Concurrent Use of Benzodiazepines and/or Sedative-Hypnotic Agents

The co-administration of drugs that cause CNS depression should be done with caution due to increased risk of hypotension, sedation, and respiratory depression. Guidelines emphasize these drugs should generally be limited to short-term use, typically 2-4 weeks, in order to avoid higher risks of addiction, misuse, and diversion. It is recommended to limit the dosages and duration of each drug and educate patients about the serious risk of combined use. Elderly patients over 65 may be at higher risk for adverse reactions and risk of falls and cognitive decline. if using these medications, especially in combination.

Intervention Summary

The following table shows a summary of the proposed intervention topics and the number of potential patients that may be targeted by each intervention. The number of potential patients is based on the most recent ICER. The actual number of targeted patients for each intervention will be based on the ICER for the month the intervention is performed.

Outcomes assessment will be completed 180 days after the intervention is performed.

Proposed Intervention Topic	MCO	Pediatric (Age 18 and below)	Adult
1. Include patients (< 65 years of age) taking 2 or more benzodiazepines and/or sedative-hypnotics overlapping by at least 14 days in the last 90 days. 2. Include patients (≥ 65 years of age) taking 2 or more benzodiazepines and/or sedative-hypnotics overlapping by at least 14 days in the last 90 days. 3. Exclude patients who have a diagnosis of seizure disorder found in the last 730 days.	**1,100**	**1**	**1**

References:

1. Clinical Pharmacology, 2024 Elsevier/Gold Standard.
2. Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
3. Cho J, Spence MM, Niu F. Risk of Overdose with Exposure to Prescription Opioids, Benzodiazepines, and Non-benzodiazepine Sedative-Hypnotics in Adults: a Retrospective Cohort Study. 2020. J Gen Int Med;35:696-703.
4. American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. J Am Ger Soc 2023; 2052-2081.

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TEXAS
Health and Human
Services

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

DEAR [tadrs1]:

In compliance with the OBRA '90 federal legislation, state Medicaid agencies are mandated to conduct Retrospective Drug Utilization Review Programs (RDUR). The program's goal is to ensure that Medicaid patients receive optimal drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. This RDUR program is informational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy requirements.

A recent retrospective review of the enclosed drug history profile for your patient(s) identified a potential therapeutic concern. The patient has received at least two or more sedative hypnotics and/or benzodiazepines on a regular basis for at least a three-month period. The co-administration of drugs that cause CNS depression should be done with caution due to increased risk of hypotension, sedation, and respiratory depression. Guidelines emphasize these drugs should generally be limited to short-term use, typically 2-4 weeks, in order to avoid higher risks of addiction, misuse, and diversion. It is recommended to limit the dosages and duration of each drug and educate patients about the serious risk of combined use. Please reassess the patient's medication regimen and discontinue duplicative or unnecessary drugs from these high-risk drug classes.

Provider Specific List of Patients:
[namelist: last name, first name] [Recipient DOB]

The enclosed historical profile is provided for your evaluation and consideration. In presenting this information to you, we recognize that the management of each patient's drug therapy depends upon an assessment of the patient's entire clinical situation about which we are not fully aware. It is also possible that your license number may have been inadvertently assigned to the claim as an error at the pharmacy during the billing process. Some prescribed medications as well as some recommended laboratory monitoring or physical examinations may not appear on the patient's profile because they may have been privately purchased or were not billable to Medicaid Services.

Administered by Kepro
PO Box 3570
Auburn, AL 36831
(800)225-6998 x3033 Fax (833) 470-0598

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The success of the DUR program is enhanced by the two way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. *Please submit your response using the online provider response portal or complete the enclosed response form and fax it to (833) 470-0598. The online provider response portal can be accessed at https://forms.office.com/r/CXGEADqkRd or by scanning the QR code listed below.*

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy mentioned above, each will receive this information. Thank you for your professional consideration.

Sincerely,
Medicaid Drug Use Review Board

References:

1. Clinical Pharmacology, 2024 Elsevier/Gold Standard.
2. Facts & Comparisons, 2024 Updates, Wolters Kluwer Health.
3. Cho J, Spence MM, Niu F. Risk of Overdose with Exposure to Prescription Opioids, Benzodiazepines, and Non-benzodiazepine Sedative-Hypnotics in Adults: a Retrospective Cohort Study. 2020. J Gen Int Med;35:696-703.

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PRESCRIBER RESPONSE

All information used to generate the enclosed letter, including Prescriber identification, was obtained from Pharmacy Claims Data. If there appears to be an error in the information provided, please note the discrepancy. Thank you for your cooperation. *As a reminder, the response can be submitted using the online provider response portal. The online provider response portal can be accessed at https://forms.office.com/r/CXGEADqkRd or by scanning the QR code listed below.*

1. This patient **is** under my care:

_____ I have reviewed the information and will continue without change.
_____ however, I did not prescribe the following medication(s)_____.
_____ and has an appointment to discuss drug therapy.
_____ however, has not seen me recently.
_____ however, I was not aware of other prescribers.
_____ I have reviewed the information and modified drug therapy.
_____ I have not modified drug therapy because benefits outweigh the risks.
_____ I have tried to modify therapy, however the patient refuses to change.
_____ I have tried to modify therapy, however symptoms reoccurred.

2. This patient **is not** under my care:

_____ however, I did prescribe medication while covering for other MD or in the ER.
_____ but has previously been a patient of mine.
_____ because the patient recently expired.
_____ and has never been under my care.

3. I have reviewed the enclosed information and found it:
_____ very useful_____ useful_____ neutral_____ somewhat useful_____ not useful.

4. Please check here if you wish to receive reference information on the identified problem___.(Please provide a fax number if available_____-_____-_____.)

Comments:
_____
_____
_____

[adrs1] Case# [case_no]
Letter Type [letter_type]
[alert_msg]
[criteria]

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