

Insurance Coverage for Naloxone

Requires health insurance plans to provide coverage for at least one generic opioid antagonist and device approved to treat opioid overdose (e.g., naloxone) without prior authorization.

A panel of experts rated how they expect this type of policy to affect four outcomes: *naloxone distribution* through pharmacies, *opioid use disorder (OUD) prevalence*, rates of *nonfatal opioid overdose*, and *opioid overdose mortality*. Another panel of experts rated the policy on four implementation criteria: *acceptability* to the public, *feasibility* of implementation, *affordability* from a societal perspective, and *equitability* in health effects.

POLICY RECOMMENDATION ACCORDING TO EXPERT RATINGS

OPPOSE	UNCERTAIN	SUPPORT
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SUMMARY OF EXPERT RATINGS

OUTCOMES	EFFECT RATING		
Naloxone Pharmacy Distribution	HARMFUL	LITTLE-TO-NO	BENEFICIAL
OUD Prevalence	HARMFUL	LITTLE-TO-NO	BENEFICIAL
Nonfatal Opioid Overdose	HARMFUL	LITTLE-TO-NO	BENEFICIAL
Opioid Overdose Mortality	HARMFUL	LITTLE-TO-NO	BENEFICIAL
CRITERIA	IMPLEMENTATION RATING		
Acceptability	LOW	MODERATE	HIGH
Feasibility	LOW	MODERATE	HIGH
Affordability	LOW	MODERATE	HIGH
Equitability	LOW	MODERATE	HIGH

SUMMARY OF EXPERT COMMENTS

- Experts expect the policy to substantially increase pharmacy distribution because it addresses the significant barrier of out-of-pocket costs to individuals, but it would not impact naloxone distribution sufficiently to impact fatal overdoses.
- Experts feel the public supports shifting cost burdens to the insurance companies covering the medication.
- Experts believe the policy is feasible because states and communities could easily implement it.
- Experts rated the policy as affordable: Generic naloxone is relatively inexpensive, and the policy is cost-effective.
- Experts believe the policy would reduce inequities among those who are insured and prescribed naloxone by reducing bureaucratic red tape with insurers.

THE PANELS AND RESULTS INFORMING THIS POLICY PROFILE ARE FULLY DOCUMENTED IN

Smart, Rosanna, and Sean Grant. (2021). "Effectiveness and implementability of state-level naloxone access policies: Expert consensus from an online modified-Delphi process." *International Journal of Drug Policy*, 98, 103383. As of July 31, 2023: <https://www.rand.org/t/EP68824.html>

Grant, Sean, and Rosanna Smart. (2022). "Expert views on state-level naloxone access laws: A qualitative analysis of an online modified-Delphi process." *Harm Reduction Journal*, 19(1), 64. As of July 31, 2023: <https://www.rand.org/t/EP69032.html>

For a complete list of OPTIC Policy Profiles, visit www.rand.org/policy-profiles.

To view this Policy Profile online, visit www.rand.org/t/RBA3054-14.

Outcomes Summaries

NALOXONE PHARMACY DISTRIBUTION

Amount of naloxone dispensed through retail pharmacies (e.g., chain pharmacy stores, independent community pharmacies).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	Could lower the financial threshold to obtain naloxone, thereby increasing distribution.	"Insurance coverage is the biggest barrier right now, if it is taken care of, naloxone sales would increase"
LITTLE-TO-NO	Depends on the nature of coverage (e.g., co-pays), type(s) of naloxone covered, and the size of the (un)insured population.	"Why limit this to generic? Everyone wants Narcan or Evzio, not a vial and syringe. Brands I would expect to have a difference. Generic, not really"
HARMFUL	N/A	N/A

OPIOID USE DISORDER PREVALENCE

Percentage of the general population with a pattern of opioid use leading to clinically and functionally significant impairment, health problems, or failure to meet major responsibilities.

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	N/A	N/A
LITTLE-TO-NO	No credible mechanism linking insurance coverage and OUD prevalence.	"Not target of insurance for naloxone"
HARMFUL	N/A	N/A

Outcomes Summaries

NONFATAL OPIOID OVERDOSE

Per capita rates of nonfatal overdose related to opioids, including opioid analgesics (e.g., oxycodone), illegal opioids (e.g., heroin), and synthetic opioids (e.g., fentanyl).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	N/A	N/A
LITTLE-TO-NO	No credible mechanism linking insurance coverage and nonfatal overdoses.	"I don't think naloxone access has much if any impact on the prevalence of nonfatal opioid overdose"
HARMFUL	Potential for revival from overdose could (1) have a small, indirect, and mechanistic impact on nonfatal overdoses due to increased survivorship and (2) lead to continued opioid misuse.	"People who want naloxone but can't afford it likely fall into high-risk categories, with greater access, more saves"

OPIOID OVERDOSE MORTALITY

Per capita rates of fatal overdose related to opioids, including opioid analgesics (e.g., oxycodone), illegal opioids (e.g., heroin), and synthetic opioids (e.g., fentanyl).

EFFECT RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
BENEFICIAL	Increase in naloxone pharmacy distribution will yield meaningful decreases in fatal overdoses.	"Forcing insurance companies to cover Naloxone would mean that the cost barrier would be greatly reduced, and more folks having less barriers to getting Naloxone would lead to more nonfatal overdoses and less fatal overdoses"
LITTLE-TO-NO	Does not impact naloxone distribution sufficiently to impact fatal overdoses.	"Seems unlikely to have substantial impact"
HARMFUL	N/A	N/A

Implementation Criteria Summaries

ACCEPTABILITY

The extent to which the policy is acceptable to the general public in the state or community where the policy has been enacted.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	General public supports shifting cost burdens to insurance companies covering the medication.	"Public increasingly supports insurers covering more medications"
MODERATE	Concerns about stigma around the use of naloxone.	"I still know health insurers that don't cover contraceptives, whether that's a financial decision or a 'moral' one. And sex generally is much more acceptable than the stigma we place on individuals suffering from an opioid addiction"
LOW	N/A	N/A

FEASIBILITY

The extent to which it is feasible for a state or community to implement the policy as intended.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	States and communities could easily implement the policy because the cost burden is on the insurers.	"The burden is on the insurer, so this should be relatively simple to implement for the state/ community"
MODERATE	Concerns about potential pushback from insurers during implementation.	"Many health insurance plans would need to comply, so order would need to be federally mandated and enforced"
LOW	N/A	N/A

Implementation Criteria Summaries

AFFORDABILITY

The extent to which the resources (costs) required to implement the policy are affordable from a societal perspective.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	Generic naloxone is relatively inexpensive so the policy would be cost-effective.	"So long as the generics are negotiated in the state formulary, the rates for these drugs should be minimal"
MODERATE	Concerns about the cost of naloxone and legal actions from insurers.	"Creating the policy may require a lobbying battle with insurers"
LOW	N/A	N/A

EQUITABILITY

The extent to which the policy is equitable in its impact on health outcomes across populations of people who use opioids.

IMPLEMENTATION RATING	SUMMARY OF EXPERT OPINION	REPRESENTATIVE QUOTATIONS
HIGH	Reduces inequities among those who are insured and prescribed naloxone by reducing bureaucratic red tape with insurers.	"This policy helps address inequities in prescribed naloxone due to income and insurance type"
MODERATE	Maintains status quo for those without insurance.	"It assumes insurance coverage, which still leaves out the most vulnerable populations"
LOW	Concerns about lack of reach to those without insurance, size of co-pays for those who do have insurance, and coverage of only one type of naloxone.	"For serious public health concerns, the insurance-based approach seems insufficient because of the irregularities of insurance, and the reality that many people lack it, especially people who are personally at risk or who live in communities that are at greatest risk. So insurance-based mechanisms likely would be inequitable and fall short in saving lives"

This Policy Brief was developed by the RAND-USC Schaeffer Opioid Policy Tools and Information Center (OPTIC), a multidisciplinary research center dedicated to improving the effectiveness of opioid policies by enhancing opioid policy science. OPTIC is a collaboration between the RAND Corporation and the USC Leonard D. Schaeffer Center for Health Policy and is funded by the National Institute on Drug Abuse (P50DA046351). RAND is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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