

## FDA-Approved Opioid Antagonist Reimbursement Guidelines for SD Pharmacies

### Standing Order Overview

As of August 2025, South Dakota pharmacists with an active license can dispense any FDA-approved opioid antagonist (under a statewide standing order) to any eligible person who is: 1) a person at risk of an opioid-related overdose or, 2) a family member, friend, or close third party to a person at risk of experiencing an opioid-related overdose.

### Naloxone Funding Eligibility Criteria

Pharmacies who are dispensing an FDA-approved opioid antagonist through the statewide standing order or through a valid prescription authorized by another medical provider can request reimbursement for medication dispensed based on the following criteria:

1. The individual is a South Dakota resident and is 18 years or older.
2. The medication being dispensed is an FDA approved product.
3. The pharmacy requesting reimbursement is following all requirements outlined within the standing order and completes Eligibility Assessment form.
4. The individual *does not* have:
  - a. insurance, including Medicaid; or
  - b. other 3<sup>rd</sup> party payor source; or
  - c. has insurance/3<sup>rd</sup> party payor source but experiencing financial circumstance that impacts ability to pay. *Please Note: This may be verified verbally and no further paperwork or documentation beyond the eligibility assessment form is required.*

### Funding and Reimbursement Requirements

Funding for this program is limited and coordination of benefits (COB) is encouraged.<sup>1</sup> Pharmacies will be reimbursed for the cost of the medication based on the Medicaid rate plus a handling fee of \$10.50 or the billed amount, whichever is the lowest. Pharmacies should add on the handling fee to the invoice for reimbursement.

If you are a new pharmacy who has not participated in the standing order before, The Division of Behavioral Health must receive the following information to add your pharmacy for reimbursement<sup>2</sup>.

- **Completed W-9**
- **Pharmacist contact name**
- **Pharmacy phone and fax numbers**

Invoices may be submitted at time of service or at least monthly by either of the following:

- Mailed: 1501 S Highline Ave, Suite 2D, Sioux Falls, SD 57110
- Faxed: 605-367-5239
- Emailed: [letsbeclear@state.sd.us](mailto:letsbeclear@state.sd.us)

When submitting an invoice for naloxone, include **pharmacy name and address**, along with the following information:

- **Name of individual**
- **Name of medication, strength, dose and quantity**
- **NDC code**
- **Prescription number**
- **Date filled**

Have any questions about the standing order, participation criteria, or reimbursement? Please contact [LetsBeClear@state.sd.us](mailto:LetsBeClear@state.sd.us).

<sup>1</sup> Primary insurance coverage is not required. Claims may be submitted directly to the Division of Behavioral Health. Funding for this program is limited and therefore COB claims are encouraged. 100% of program funding is provided through federal funding issued to SD Department of Social Services (DSS) from the Substance Abuse and Mental Health Administration (SAMHSA) State Opioid Response (SOR) grant - # 6H79TI1081711-02M005.

<sup>2</sup> Documentation for pharmacy enrollment can be submitted through either of the options provided for invoices.