

IN BRIEF A Summary of the Evidence

Policies to Prevent Harms From the Co-Prescribing of Opioids and Central Nervous System-Depressant Drugs

Using opioids together with central nervous system depressants like benzodiazepines happens frequently and is potentially harmful. In 2016, 400,964 individuals claimed both an opioid and a benzodiazepine to a Canadian public drug program, representing 25% of all prescription opioid users. Policies are established in Canada and internationally to better control the co-prescription of these drugs and thus prevent related harms. CADTH identified such policies in the Environmental Scan *Policies to Prevent Harms from the Co-Prescribing of Opioids and Central Nervous System Depressant Drugs*.

What CADTH looked at:

- policies established by the public sector in Canada, and internationally, to limit, monitor, or set other parameters on co-prescribing opioids and central nervous system depressants in outpatient settings
- the impact of these policies.

Where CADTH looked for information:

- in published and grey literature, and through Internet searches.

Highlights

- Most policies focus on co-prescribing opioids with benzodiazepines, as opposed to other central nervous system depressants, and were established in the US (largely by Medicaid) after 2012.
- Identified policies include regulatory policies consisting of product labelling and safety advisories, prescribing and dispensing policies established by public payers, monitoring co-use or co-prescription through drug utilization reviews and prescription drug monitoring programs, establishing audit and feedback systems, and setting standards of practice.
- No prescribing and dispensing policies established by public payers in Canada were identified.
- Some of these policies focused on long-term opioid or benzodiazepine therapy, or on chronic pain.
- Limited information is available on the effectiveness of these policies.

What Policies Were Established	Which Jurisdiction Established the Policy
Safety advisory from regulatory agency	US FDA, and UK Medicines and Healthcare Products Regulatory Agency
Warnings in product labelling	Health Canada and US FDA
Patient lock-in program	Medicaid in North Carolina
Restriction or prior authorization	Medicaid in Delaware, New York, Oregon, Virginia, Pennsylvania, Montana, Tennessee, Texas, and Wyoming
Supply limits	State of Hawaii
Informed consent or treatment agreement	States of Vermont, Delaware, Arizona, and Hawaii
Drug utilization review	States of Connecticut, Delaware, Idaho, Indiana, Kentucky, Montana, New York, Oregon, Tennessee, Texas, Virginia, and Wyoming
Mandatory Prescription Drug Monitoring Program query	States of Delaware, Virginia Department of Medical Assistance Services, Mississippi State Board of Dental Examiners
Audit and feedback systems	Virginia Department of Medical Assistance Services, Medicaid in Indiana, Veterans Health Administration's Opioid Safety Initiative
Standards of practice directing physicians to not prescribe opioids and benzodiazepines concurrently	College of Physicians and Surgeons of Alberta and of British Columbia, Prince Edward Island College of Pharmacists, Newfoundland & Labrador Pharmacy Board, and several regulatory colleges and professional associations in the US
Mandatory naloxone co-prescription	States of Vermont and Virginia

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ABOUT CADTH

CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Ce document est également disponible en français.

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