

## CONCOMITANT USE OF OPIOID AND BENZODIAZEPINE - EDUCATIONAL INTERVENTION Mailing conducted February 2017 – ongoing

### Background:

During the April 2016 DUR Board Meeting, MS-DUR reviewed the CDC Guidelines for Prescribing Opioids for Chronic Pain<sup>1</sup> and data regarding DOM's performance on each recommendation that could be addressed through DUR efforts. One recommendation addressed concomitant use of opioids and benzodiazepines.

***CDC recommendation: Providers should avoid prescribing opioid pain medication for patients receiving benzodiazepines whenever possible.***

The CDC report noted that benzodiazepines and opioids both cause central nervous system depression and can decrease respiratory drive. Concurrent use is likely to put patients at greater risk for potentially fatal overdose. The clinical evidence review did not address risks of benzodiazepine co-prescription among patients prescribed opioids. However, the contextual evidence review found evidence in epidemiologic series of concurrent benzodiazepine use in large proportions of opioid-related overdose deaths, and a case-cohort study found concurrent benzodiazepine prescription with opioid prescription to be associated with a near quadrupling of risk for overdose death compared with opioid prescription alone.<sup>2</sup>

Experts agreed that although there are circumstances when it might be appropriate to prescribe opioids to a patient receiving benzodiazepines (e.g., severe acute pain in a patient taking long-term, stable low-dose benzodiazepine therapy), clinicians should avoid prescribing opioids and benzodiazepines concurrently whenever possible.

Table 6 below was included in the April DUR Board Packet. The distribution of beneficiaries taking opioids by number of days concurrent with taking benzodiazepines is shown in Table 6. Overall, 5.3% of beneficiaries taking opioids were concurrently taking benzodiazepines. Although this is a small percentage, it represents 6,376 beneficiaries that might be at increased risk of overdose death.

---

<sup>1</sup> CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016.

<http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>.

<sup>2</sup> Park TW, Saitz R, Ganoczy D, Ilgen MA, Bohnert AS. Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study. *BMJ* 2015;350:h2698. <http://dx.doi.org/10.1136/bmj.h2698>

TABLE 6: Distribution of Beneficiaries Taking Opioids by Number of Days Concurrent Use of Opioid and Benzodiazepine (2015 - Beneficiaries with cancer diagnoses are excluded)								
Number of Days Concurrently Taking Opioid and Benzodiazepine	TOTAL (n = 120,158)		FFS (n = 26,014)		UnitedHealth Care (n = 46,135)		Magnolia (n = 48,009)	
0	113,782	94.7%	25,130	96.6%	43,497	94.3%	45,155	94.1%
1 - 10	2,287	1.9%	382	1.5%	896	1.9%	1,009	2.1%
11 - 31	1,710	1.4%	271	1.0%	677	1.5%	762	1.6%
32 - 62	1,024	0.9%	92	0.4%	447	1.0%	485	1.0%
63 +	1,355	1.1%	139	0.5%	618	1.3%	598	1.2%

\* Distributions are significantly different among plans ( $p < 0.001$ ).

NOTE: Encounter data for Magnolia are not complete for November - December 2015.

**The following motions were made and passed by the DUR Board:**

- a. Concomitant use of opioids and benzodiazepines should require a manual prior authorization (PA).
- b. MS-DUR should provide an educational mailing to providers prescribing concurrent use of benzodiazepines and opioids to inform them of the increased safety risks and highlight the CDC recommendation to avoid concomitant use.

The Division of Medicaid (DOM) has initiated changes in the electronic PA process to require a manual PA for any new concomitant use of opioids and benzodiazepines. MS-DUR has initiated this educational mailing to address ongoing concomitant use.

**MAILING**

Exception monitoring was run for to identify benzodiazepine prescriptions being filled that resulted in concomitant use with opioids for more than 60 days in last 90 days. Providers were prioritized for mailings each month based on the number of beneficiaries with exceptions. Provider letters included information about up to five (5) beneficiaries each month. A provider was not contacted about the same beneficiary more than once every three months but could receive a letter each month.

The attached letter template and response form were used in the mailings.

The following number of providers received letters each month.

Month/Year		Total Prescriptions Analyzed for Mailing	Number of Prescriptions Exceeding Criteria	Number of Beneficiaries Exceeding Criteria	Number of Prescribers Mailed	Number of Beneficiaries Addressed in Letters
Mailed	Analyzed					
Feb-17	Dec-16	36864	5882	2600	150	727
Mar-17	Jan-17	37277	6442	3059	150	539
Apr-17	Feb-17	37971	6841	3232	150	637
May-17	Mar-17	28291	4134	1965	150	334
Jun-17	Apr-17	37076	6937	3295	150	664
Jul-17	May-17	35407	5875	2790	150	447
Aug-17	Jun-17	38309	6873	3250	150	635
Sep-17	Jul-17	33738	5427	2604	150	409
Oct-17	Aug-17	33887	5056	2396	150	532
Nov-17	Sep-17	34483	5496	2601	150	451
Dec-17	Oct-17	27975	3961	1903	150	485
Jan-18	Nov-17	29864	4336	2070	150	380
Feb-18	Dec-17	28391	3893	1854	150	485
Mar-18	Jan-18	30200	4218	2009	150	368
Apr-18	Feb-18	26660	3469	1645	150	412
May-18	Mar-18	15051	1477	701	150	187
Jun-18	Apr-18	15934	1762	832	150	283
Jul-18	May-18	27676	3234	1532	150	323
Aug-18	Jun-18	29429	3624	1710	150	405
Sep-18	Jul-18	28805	3268	1551	150	292

**IMPORTANT INFORMATION ABOUT  
CONCOMITANT PRESCRIBING OF OPIOIDS AND BENZODIAZEPINES  
AND INCREASED RISK OF OVERDOSE AND DEATH**

«date»

Dear Dr. «prov\_name»,

The Mississippi Division of Medicaid (DOM) Drug Utilization Review (DUR) Board, after reviewing the Center for Disease Control’s (CDC) Guideline for Prescribing Opioids for Chronic Pain<sup>1</sup> has recommended several quality improvement initiatives addressing the use of opioids for the treatment of pain. This letter is sent as part of our initiative regarding concomitant use of opioids and benzodiazepines.

**WHY YOU ARE RECEIVING THIS LETTER**

Our analysis of Medicaid prescription data for «month» identified the following beneficiary(ies) who filled a prescription written by you that resulted in the concomitant use of benzodiazepine and an opioid.

Beneficiary Name	DOB	Opioid			Benzodiazepine		
		Drug Name	Date Filled	Prescriber	Drug Name	Date Filled	Prescriber
«Bene_name_1»	«bene_dob_1»	«drug_name_opi_1»	«fill_dt_opi_1»	«provi_name_opi_1»	«drug_name_benzo_1»	«fill_dt_benzo_1»	«provi_name_benzo_1»
«Bene_name_2»	«bene_dob_2»	«drug_name_opi_2»	«fill_dt_opi_2»	«provi_name_opi_2»	«drug_name_benzo_2»	«fill_dt_benzo_2»	«provi_name_benzo_2»
«Bene_name_3»	«bene_dob_3»	«drug_name_opi_3»	«fill_dt_opi_3»	«provi_name_opi_3»	«drug_name_benzo_3»	«fill_dt_benzo_3»	«provi_name_benzo_3»
«Bene_name_4»	«bene_dob_4»	«drug_name_opi_4»	«fill_dt_opi_4»	«provi_name_opi_4»	«drug_name_benzo_4»	«fill_dt_benzo_4»	«provi_name_benzo_4»
«Bene_name_5»	«bene_dob_5»	«drug_name_opi_5»	«fill_dt_opi_5»	«provi_name_opi_5»	«drug_name_benzo_5»	«fill_dt_benzo_5»	«provi_name_benzo_5»

Several studies have suggested that concurrent use of opioids and benzodiazepines increases the risk of severe respiratory depression, which can result in overdose and/or death.<sup>2,3,4</sup> These adverse events can

<sup>1</sup> CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 Recommendations and Reports / MMWR March 18, 2016 / 65(11):1–49 <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>  
<sup>2</sup> Gomes T, Mamiani MM, Doherty J, Paterson JM, Jurinko DN. Opioid dose and drug-related mortality in patients with nonmalignant pain. Arch Intern Med. 2011;171(7):686-691. doi:10.1001/archinternmed.2011.117.  
<sup>3</sup> Dasgupta N, Funk MJ, Proescholdbell S, Hirsch A, Ribis KM, Marshall S. Cohort Study of the Impact of High-dose Opioid Analgesics on Overdose Mortality. Pain Med. September 2015. doi:10.1111/pme.12907.  
<sup>4</sup> Jones CM, McAninch JK. Emergency Department Visits and Overdose Deaths From Combined Use of Opioids and Benzodiazepines. Am J Prev Med. 2015;49(4):493-501. doi:10.1016/j.amepre.2015.03.040



## Evidence-Based DUR Initiative

occur in patients that do not exhibit signs of drug abuse. A recent analysis of Mississippi Medicaid data for state fiscal year 2016 found that 13,341 beneficiaries had concomitant use of opioids and benzodiazepines. A majority of the time the two prescriptions were not written by the same provider. According to the CDC's Guideline for Prescribing Opioids for Chronic Pain, clinicians should avoid prescribing opioid pain medications and benzodiazepines for use at the same time whenever possible.

### WHAT WE ASK OF YOU?

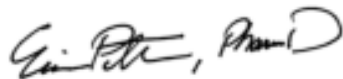
- Whenever possible do not prescribe benzodiazepines and opioids for use at the same time.
- When prescribing benzodiazepines or opioids, check the Prescription Monitoring System to be sure the prescription will not result in concomitant use of the two products. You can access the Prescription Monitoring System at: <https://mississippi.pmpaware.net/login>
- If you believe it is clinical necessary for a patient to take a benzodiazepine and an opioid at the same time, be sure to educate the patient and/or a caregiver on the risks of respiratory depression and overdose and what needs to be done should such an event occur.

To obtain more information about the CDC Guideline for Prescribing Opioids for Chronic Pain or to obtain provider resources related to the use of opioids, please use the link below:

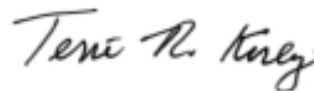
<http://www.cdc.gov/drugoverdose/prescribing/resources.html>

Attached is a response form that you can use to provide us feedback about these beneficiaries. Should you have any questions or other comments about this intervention letter, please feel free to call MS-DUR at 662-915-7650.

Sincerely,



Eric Pittman, PharmD  
Clinical Director  
MS-DUR



Terri R. Kirby, RPh, CPM  
Director, Office of Pharmacy  
Division of Medicaid



# Evidence-Based DUR Initiative

The Mississippi Division of Medicaid Drug Utilization Review Contractor



## IMPORTANT INFORMATION ABOUT CONCOMITANT PRESCRIBING OF OPIOIDS AND BENZODIAZEPINES AND INCREASED RISK OF OVERDOSE AND DEATH

MD\_NAME

Date of Mailing: DATE

Beneficiary Name	DOB	Opioid			Benzodiazepine		
		Drug Name	Date Filled	Prescriber	Drug Name	Date Filled	Prescriber
BENEFICIARY 1							
BENEFICIARY 2							
Up to 5 benes							

### COMMENTS AND FEEDBACK:

Please check all that apply and add any additional comments or explanations desired

	BENEFICIARY 1	BENEFICIARY 2	Up to 5 benes		
My records do not indicate I wrote this(these) prescription(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was -					
• not aware of both prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• aware of both prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider the benefits of concomitant use to be greater than the risk for this patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient has been counseled on the risks and benefits of concomitant use of these products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments:					

Please fax/mail your response to the number/address below.



School of Pharmacy • University, MS 38677  
phone:662-915-7650 • fax:662-915-5262  
<http://www.pharmacy.olemiss.edu/cpmm/msdur.html>