



**DATE:** October 29, 2024

**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

**Subject: Naloxone Nasal Spray Quantity Limit Increase** 

**Status:** MedImpact would like to remind providers the quantity limit increase for naloxone 4 mg nasal spray.

**Effective October 19, 2024** the Kentucky Department for Medicaid Services (DMS) has increased the allowed quantity limit for covered NDCs of naloxone 4 mg nasal spray to **4 units (2 packages) per month.** This applies to both brand and generic covered NDCs. Pharmacies are encouraged to continue following the appropriate dispensing protocols for naloxone and only dispense the necessary quantity to Kentucky Medicaid members.

Covered NDCs of naloxone can be found on the MedImpact drug lookup tool: https://kyportal.medimpact.com/medicaid-member-portal/formulary-search

Covered NDC*	Label Name	OTC/Rx
00480-3478-19	NALOXONE HCL	OTC
00480-3478-68	NALOXONE HCL	OTC
45802-0578-00	NALOXONE HCL	OTC
45802-0578-84	NALOXONE HCL	OTC
50090-6963-00	NALOXONE HCL	OTC
69238-2104-01	NALOXONE HCL	OTC
69238-2104-07	NALOXONE HCL	OTC
69547-0627-02	NARCAN	OTC
69547-0353-02	NARCAN	Rx
00093-2165-19	NALOXONE HCL	Rx
00093-2165-68	NALOXONE HCL	Rx
00781-7176-06	NALOXONE HCL	Rx
00781-7176-12	NALOXONE HCL	Rx
50090-2422-00	NARCAN	Rx
50090-5908-00	NALOXONE HCL	Rx
50090-6710-00	NALOXONE HCL	Rx
55700-0457-01	NARCAN	Rx
76329-3669-02	REXTOVY	Rx

<sup>\*</sup>Subject to change. Results of claim submission may differ due to the application of real-time drug, eligibility, formulary, and benefits information.







## **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		

