

# Distributing Naloxone in OTP Settings

## A Guide to Implementing Chapter 285 of the Acts of 2024

### Speakers:

Elthea Sykes, PharmD, RPh

Shawna Smith, LICSW



# DISCLOSURE

I have no financial interests or relationships to disclose.

## COPYRIGHT

Copyright © 2025 End Mass Overdose Inc. All rights reserved. All materials presented are copyrighted and owned by EMO, or other individuals or entities as designated. Any republication, retransmission, reproduction, downloading, storing or distribution of all or part of any materials found on this presentation is expressly prohibited.

## FAIR USE STATEMENT

Content not developed by EMO may be provided from time to time for informational and educational purposes only. Copyright Disclaimer under Section 107 of the Copyright Act of 1976: Allowance is made for “fair use” for purposes such as criticism, comment, news reporting, teaching, scholarship, education, and research. Fair use is a use permitted by copyright statute that might otherwise be infringing. All rights and credit go directly to its rightful owners. No copyright infringement is intended.



# SPECIAL THANKS

In partnership with the Bureau of Substance Addiction Services (BSAS)

# FUNDING

Provided by the Massachusetts Department of Public Health



# DISCLAIMER

The information contained in this presentation and any written materials or publications (“content”) represents the views and opinions of the original authors and presenters and does not necessarily represent the official policy or position of End Mass Overdose Inc. d/b/a EMO Health (“EMO”). The mere appearance of such content, including but not limited to the mention of trade names, products, services, and business practices, does not constitute an endorsement by EMO or its affiliates. **The content has been made available for informational and educational purposes only.** EMO does not make any representation, guarantees, or warranties with respect to the accuracy, reliability, applicability, timeliness, fitness, or completeness of the content provided. EMO does not warrant the performance, effectiveness, or applicability of any references, resources, or websites listed or linked to in any content.

The content contains general information and should not be considered legal, accounting, consulting, or any other professional advice. In all cases, the individual should consult with professional advisors familiar with the individual’s unique situation for advice concerning specific matters before making any decisions.

EMO is not responsible for any errors or omissions, or for the results obtained from the use of the content. None of the authors, contributors, presenters, administrators, or affiliates of EMO can be held responsible for an individual’s use of the information contained in or linked in the content. EMO disclaims any and all liability with respect to the actions taken or not taken by an individual based on any or all content. **The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment.** Consult your local medical authority for advice. Individuals should always seek the advice of a qualified healthcare professional familiar with their personal medical needs. EMO disclaims any and all liability to any party for any direct, indirect, implied, punitive, special, incidental or other consequential damages arising directly or indirectly from any use of the content, which is provided as is, and without warranties.



# Group Agreements



Mute When Not Speaking: Keep your microphone muted to avoid background noise unless you're answering a question.



Be Present and Engaged: Stay focused, avoid multitasking, and give your full attention to the presentation.



Respect Others: Listen actively, don't interrupt, and respond respectfully in both voice and chat.



Use the Chat Appropriately: Use the chat for questions or comments about the discussed topic.

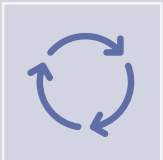
# By the end of this presentation, you should be able to:



Summarize the law regarding naloxone distribution in substance disorder facilities and explain the legal requirements for OTPs



Describe how OTPs can help patients utilize the pharmacy benefits



Identify best practices and a potential workflow for distribution



**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](#).<sup>1</sup>

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<sup>2</sup> 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.

[percent-in-2023](#)

<sup>2</sup> "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.

Created: 09/2024  
Last updated: 07/2025

1

Please refer to the guidance provided, which includes references, attachments, and detailed recommendations discussed in today's presentation.



© 2025 EMO Health. All Rights Reserved.

# Requirement



Based on current laws, regulations, and/or contractual agreements.

Programs *must* follow the minimum requirement

# Best Practice



Based on current evidence and standards of care.

They are recommendations that professionals *should* follow





# Office Hours

Thursday  
Sept 18, 2025  
1 PM



# Chapter 285 of the Acts of 2024

(b) A substance use disorder treatment facility shall, upon discharge of a patient who has:

- (i) a history of using opioids; (ii) been diagnosed with opioid use disorder; or (iii) experienced an opioid-related overdose, educate the patient on the use of opioid antagonists and dispense not less than 2 doses of an opioid antagonist to the patient or a legal guardian.

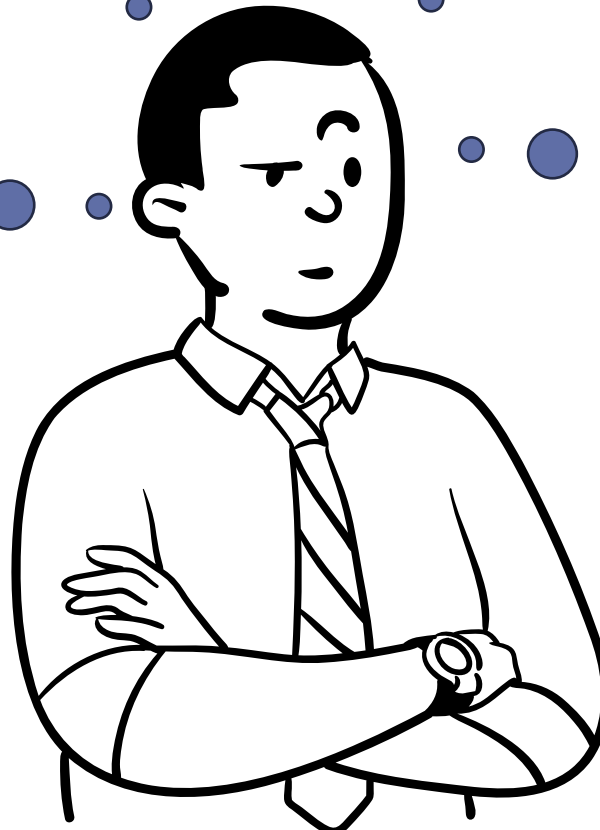


Why did this  
get passed?

What's an  
opioid  
antagonist?

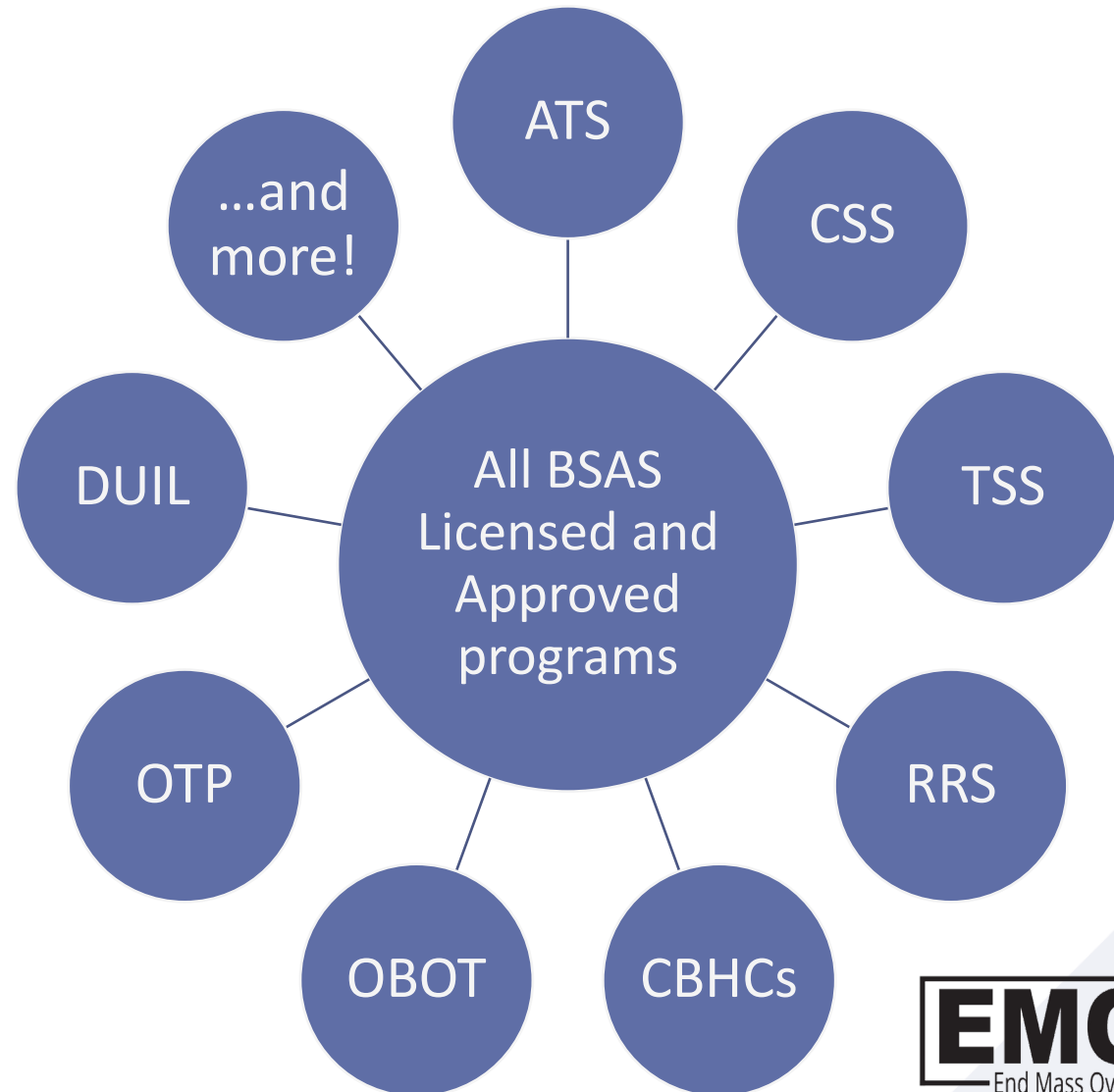
Does this  
apply to my  
program?

What does  
that mean for  
my program?



# Does This Apply to MY Program?

All facilities licensed or approved by DPH or DMH to offer treatment for substance use disorders, **including, but not limited to:**



# Why? Overdose is a Public Health Crisis

93,087

confirmed drug overdose deaths in the United States  
(12-month period ending June 2024)



# What is an opioid antagonist?





# Program Requirements



discharge patients with two doses (1 kit) of  
naloxone

# Best Practice:

Offer naloxone to  
*everyone*



Offer naloxone *early* in  
treatment



# Program Requirements



provide patients with naloxone education



\*105 CMR 164.074(b)



© 2025 EMO Health. All Rights Reserved.

The law only says, “at discharge.”  
My OTP doesn’t really discharge  
patients. So, we don’t *have* to  
dispense naloxone, *right?*



# Dispensing Naloxone

## Requirement

- Offer naloxone if the patient is ever discharged.

(Chapter 285 of the Acts of 2024)

- Provide overdose prevention education as part of evidence-based practices

(105 CMR 164.074(b))

## Best Practice

- Include naloxone distribution as a part of overdose prevention education



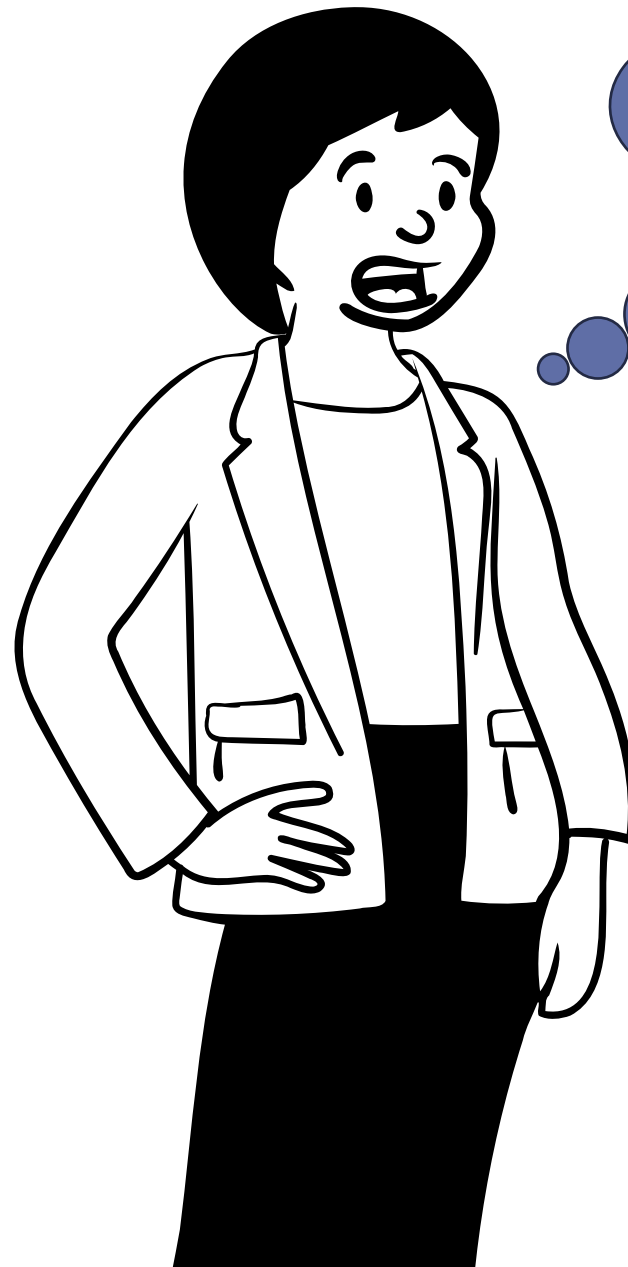
# AUDIENCE PARTICIPATION

How do you currently acquire naloxone?

- A. We are a Community Naloxone Program (CNP)
- B. We purchase naloxone from our wholesaler (McKesson, Cardinal, etc.)
- C. We refer patients to a pharmacy
- D. We do not carry naloxone at our program
- E. Other







We are a Community  
Naloxone Program  
(CNP). We just use  
those doses!



# CNP Program Policy Changes

BSAS clarified that SUD treatment programs **shall not utilize the Community Naloxone Program (CNP) to meet the requirements to dispense Opioid Antagonists upon discharge.**

Any changes to the existing CNP policies will be communicated to programs through the release of new program policies, available on the [Community Naloxone Program \(CNP\) webpage](#).



# Requirements at Discharge:

Provide a prescription or Utilize Naloxone Standing Order



# Best Practice at Discharge:

Ensure that patients who want naloxone have received it

Help patients obtain naloxone so they leave the program with it in hand



# OTPs with E-Prescribing

**Provide a prescription**



Create a procedure to send a prescription for naloxone to the patient's preferred pharmacy

# Pharmacy Supplied Naloxone



- All retail pharmacies carry a supply of naloxone
- A statewide standing order allows them to **dispense naloxone to anyone** who requests it
- A **prescription** from a doctor is **NOT needed**



# Best Practice: Pharmacy Partnership



Guidance: Attachment B



Our patient population cannot afford to pay for naloxone. How is sending them to the pharmacy going to help?



# BULLETIN

Chapter 285 of the Acts of 2024 mandates that **all health insurance plans based in Massachusetts** shall cover naloxone at no cost and without prior authorization.

# No Co-Pays and No Out-of-Pocket Costs



## 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

## House Bill 5143

Section 17X. (a) Coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission shall provide coverage for prescribed, ordered or dispensed opioid antagonists, as defined in section 19B of chapter 94C and used in the reversal of overdoses caused by opioids; provided, however, that the coverage for such prescribed, ordered or dispensed opioid antagonists shall not require prior authorization; and provided further, that a prescription from a health care practitioner shall not be required for coverage or reimbursement of opioid antagonists under this section. **An opioid antagonist used in the reversal of overdoses caused by opioids shall not be subject to any 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.**

Guidance: Attachment D





# BULLETIN

Chapter 28  
that all he  
**Massachus**  
cost and

**only 30% of  
insurance in  
Massachusetts is  
considered 'in-state'  
and impacted by  
this law**

4 mandates  
s **based in**  
oxone at no  
ORIZATION.

# Example: Daily Workflow





# Steps to Include:

Make Offer

Obtain Patient  
Consent

Order Naloxone

Address  
Payment

Provide  
Education

Documentation



# AUDIENCE PARTICIPATION

What are examples of acceptable ways to offer naloxone to a patient?  
(Check all that apply)

☒ When obtaining consent for treatment

☒ At initial assessment

☒ During treatment planning

☒ Annual medical exams



I see you don't have any naloxone. Would you like us to work on getting you some?





I see you don't have any naloxone. Would you like us to work on getting you some?



No





## Summary:

- Document Refusals  
**(requirement)**
- Regularly re-offer  
naloxone and engage  
in treatment **(best  
practice)**



I see you don't have any naloxone. Would you like us to work on getting you some?



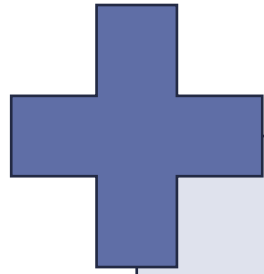


# Contact a Community Pharmacy to Obtain Naloxone



Guidance: Attachment B





Summary:  
Obtain Naloxone  
in a Reasonable  
Timeframe  
(best practice)





# Requirement: Naloxone Education



Guidance: Attachment F



© 2025 EMO Health. All Rights Reserved.





End Mass Overdose

# HOW TO GET NALOXONE

Naloxone is a safe medicine used to treat opioid overdoses to save a life. It temporarily reverses the effects of an opioid overdose and can give someone time to get medical help. Always call 911 if naloxone is used.

You can get Naloxone in three ways:

- Pharmacies
- Over-the-counter
- Community organizations.

## PHARMACIES

**Cost:** \$0

**Covered by insurance:** No Copay!

- Ask the pharmacist for naloxone (no prescription needed)
- Pharmacy needs:
  - Patient information
  - Insurance information



## OVER-THE-COUNTER



**Cost:** \$40 to \$50 retail price

- May use flex spending
- Can obtain anonymously from retailers' shelves in store or online.

## COMMUNITY ORGANIZATIONS

**Cost:** Free!

**Can obtain from:**

- Syringe service programs
- Community naloxone distribution programs



Stay safe and keep Naloxone on hand to protect yourself and others!



# Quick Refresher: Naloxone Administration

## SAMHSA Guidelines:

1. Check for signs of opioid overdose
2. Call EMS to access immediate medical attention
3. Administer naloxone (rescue position)
4. Rescue breathe, if person is not breathing
5. Stay with the person and monitor their response until emergency medical assistance arrives. After 2 to 5 minutes, repeat the naloxone dose if the person is not awakening or breathing well enough (10 or more breaths per minute)



**Call EMS** – Before or after administration?

- Depends on the source of the guidance
- **ALWAYS DO BOTH**



# Need More Training on Naloxone Administration?

- [YouCan.info](#): Videos about responding to an overdose, including using naloxone and providing rescue breathing.
- <https://behereinitiative.org/trainings/>: Focus on behavioral health topics to advance health equity in the SUD training space.



# Documentation

Include in patient's chart, as required:

- **All offers of naloxone (including if they were accepted or declined)**

Consider documenting:

- Number of naloxone doses distributed
- Number of referrals to a pharmacy
- Education on the use of opioid antagonists

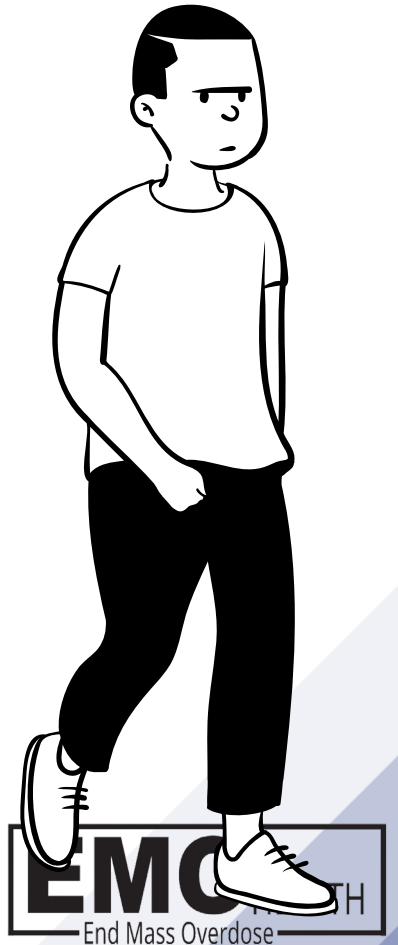




# Patient Decision to Leave Treatment

*Follow your program's policies and procedures for patients lost to follow-up/leaving treatment*

- Speak with the patient to determine why they left or want to leave treatment (best practice)
- Make a referral to a local pharmacy to obtain naloxone (requirement)
- Ensure that patients who want naloxone have received it (best practice)
- Document offer (requirement)



# Take Away Points

- Offer naloxone to all patients and re-offer to those who previously declined
- Document, document, document: all offers (both accepted and declined)
- Create a clear policy and procedure that fits your program's staffing and workflow
- Obtaining naloxone through the Massachusetts pharmacy is free, sustainable, and now more accessible for individuals with MA based insurance
- MassHealth will cover naloxone once per day at no cost to patients
- Naloxone access and education saves lives!



# Resource Center:



Under “Providers,” select “Technical Assistance”

<https://helplinema.org/>





# AUDIENCE PARTICIPATION

**What additional support does your program need?**

**(open response, word cloud)**



# References

1. CDC. Provisional Drug Overdose Data. CDC. Published 2025.  
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
2. Massachusetts Executive Office of Health and Human Services. (2023, November 16). *DPH report: Massachusetts opioid-related overdose deaths decreased 10 percent in 2023*. Massachusetts Government. <https://www.mass.gov/news/dph-report-massachusetts-opioid-related-overdose-deaths-decreased-10-percent-in-2023>
3. Substance Abuse and Mental Health Services Administration. SAMHSA Overdose Prevention and Response Toolkit. Publication No. PEP23-03-00-001. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2023.
4. Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, Ruiz S, Ozonoff A. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*. 2013 Jan 30;346:f174. doi: 10.1136/bmj.f174. PMID: 23372174; PMCID: PMC4688551.

