IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201857 OCTOBER 30, 2018

PA criteria for concomitant opioid and benzodiazepine drug therapies extended to managed care

As announced, in *Indiana Health Coverage Programs (IHCP) Bulletin* BT201843, the IHCP updated the SilentAuth automated prior authorization (PA) system criteria for the Opiate Overutilization PA and Duplicate Benzodiazepine Sedative Hypnotic PA. These updates were approved by the Drug Utilization Review (DUR) Board at its August 17, 2018, meeting for fee-for-service (FFS) pharmacy benefits with an effective date of December 1, 2018. The IHCP is revising the effective date to December 3, 2018, and extending application of the updated PA criteria to managed care pharmacy benefits. Accordingly, the PA criteria changes will be effective for FFS and managed care PA requests submitted on or after December 3, 2018.

These updates are the result of the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) warnings about the risks of concomitant use of opioids, benzodiazepines, and central nervous system (CNS) depressants. These risks include "profound sedation, respiratory depression, coma, and/or death." Prescribers are advised to "limit prescribing opioid pain medicines with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate." Prescribing should be limited to the lowest doses and shortest durations necessary as the risk of drug overdose death was shown to increase in a dose-response fashion.[1, 2, 3]

Benzodiazepines are usually found in treatment guidelines for anxiety disorders as third-line therapy and are recommended for short-term use for anxiety situations that cannot be adequately treated with antidepressant therapy.[4] "De-prescribing" and taper of benzodiazepine medications in patients who have been taking them for more than 4 weeks can be achieved by decreasing the dose of the benzodiazepine by 10% to 25% every 2 to 3 weeks over an 8 to 12 week time period.[5]

In an effort to limit these risks for members with newly prescribed concomitant therapy, changes have been made to PA criteria as follows:

- For members with concurrent claims for a benzodiazepine and an opioid, exceeding a 7-day supply, dose, or quantity limit, the prescriber must provide:
  - Documentation of diagnoses demonstrating the medical necessity of both drugs
  - Documentation of alternative therapies attempted
  - An attestation confirming Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) reviews, member education of the serious risks of concomitant therapy, and member and provider acceptance of serious risks of concomitant therapy
  - Documentation demonstrating the medical necessity of carisoprodol-containing medications combined with opioid and benzodiazepine concurrent therapies (if applicable)

- In addition, please note the following:
  - PA criteria changes will not be applied to members concomitantly using benzodiazepines and opioid-based drugs for medication-assisted treatment of substance use disorder (SUD).[6]
  - To avoid the potentially serious effects of abrupt benzodiazepine discontinuation, these PA criteria changes will not be applied to members with preexisting concomitant use of opioids and benzodiazepines. However, applicable criteria for these members are under consideration for future implementation.
  - Members receiving high doses of opioids or opioid and benzodiazepine combinations should also be prescribed naloxone.[2]

FFS PA criteria can be found on the OptumRx website, accessible via the Pharmacy Services quick link at indianamedicaid.com. Please direct FFS PA requests and questions about this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. FFS PA requests may also be faxed to OptumRx at 1-855-577-6384.

Questions regarding PA criteria and pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect should be referred to the managed care entity (MCE) with which the member is enrolled. For MCE pharmacy information see the *Pharmacy Services* page at indianamedicaid.com.

References

[1] https://www.fda.gov/Drugs/DrugSafety/ucm518473.htm

[2] https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf

[3] https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids

[4] Pottie K, Thompson W, Davies S, Grenier J, Sadowski CA, Welch V et al. Deprescribing benzodiazepine receptor agonists: evidence-based clinical practice guideline. Can Fam Med 2018;64(5):339-51.

[5] Prushowski J, Rosielle PA, Pontiff L, Reitschuler-Cross E. Deprescribing and tapering benzodiazepines. J Palliat Med 2018;21 (7):1040-1.

[6] https://www.fda.gov/Drugs/DrugSafety/ucm575307.htm

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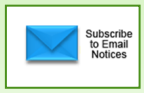

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