

## Co-Prescribing of Opioids and Benzodiazepines Cautions and Considerations

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Between one quarter and one-half of opioid-related deaths involve a benzodiazepine (BZD), which highlights one of the main risks associated with the co-prescribing of opioids and benzodiazepines. Both classes of medications cause central nervous system (CNS) depression and can reduce respiratory drive, putting patients at greater risk of potentially fatal overdose. As a result, the Food and Drug Administration (FDA) requires boxed warnings, also known as ‘black box warnings’, on all prescription opioid medications and benzodiazepines. These warnings include information about profound sedation, respiratory depression, coma and death that may result from the concomitant use of benzodiazepines and opioids.

Both the Centers for Disease Control and Prevention (CDC) and the Louisiana Department of Health (LDH) Pharmacy Program responded to the rising concern regarding opioids and the concurrent use of opioids and benzodiazepines. In 2016, the CDC released guidelines with recommendations for providers who are prescribing opioids to treat patients with chronic non-cancer-related pain. In addition, LDH also implemented opioid policies involving quantity limits and point of sale (POS) edits for the concurrent use of opioids and benzodiazepines.

### Highlights from the CDC Guidelines

- Avoid initial combination of opioids and BZDs by offering alternative approaches.
  - Alternatives to benzodiazepines for anxiety or insomnia include:
    - Nonpharmacological therapies
      - Psychotherapy
      - Sleep hygiene
      - Relaxation techniques
    - Pharmacological therapies
      - Selective serotonin reuptake inhibitors
      - Tricyclic antidepressants
      - Buspirone
  - Alternatives to opioids for chronic pain include:
    - Nonpharmacological therapies
      - Psychotherapy
      - Trigger point injections, transcutaneous electrical nerve stimulation
      - Physical therapy

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- Pharmacological therapies
  - OTC and non-scheduled analgesics
  - Serotonin norepinephrine reuptake inhibitors (SNRI)
  - Gabapentin
  - Topical analgesics
- For new prescriptions of either opioids or BZDs, limit dose and duration when possible.
  - Prescribe short term treatments, such 7-14 days.
- Taper long-standing medications gradually and, when possible, discontinue.
  - Do not abruptly discontinue benzodiazepines or opioids.
  - Tapering opioids first may be best due to greater risks of benzodiazepine withdrawal relative to opioid withdrawals.
  - Adjust tapering schedule according to symptoms.
  - Resources for tapering schedules include:
    - Opioids
      - The Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 (for adults in primary care settings excluding cancer, palliative care, and hospice)
      - <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
    - Benzodiazepine
      - VA National Center for PTSD, Effective Treatment for PTSD: Helping Patients Taper from Benzodiazepines

[https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic\\_Detailing\\_Educational\\_Material\\_Catalog/59\\_PTSD\\_NCPTSD\\_Provider\\_Helping\\_Patients\\_Taper\\_BZD.pdf](https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/59_PTSD_NCPTSD_Provider_Helping_Patients_Taper_BZD.pdf)

- Continue long-term co-prescribing of BZDs and opioids only when necessary and monitor closely.
  - Educate patients about the risks associated with concomitant use of opioids and benzodiazepines.
  - Consider drug testing at baseline and regularly, especially for high-risk patients.
  - Review PDMP for concurrent medications prescribed by other clinicians.
  - Consider involving pharmacists in the management team.
  - Communicate with mental health professionals managing the patient.
- Provide naloxone to high-risk patients and their caregivers.
  - Consider offering naloxone, an opioid antagonist that can reverse severe opioid-induced respiratory depression, when prescribing opioids to patients at increased risk for overdose, which include not only those who are on both opioids and BZDs, but also those with a history of overdose or substance use disorder and those taking higher dosages of opioids ( $\geq 50$  MME/day).
  - Educate patient families and caregivers about the State of Louisiana's standing order for naloxone. This allows for participating pharmacists to dispense naloxone to laypeople including caregivers, family and friends of an opioid user. This standing order also includes directions on how to administer naloxone to someone who has overdosed. Those who receive naloxone will be provided education about how to recognize an overdose, how to store and administer the medication, and emergency follow-up procedures.



**References:**

Center for Medicare & Medicaid Services (CMS). Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines. MLN Matters. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19011.pdf> July 1, 2019. Accessed November 14, 2019.

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1external icon>.

Jeffery MM, Hooten WM, Jena AB, et al. Rates of Physician Coprescribing of Opioids and Benzodiazepines After the Release of the Centers for Disease Control and Prevention Guidelines in 2016. JAMA Netw Open. 2019 Aug 2;2(8):e198325. doi: 10.1001/jamanetworkopen.2019.8325.

Louisiana Department of Health; Informational Bulletin 17-1. Revised January 16, 2018. Available at [http://ldh.la.gov/assets/docs/BayouHealth/Informational\\_Bulletins/17-01/IB17-1\\_revised\\_1.16.18.pdf](http://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/17-01/IB17-1_revised_1.16.18.pdf)

## Vaping-Related Respiratory Illness

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There has been a steady rise in the popularity of “vaping” amongst the general population, especially among teens. The act of vaping is done by an electronic nicotine delivery system using noncombustible tobacco products. One of the main reasons for the popular use is the appealing flavors associated with the nicotine liquid. This is termed “e-liquid” and it contains various components, including nicotine, flavoring, propylene glycol and other ingredients. Heating this liquid creates an aerosol that the user inhales for the effects, hence the term “vaping.” The U.S Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) are working to investigate numerous incidents of severe respiratory illnesses related to vaping, some of which resulted in death. The FDA and CDC are working together to coordinate analysis of vaping products in an effort to determine the chemical exposure(s) contributing to the vaping-related illnesses.

Samples of vaping products linked to each confirmed or probable case are being collected from consumers, hospitals, and state offices. Most of these samples are undergoing some level of testing, with additional testing likely to be conducted. The FDA has not found one product or substance involved in all of the cases; however, tetrahydrocannabinol (THC), the mind-altering component of the marijuana plant, has been found in the majority of the samples. Although this is a common factor for most cases, the FDA and CDC have not made any clear common cause or ruled out the

possibility that this involves different diseases with similar presentations; the only common factor is that the patient reports the use of vaping products.

### **For Healthcare Providers**

As the investigation continues, providers should report possible cases of vaping-associated respiratory illness to their local or state health department for further investigation. In most cases, patients reported a gradual start of symptoms, including shortness of breath, chest pain and/or difficulty breathing. It is important to identify if vaping is the possible cause of the patient’s illness and a detailed history of use should be obtained. An effort should be made to find if any remaining product, devices and/or liquids are available for testing in order to provide samples for the investigation.

It is also important to educate patients about the dangers of vaping. Since the specific cause of lung injury is not yet known, the only way to assure that they are not at risk of a vaping-related illness is to refrain from the use of all vaping products, especially those containing THC.

**References:**

Lung Illnesses Associated with Use of Vaping Products Information for the Public, FDA Actions, and Recommendations. U.S. Food and Drug Administration. <https://www.fda.gov/news-events/public-health-focus/lung-illnesses-associated-use-vaping-products#Resources>. Accessed November 13, 2019.

Vaporizers, E-Cigarettes, and other Electronic Nicotine Delivery Systems (ENDS). U.S. Food and Drug Administration. <https://www.fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends>. Accessed November 13, 2019.

## Remind your patients that it is not too late to get a flu shot!

With Louisiana continuing to rank among the highest rates of influenza cases in the country, health officials urge people to get the flu shot before they get sick.

Louisiana began seeing increased levels of flu activity in late August and currently, the Louisiana Department of Health reports that flu activity is widespread in the state, with almost three times as much activity as the regional baseline.

Reports from healthcare providers throughout Louisiana suggest only 25% of healthy adults in the state have gotten a flu shot this year.

Flu shots are available at any parish health unit throughout flu season at no cost to the patient. Local pharmacies, clinics, doctors' offices and federally qualified (community) health centers also will offer flu shots throughout the season.

Check [ldh.la.gov/fighttheflu](http://ldh.la.gov/fighttheflu) for a flu shot provider near you.

[Reference: <http://ldh.la.gov/index.cfm/newsroom/detail/5372>]

# PHARMACY FACTS

## Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

*November 15, 2019*

### **Voltaren® Gel**

LDH recently became aware that brand name Voltaren® Gel has been discontinued by the manufacturer. This was a brand preferred product over the generic on the Single PDL. The generic product has been moved to a preferred status and does not require prior authorization for all Medicaid plans (MCOs and FFS) to assist in recipient care.

### **Not sure what Medicaid MCO plan a member is in?**

Process a pharmacy claim to legacy Medicaid (DXC, formerly Molina) with the member's 16-digit Medicaid CCN number (starts with 777). The response message will provide billing information including the BIN, PCN and pharmacy help desk number.

## Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here: <http://ldh.la.gov/index.cfm/page/3497>.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to [Healthy@la.gov](mailto:Healthy@la.gov).

## Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters.

<http://www.ldh.la.gov/index.cfm/page/3616>

## Remittance Advice Corner

### Recycle of Denied Claims for CPT Code 82962

Louisiana Medicaid has recently updated the fee-for-service (FFS) Clinical Laboratory Improvement Amendments (CLIA) claims processing logic to no longer require modifier QW when submitting Current Procedural Terminology (CPT) code 82962 (Glucose, blood by glucose monitoring device(s)...).

Fee-for-service claims submitted with date of service January 1, 2018 and after with procedure code 82962 that were denied due to requiring modifier QW will be recycled without any action required by providers.

Please contact DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter concerning FFS claims.



## Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services	2.4 Addiction Services 2.5 Coordinated System of Care	01/01/20

## Archived Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services	2.4 Addiction Services 2.5 Coordinated System of Care	01/01/20



For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
<b>Prior Authorization:</b>		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917