.

It also applies to Health Safety Net (HSN) patients and Children's Medical Security Plan (CMSP) members.

If your pharmacist charges you a copay, and you think they should not have, be sure to tell your pharmacist.

If you **have questions** about the copay policy or **need to report changes** like a change in your contact information, call the MassHealth Customer Service Center (CSC) at (800) 841-2900, TDD/TTY: 711.

Copay-1 Rev. 2024-12

Attachment E: MassHealth Pharmacy Naloxone Availability and Coverage

MassHealth Pharmacy Naloxone Availability and Coverage

The standing order for dispensing naloxone rescue kits authorizes licensed pharmacists to dispense naloxone rescue kits to a person at risk of experiencing an opioid-related overdose. Licensed pharmacists may also dispense the naloxone rescue kits to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose. Please refer to M.G.L. c. 94C, § 19B for further information on the standing order for naloxone (https://www.mass.gov/doc/naloxone-standing-order-1/download).

This page lists prescription and over-the-counter (OTC) naloxone products that are covered by MassHealth without prior authorization (PA). These products are available at no out-of-pocket cost and without quantity limits. Naloxone products recently approved for OTC use have been added to the MassHealth OTC Drug List and the OTC Drug List will be updated as needed with new formulations.

- Kloxxado (naloxone 8 mg/0.1 mL nasal spray)
- naloxone 4 mg nasal spray
- naloxone vial, 0.4 mg/mL syringe, 2 mg/2 mL syringe
- Narcan (naloxone 4 mg nasal spray)
- Rivive (naloxone 3 mg nasal spray)*
- Zimhi (naloxone 5 mg /0.5 mL syringe)

* FDA-approved over-the-counter formulation

When dispensing naloxone products, pharmacies should submit claims as a 1-day supply. If additional naloxone is needed for a member within the same day, pharmacists should contact the MassHealth Drug Utilization Review Program for an emergency override at 1-800-745-7318 during normal business hours. Outside of business hours, pharmacies may submit an emergency override claim with a value of “03” for level of service (Field 418-DI).

MHNAC List (Rev. 07/24)

Attachment F: Educating Patients and Residents on Overdose Recognition and Response

Minimum treatment service requirements for all BSAS-licensed programs include overdose prevention education as stated in **CMR 164.074**. This programming may be provided directly by the program staff as a one-on-one meeting or as a group.

Overdose Educator Training

Staff serving as overdose educators must be trained in overdose prevention, recognition, and response.

In accordance with the best practices outlined in **105 CMR 700.00**, Overdose Educator training requirements include, but are not limited to, the following:

1. Procedures for risk reduction
2. Recognition of the signs and symptoms of an opioid-related overdose
3. Proper use and administration of naloxone
4. Procedures for notification of emergency medical services and other appropriate persons following administration

Training Resources:

Massachusetts Department of Public Health

- https://www.mass.gov/opioid-overdose-prevention-information
- https://www.mass.gov/stop-an-overdose-with-narcanr
- https://www.mass.gov/service-details/overdose-prevention-training-resources

Massachusetts Clearinghouse

- For free health promotion materials for Massachusetts residents and health and social services providers https://massclearinghouse.ehs.state.ma.us/category/ALCH.html

Prescribe to Prevent

- For information on clinician resources about prescribing naloxone including different naloxone formulations see: https://prescribetoprevent.org/clinician-resource/general/

Training Videos:

- You Can Save a Life informational website and videos: https://youcan.info/

Attachment G: Resident Handout at Discharge

References

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