



# Caution: Opioid and Benzodiazepine Co-Prescribing

**The combination of benzodiazepines and opioids greatly increases the risk for adverse events.**

**\*Caution\*** Concurrent use of any of the following with opioids may lead to an increased risk and potential fatal overdose benzodiazepines, sedatives and some sleep medications, gabapentinoids, barbiturates, and/or muscle relaxants.

## **AVOID INITIAL COMBINATION BY OFFERING ALTERNATIVE APPROACHES**

Make every effort to choose a treatment plan which avoids co-prescribing opioids and benzodiazepines (BZD). Even in the short-term, this combination can be dangerous. Consider alternatives to opioids for chronic pain. Consider alternatives to BZDs for anxiety or insomnia. BZDs are not indicated to treat pain.

## **TELL YOUR PATIENTS ABOUT THE POSSIBLE ADVERSE OUTCOMES FROM COMBINING BZDs AND OPIOIDS**

Concomitant BZDs and opioids (including those prescribed for medication assisted treatment) increase the risk of respiratory depression, over-sedation, and death. If you determine the benefits of co-prescribing BZDs and opioids outweigh the risks, limit the dose and duration. Educate patients about the black box warning for potential adverse effects and to watch for signs of CNS depression.

## **TAPER LONG-STANDING MEDICATIONS GRADUALLY AND, WHENEVER POSSIBLE, DISCONTINUE**

Do not abruptly stop a BZD or an opioid. Discuss with your patients the risks and benefits of the current therapy and decide if tapering down the BZD or opioid or both medications is achievable. Use a patient-centered approach to work collaboratively with your patient to taper or discontinue medications.

## **CONTINUE CO-PRESCRIBING ONLY WHEN NECESSARY AND MONITOR CLOSELY**

Patients on this combination are at higher risk and may require more frequent monitoring depending on the risk factors. Discuss possible tolerance and physical dependence. Have an agreement with the patient that includes informed consent, limiting controlled substances to only one prescriber, and getting medication from only one pharmacy. Always check the prescription drug monitoring program (PDMP) and counsel the patient not to use illicit substances or alcohol. Consider drug screening at baseline and regularly as part of the monitoring process.

## **PROVIDE RESCUE MEDICATION TO PATIENTS AND THEIR CAREGIVERS**

Naloxone is a fast-acting opioid antagonist, an antidote to overdose that can save a life. Many states, including Utah, permit pharmacists to dispense naloxone over-the-counter without a prescription.

Information from Centers for Medicare and Medicaid Services and Medical Learning Network

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