



# CO-PRESCRIBING BENZODIAZEPINES AND OPIOIDS

**There are serious health risks associated with co-prescribing benzodiazepines and opioids, including accidental overdose, coma, and death.**

## STOP STARTING

- Stop co-prescribing opioids and benzodiazepines. Consider non-opioid approaches to managing pain.

## TAPER, TITRATE AND DO NOT ESCALATE

- All patients require clear treatment goals for pain and function.
- Taper opioids altogether. If medication cannot be tapered, doses should be titrated to the minimum effective dose.
- Titrate opioid medications to a realistic level of function rather than medicating to achieve a pain-free state.
- Do not escalate dosage to accommodate opioid tolerance.

## MONITOR CLOSELY

- Patients co-prescribed opioids and benzodiazepines must be monitored vigilantly and with frequent follow-up.



# BLACK BOX WARNING HIGHLIGHTS

In August 2016, the Federal Drug Administration (FDA) issued a Black Box Warning for the combined use of benzodiazepines and opioids. The following are highlights:

- ▶ There are serious health risks associated with combined use of opioids and benzodiazepines and/or other central nervous system (CNS) depressant medicines, including alcohol. These risks include: unusual dizziness or lightheadedness, extreme sleepiness, slowed or difficult breathing, coma, and/or death.
- ▶ Patients who take benzodiazepines and opioids at the same time have the potential for experiencing tolerance, dependence, and addiction.
- ▶ Patients who use benzodiazepines and opioids in combination are at higher risk of accidental overdose.



**If a patient must start a benzodiazepine, this should only occur if necessary and should be limited to short courses (no more than 2-4 weeks).**

**If a patient must start an opioid, the dosage shall not exceed 30 morphine milligram equivalents (MMEs) total daily dose/day for a maximum of 20 doses.**



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