COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 007

PRESCRIBING BENZODIAZEPINES

A. PURPOSE: To ensure that prescribing providers of Yolo County Health and Human Services Agency (HHSA) are following clinical guidelines in the prescribing of benzodiazepines and to limit the negative effects of benzodiazepines prescribed outside of these guidelines such as dependence, abuse, withdrawal, and physical and cognitive impairment; and to also ensure that prescribers evaluate the benefits-to-risk ratio when prescribing benzodiazepines.

B. FORMS REQUIRED/ATTACHMENTS:

a. Attachment A – HHSA Benzodiazepine Prescription Guidelines (Handout)

C. DEFINITIONS: N/A

D. POLICY: Benzodiazepines are indicated for the short-term relief (2-4 weeks) of anxiety that is severe, disabling or subjecting the client to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychiatric illness. Benzodiazepines may also be indicated for continued short-term use when a client is discharged from an inpatient psychiatric facility on benzodiazepines, and should follow the same general principles outlined below.

E. PROCEDURE

1. General Principles

a. Clients with a diagnosis requiring benzodiazepine medication shall first be offered non-habituating medications. If habituating medications are needed, the diagnosis shall be appropriate to justify use. Benzodiazepines are most commonly used with anxiety disorders, mixed depression and anxiety, and augmentation of bipolar disorder and schizophrenia.

b. Clients using or misusing substances, including alcohol and illicit drugs, should not be eligible for treatment with benzodiazepines except for rare or extenuating circumstances. The clinical justification for use in such cases must be clearly documented in the medical record.

c. Prior to prescribing any benzodiazepine, the prescriber must warn the client of the potential for addiction and a possible consequence of abruptly stopping such a medication could precipitate withdrawal symptoms and/or a seizure.

d. Benzodiazepines should be used ONLY when they are clinically indicated and there is not an appropriate non-habituating alternative available, or such alternative has been tried and unsuccessful. The diagnosis and ongoing need for benzodiazepine treatment should be

reviewed at each visit. Justification for ongoing use shall be clearly documented at each encounter.

e. The prescriber shall consult the Controlled Substance Utilization Review and Evaluation System (CURES) database prior to prescribing or renewing any benzodiazepines to review a client's controlled substance history, and document any significant findings from the CURES report, in compliance with HHSA PP 5-11-009.

f. In cases where the prescriber determines that benzodiazepines are an inappropriate pharmacologic choice and the client disagrees, the client shall have access to a second opinion with another prescriber at an HHSA mental health clinic.

g. HHSA prescribers shall only use benzodiazepines for the short-term treatment of severe anxiety or insomnia (2-4 weeks for anxiety and up to 10 consecutive nights for insomnia). Duration should be as short as possible. The risk of dependence increases with dose and duration.

h. Avoid the joint use of benzodiazepines and opiates. A 2016 U.S. Food and Drug Administration (FDA) review found that combined use of opiates with benzodiazepines or other drugs that depress the central nervous system can result in serious side effects, including slowed or difficult breathing and death.

g. Record at each visit with a client that is prescribed benzodiazepines that he/she has been advised on non-drug and alternate medication therapies for anxiety and insomnia. Non-drug strategies can be effective in the management of anxiety and insomnia and may address the underlying cause, rather than just relieving symptoms.

h. Record that the client has been given appropriate advice on the risks of treatment, including potential for addiction. Chronic use may lead to the development of physical and psychological dependence.

i. Exclude co-existing physical/mental illness if symptoms persist.

j. If a client fails to appear for two consecutive psychiatric sessions, or continually requests frequent or early refills, further benzodiazepine prescriptions will be denied or appropriately modified to initiate tapering off. Lack of compliance with the overall treatment plan may be an index of poor adherence to the medications themselves.

2. Long Term Users of Benzodiazepines

   a. Chronic users (4-8 weeks or longer) should be identified and encouraged to reduce, and ultimately discontinue, use of benzodiazepines. There should be a structured program for identifying long-term users along with a strategy for gradual withdrawal of benzodiazepines in those who are suitable and agreeable to withdraw.

   b. Record at each client visit, the prescribed indication and that advice has been given on non-drug and alternate medication therapies for anxiety and insomnia.

c. Document that advice has been given on the risks, including potential for dependence, drowsiness, falls, reduction of coping skills, promotion of sick role, impairment of judgment and dexterity.

d. There is a statistically increased risk of involvement in a road traffic accident due to impairment of driving. Cognitive impairment may be persistent and include visuospatial and attention difficulties.

e. Clients with long-term benzodiazepine use must be reviewed regularly, at least every 3 months. Response to treatment should be assessed and non-drug treatment(s) re-enforced. Always screen for addiction potential and alcohol or illicit drug use.

F. REFERENCES:

American Psychiatric Association. *Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder*. (November 2004).

American Psychiatric Association. *Practice Guideline for the Treatment of Patients with Bipolar Disorder*. (April 2002).

American Psychiatric Association. *Practice Guideline for the Treatment of Patients with Major Depressive Disorder*. (November 2010).

American Psychiatric Association. *Practice Guidelines for the Treatment of Patients with Panic Disorder*. (January 2009).

American Psychiatric Association. *Practice Guideline for the Treatment of Patients with Schizophrenia*. (April 2004).

National Institute for Health Care and Excellence. *Controlled Drugs: Safe Use and Management*. National Guideline Clearinghouse: ngc-010956. (April 2016).

U.S. Food and Drug Administration (FDA). *FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning*. (August 2016).

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1/30/19
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1/31/19
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COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 007-A

HHSA BENZODIAZEPINE PRESCTIPTION GUIDELINES

A. POLICY: Benzodiazepines are indicated for the short-term relief (2-4 weeks) of anxiety that is severe or disabling, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychiatric illness. Benzodiazepines may be indicated for continued short-term use when a client is discharged from an inpatient psychiatric facility on benzodiazepines, and follows the same guidelines.

B. GUIDELINES FOR RECEIVING BENZODIAZEPINES FROM HHSA PRESCRIBERS:

1. Client must have a diagnosis requiring benzodiazepine medication, including anxiety disorders, mixed depression and anxiety, and augmentation of bipolar and schizophrenia disorders.

2. Client shall first be offered, and trialed, with non-habit-forming medication(s).

3. Clients using/misusing substances, including alcohol and illicit drugs, may not be eligible for treatment with benzodiazepines.

4. Clients will only be prescribed benzodiazepines when clinically indicated and there is not an appropriate non-habituating alternative available, or such alternative has been tried and failed.

5. Client substance use history will be reviewed by the prescriber in the Controlled Substance Utilization Review and Evaluation System (CURES) prior to receiving any benzodiazepines; if the substance use history indicates misuse or abuse, benzodiazepines may not be prescribed.

6. Client may request a second opinion with another HHSA prescriber if the attending prescriber determines that benzodiazepines are not appropriate and client disagrees.

7. Due to high risk of dependence and abuse with benzodiazepines, prescribers will only prescribe benzodiazepines for short-term treatment (2-4 weeks).

8. Clients also prescribed opiates or other central nervous system-depressing medication will not be prescribed benzodiazepines due to FDA warnings of serious side effects including slowed or difficult breathing and death.

9. If client fails to appear for two consecutive psychiatric sessions, or continually requests frequent or early refills, further benzodiazepine prescriptions will be denied or modified to initiate tapering.

10. Clients with long-term or chronic use (4-8 weeks or longer) of benzodiazepines will be encouraged to reduce, and ultimately discontinue, benzodiazepine use, and will be reviewed at least every 3 months for evaluation to use non-habituating medications.

Prepared By: Quality Management
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