**Executive Summary**

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** According to the U.S. Department of Health and Human Services (HHS), in 2019, 10.1 million people misused prescription opioids. Of those, 1.6 million were diagnosed with an opioid use disorder; 48,006 deaths were attributed to overdosing on synthetic opioids other than methadone. In Missouri in 2018, nearly 3.1 persons died each day from an opioid overdose.

Naloxone is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. Historically, naloxone has only been available in a 0.4 mg single dose vial for intramuscular (IM) injection. A 2 mg/2 mL prefilled syringe is also available and has been used with an atomizer device to administer naloxone intranasally.

In April 2021 Kloxxado™, an 8 mg/0.1 mL nasal spray, received FDA approval based on safety and efficacy data from naloxone hydrochloride (Narcan® injection). The need for a higher dosed naloxone product stems from the increased potency of synthetic opioids, for which a higher dose may be required to revive a patient. The product is available in a carton containing 2 single dose nasal spray devices, each containing 8 mg naloxone.

Narcan® Nasal Spray delivers a 4 mg dose of naloxone and is available as a two-pack. All products reviewed within this PDL class will be available without restriction as “preferred” products for MO HealthNet participants at risk of harm from an opiate overdose. Pharmacists in Missouri are able to dispense naloxone according to protocol upon request or upon presentation of a valid prescription. A statewide Standing Order issued by the Missouri Department of Health and Senior Services is available at [https://pr.mo.gov/boards/pharmacy/NaloxoneStandingOrder.pdf](https://pr.mo.gov/boards/pharmacy/NaloxoneStandingOrder.pdf).

Total program savings for the PDL classes will be regularly reviewed.

<table>
<thead>
<tr>
<th>Program-Specific Information:</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Kloxxado™</td>
<td>Naroxone 4 mg Nasal Spray</td>
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<tr>
<td></td>
<td>Naloxone</td>
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<td>Narcan®</td>
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Setting & Population

- Drug class for review: Opioid Emergency Reversal Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Claim is for a preferred product

Denial Criteria

- Therapy will be denied if all approval criteria are not met

Required Documentation

- Laboratory Results: 
- Progress Notes: 
- MedWatch Form: ☒
- Other:

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List Edit)
Rule Type: PDL

Default Approval Period

3 months

References

• USPDI, Micromedex; 2021.