



Medication Audit Criteria and Guidelines

Benzodiazepines

- alprazolam (Xanax®, Xanax XR®)
- clordiazepoxide (Librium®)
- clonazepam (Klonopin®)
- clorazepate (Tranxene®)
- diazepam (Valium®)
- lorazepam (Ativan®)
- oxazepam (Serax®)
- temazepam (Restoril®)
- triazolam (Halcion®)

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Indications

- Acute intervention for agitation/violent behavior
- Akathisia
- Alcohol/substance abuse withdrawal
- Anxiety associated with depression
- Anxiety disorders
- Bipolar disorder, mania- adjunctive or second line therapy
- Catatonia
- Panic disorder
- Sedative hypnotic withdrawal
- Short term use for the treatment of insomnia

Black Box Warning

Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing for patients with inadequate treatment options. Limit dosages and durations to the minimum required and follow patients for signs and symptoms of respiratory depression and sedation.

Contraindications

Absolute

- Concomitant use with potent CYP 3A inhibitors (itraconazole, ketoconazole) - alprazolam

- Concomitant use with potent CYP 3A inhibitors including itraconazole, ketoconazole, nefazodone, or several HIV protease inhibitors (i.e., indinavir, lopinavir, nelfinavir, ritonavir, or saquinavir, efavirenz, or elvitegravir/cobicistat) – triazolam
- History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed

Relative

- Acute narrow angle glaucoma
- Myasthenia gravis
- Pregnancy/nursing mothers
- Severe hepatic insufficiency
- Severe respiratory insufficiency
- Sleep apnea

Precautions

- Alcohol and CNS depressants
- Concomitant use with potent CYP 3A inhibitor
- Dementias/delirium
- Discontinuation or rapid dose reduction with use over 1 month
- Hepatic impairment
- History of alcohol and drug abuse (Addiction potential)
- Porphyria
- Renal impairment
- Sedative hypnotic intoxication/dependence
- Use with opioids

Adverse Reactions

Side Effects Which Require Medical Attention

- Ataxia
- Delirium
- Falls
- Obtundation
- Redness, swelling or pain at injection site
- Respiratory depression
- Significant sedation
- Worsening agitation, disinhibition or aggression

Pregnancy and Breastfeeding

- See relative contraindications
- Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling

Drug Interactions of Major Significance

See: [Indiana Univ Drug Interaction Table](#)

See Black Box Warning above

Special Populations

Age-Specific Considerations

- Pediatrics/Adolescents
 - ▶ Chlordiazepoxide, clorazepate, triazolam: Not considered in the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version)
 - ▶ Alprazolam, clonazepam, diazepam, lorazepam, oxazepam, temazepam: Reviewed for the “Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version)” but not included/recommended
 - ▶ If used, use lower doses
- Geriatric
 - ▶ Included in Beers Criteria- Avoid use
 - ▶ If used, use lower doses
- May cause excitability in children, elderly and persons with developmental disabilities

Renal

- Mild to moderate impairment
 - ▶ Lorazepam injection – no dosage adjustment needed
- Renal failure
 - ▶ Lorazepam injection – use not recommended

Hepatic

- Mild to moderate impairment
 - ▶ Alprazolam – lower doses
 - ▶ Diazepam – no adjustment required
 - ▶ Lorazepam injection – no dosage adjustment needed
- Severe impairment
 - ▶ Alprazolam – lower doses
 - ▶ Lorazepam oral – Adjust dosage carefully; lower doses may be sufficient
- Hepatic failure
 - ▶ Lorazepam injection – use not recommended
- Cirrhosis
 - ▶ Diazepam – Daily dose reduction of 50%

Hemodialysis

- Diazepam, triazolam
 - ▶ No adjustments required

Patient Monitoring Parameters

Pregnancy Test – Baseline and as clinically indicated

Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- Exceptions to maximum dosage must be justified as per medication rule.