

# How to use health coverage to get naloxone at a pharmacy in Washington state



Naloxone (often known by the brand name NARCAN®) is a medication that can reverse an opioid overdose. It is available as a prescription and over-the-counter product. Health coverage plans (e.g., health insurance) can help cover the cost of naloxone bought at a pharmacy. For your health coverage to help cover naloxone you get at a pharmacy, you must use a prescription or the Statewide Standing Order to Dispense Naloxone\*, which acts like a prescription. Responses to frequently asked questions about the standing order are here. To use health coverage to get naloxone in a pharmacy, you must go to the pharmacy counter, not the retail counter. You may be able to use a mail-order pharmacy to get medications using your health coverage.

## If you have Apple Health (Washington state's Medicaid):

Naloxone is covered without a co-pay. This includes over-the-counter (OTC) and prescription products.

## If you have health coverage through the Public Employees or School Employees Benefits Boards (PEBB/SEBB):

- You have at least one type of naloxone covered under your pharmacy benefits.
- Your pharmacy should be able to help you find naloxone at the lowest cost to you. You will likely have to pay some amount toward the prescription, such as a co-pay. Check your plan's preferred drug list or formulary to see which types of naloxone may be covered at the lowest cost.

## If you have other health coverage:

- [Most health carriers in Washington state must cover, without prior authorization, at least one FDA-approved opioid antagonist](#) (e.g., naloxone) for plans issued or renewed after January 1, 2020.
  - **This rule does not apply to Medicare plans**, but Medicare plans should cover naloxone. If you have Medicare, call your Medicare drug plan to find out their drug coverage rules.
- Your pharmacy should be able to help you find naloxone at the lowest cost to you. You will likely have to pay some amount toward the prescription, such as a co-pay. Check your plan's preferred drug list or formulary to see which types of naloxone may be covered at the lowest cost.
- **If you have an HSA (Health Savings Account) or FSA (Flexible Spending Account)**, you may be able to get reimbursed from your pre-tax account for a naloxone purchase or a copay. Contact your HSA or FSA for more information.

## If you don't have health coverage:

- People living in Washington state are eligible for a free ArrayRx Card and can receive discounts on prescriptions.
- Naloxone can be purchased at many pharmacies for less than \$25 or mailed in 3-packs to your Washington state address for less than \$50.

## Before going to the pharmacy

Call the pharmacy. Make sure they have naloxone in stock.

### If you plan to use the standing order:

- Call to make sure they have naloxone in stock and ask if they are familiar with the [standing order](#) and if they will be able to dispense naloxone using the order.
- Bring a digital or printed copy of the standing order with you to the pharmacy. You may also want to bring the [Frequently Asked Questions](#) document.

## Frequently Asked Questions

### Problems accessing naloxone at the pharmacy?

- If you try to access naloxone at the pharmacy using the standing order and are denied, you may [file a complaint with the Department of Health](#).
- If you try to use your Apple Health coverage and you are charged for or denied naloxone at the pharmacy, you may [file a complaint with the Health Care Authority](#).
- If you try to use another type of health coverage (except Medicare plans) and your health coverage provider refuses to cover naloxone, you may [file a complaint with the Office of the Insurance Commissioner](#).

### Will accessing naloxone through a pharmacy affect my ability to get insurance in the future?

- **Health insurance:** Using your health coverage to get naloxone will not affect your ability to get health insurance in the future. Plans cannot deny coverage or raise rates based solely on your medical history or preexisting conditions.
- **Fixed indemnity and short-term, limited-duration plans:** These are examples of health plans that “look like” health insurance. They can consider preexisting conditions that can affect your ability to be approved for the health plan. The Office of the Insurance Commissioner does not recommend these types of plans as a substitute for health insurance.
- **Life insurance:** The Office of the Insurance Commissioner issued a [memo](#) clarifying that life insurance carriers cannot deny coverage or charge higher premiums based solely on the presence of a naloxone prescription, which would include the use of the standing order.

### Can people under the age of 18 access naloxone at the pharmacy using their health coverage?

- Naloxone is a safe medication that can be given to anyone, regardless of age, in the case of suspected opioid overdose. The American Academy of Pediatrics’ [parent information website](#) states, “There is virtually no downside to giving naloxone to a child or teen, even if you are not sure if they overdosed on opioids.” The U.S. [Centers for Disease Control & Prevention](#) and the [Food & Drug Administration](#) do not have age limits on who may be given naloxone.
- There is no minimum age for giving naloxone. Young people can carry naloxone and use it on someone they think is having an overdose. Many communities throughout the U.S. have

trained elementary through high school-age students on how to recognize the signs of an opioid overdose and reverse it with naloxone.

- There is no minimum age specified in the [Statewide Standing Order to Dispense Naloxone\\*](#). An individual pharmacy may have age limits when dispensing medication. If no protocol exists, the Department of Health suggests that pharmacists use their judgment to determine the ability of the person requesting naloxone to recognize the signs and symptoms of an opioid overdose and to give naloxone.

## Will parents or guardians find out if a young person gets naloxone at the pharmacy if they are covered under a parent or guardian’s health coverage?

- If the young person can get health care without their parent or guardian’s consent, they are a protected individual. Under the [Revised Code of Washington \(RCW\) 48.43.505](#), health carriers can only share communications about the protected individual’s sensitive health services with the protected individual, unless they provide written consent to do so. Sensitive health services include health services related to substance use disorder. A health carrier must also clearly post a [confidentiality request form](#) on its website that informs individuals of their right to confidential communications and allows them to change their communication preferences around sensitive health information.
- Not all health coverage plans are required to follow the law around protected individuals. Different insurance companies have different policies, but many send an explanation of benefits (EOB) that lists prescription drug claims. The best way to know for sure is to call the customer service number on your insurance card and ask. If your insurance company does send an EOB and confidentiality is an issue, you may want to seek [other ways to access naloxone](#).
- Federal law also limits who can see medical records. The law, known as HIPAA (Health Insurance Portability & Accountability Act), protects patient information. Young people are covered by HIPAA after they turn 18. At that point, they need to give written permission for people to see their medical records — even their parents.

*\*Please note that the standing order includes two naloxone products for the general population, Naloxone Hydrochloride Injection Solution (0.4mg/1mL) and Naloxone Hydrochloride Nasal Spray (4mg/0.1mL). High-dose naloxone formulations are not included. For more information on why, see the [standing order FAQ document](#) and [this article](#) from the Centers for Disease Control & Prevention, which found that 8mg intranasal naloxone has no benefit over 4mg intranasal naloxone, and can cause severe opioid withdrawal.*



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