Thank you for sharing our commitment to caring for today’s older adults. Part of our commitment is to protect older patients from opioid addiction, overdose and death. So it’s important to learn about co-prescribing naloxone right now. Naloxone is an opioid receptor antagonist that quickly reverses the effects of opioids – and it’s saving lives.

Studies show co-prescribing naloxone results in 50% fewer opioid deaths and fewer ER visits.¹

Why naloxone now?
› Opioid overdose is a leading cause of accidental death in the United States.²
› Today’s Medicare population has among the highest rate of opioid use disorder.²
› Most opioid-related deaths in the United States happen at home.³

When to consider prescribing naloxone:⁴
› Cumulative opioid dosage of > 50 morphine milligram equivalents (MME) per day
› Also prescribed benzodiazepines (regardless of opioid dosage) or other CNS depressants
› Respiratory conditions such as asthma, COPD or sleep apnea
› Behavioral health conditions
› History of substance use disorders or report excessive alcohol use
› History of overdose
› Receiving treatment for opioid use disorder

What patients should know about naloxone:
› Patient’s family and friends should know how to use it – and where it’s stored.
› Naloxone only works on someone who has taken opioids. It will not cause any harm if given to someone who may not have overdosed.
› Store naloxone at room temperature. Refill or replace prescription if expired or damaged.
› Have two doses available. The effects of naloxone wear off quickly. Slow or stopped breathing may return.
› Advise family, friends and caregivers to call 911 immediately before giving naloxone. Seek medical attention even if initial dose of naloxone is effective.
› Symptoms of acute opioid withdrawal may occur after administration. Do not take more opioids after using naloxone, even if you are not feeling well.
## Naloxone product comparison and prescribing information

<table>
<thead>
<tr>
<th>Type of product and strength</th>
<th>Cigna Medicare Part D formulary</th>
<th>Rx and quantity</th>
<th>Sig (for suspected overdose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injectable (and intranasal) generic naloxone prefilled syringe, 2 mg/mL</td>
<td>Generic tiers</td>
<td>#2 2 mL Luer-Jet™ Luer-Lock needleless syringe plus #2 mucosal atomizer devices (MAD-300)</td>
<td>Spray 1 mL (1/2 of syringe) into each nostril. Repeat after 2–3 minutes if no or minimal response.</td>
</tr>
<tr>
<td>Intranasal branded product (Narcan®), 4 mg/0.1 mL</td>
<td>Preferred brand tiers</td>
<td>#1 two-pack of two 4 mg/0.1 mL intranasal devices</td>
<td>Spray 0.1 mL into one nostril. Repeat with second device into other nostril after 2–3 minutes if no or minimal response.</td>
</tr>
<tr>
<td>Injectable generic, 0.4 mg/mL and 4mg/10 mL</td>
<td>Generic tiers</td>
<td>#2 single-use 1 mL vials plus #2 3 mL syringe with 23–25 gauge 1–1.5 inch IM needles; or #1 10 mL multidose vial PLUS #2 3 mL syringe with 23–25 gauge 1–1.5 inch IM needle</td>
<td>Inject 1 mL into shoulder or thigh. Repeat after 2–3 minutes if no or minimal response.</td>
</tr>
<tr>
<td>Auto-injector branded (Evzio®), 2 mg/0.4 mL</td>
<td>Non-formulary</td>
<td>#1 two-pack of two 2 mg/0.4 mL prefilled autoinjector devices</td>
<td>Inject into outer thigh as directed by English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Repeat with second device in 2–3 minutes if no or minimal response.</td>
</tr>
</tbody>
</table>

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**LEARN MORE ABOUT NALOXONE**

[www.cdc.gov/drugoverdose/opioids](http://www.cdc.gov/drugoverdose/opioids)

[www.prescribetoprevent.org](http://www.prescribetoprevent.org)

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