



Missouri Pharmacy Program – Preferred Drug List



Opioid Emergency Reversal Agents

Effective 04/06/2017

Revised 04/04/2019

Preferred Agents

- Narcan® Nasal Spray
- Naltrexone Syringe/Vial

Non-Preferred Agents

Approval Criteria

- Claim is for a preferred product

Denial Criteria

- Drug Prior Authorization Hotline: (800) 392-8030