

Benzodiazepine and Opiate Warning Signs (BOWS) Prevention Protocol for PCPs/Pain Mgt

This is a protocol to follow when the PCP or Pain Management Specialist identifies members who are at risk.

Benzodiazepine and Opiate Warning Signs (BOWS)

- Slurred speech, unstable gait, falling, excessive drowsiness, nodding off, pin point pupils, agitation/threatening behavior, smell of alcohol, disorientation, inappropriate sweating, mood swings
- Asking or pressuring for opioids or benzos/increased doses
- Reports of lost/stolen benzos with no police report, early refill pattern
- Multiple providers or pharmacies noted on CSPMP or in past history
- Frequent ED visits for opiates/benzos, drug/alcohol intoxication, history of overdose(s)
- Positive urine drug screen (UDS) which may include results inconsistent with prescribed medication (risk of diversion of overusing medication prior to refill) or illegal substance use; alcohol use
- Suspicion of selling/injecting/snorting meds
- Different symptoms reported to different staff members (suspicion of drug seeking); unreliable info
- Multiple non-anatomic or changing sites of pain
- Calls of concern from family/friends/ER/PCP/Pain MD/Specialists/Health Choice Arizona (HCA)
- Refusal to participate with random drug screens, call backs, or pill count
- Resistance to change in meds even though adverse effects or lack of benefit, multiple "allergies" to alternatives
- Decrease in functional level, treatment non-adherence, criminal activity, refusal to give contact information
- Any overdose on benzodiazepines or opiates

Action Steps (Alert, Respond, Refer, Outreach, and Wrap-Around Services)

1. **Alert** by:

- **ASSESS IMMEDIATE MEDICAL RISK**- Take vital signs, O2 sats
 - If patient appears unstable (hard to stay awake, difficulty breathing, etc.) alert MD/RN for immediate assessment. If indicated, call 911.
 - If stable, assess ability to leave the office and drive or travel safely. If the member is not considered safe to leave the office (alone or with caregivers), call EMS for transport.
- **Email/call** all other known prescribers which may include pain management, behavioral health medical provider (BHMP), etc. so the warning signs are shared with those who provide prescriptions and medical/psychiatric oversight

- If no BHMP is involved or is unknown, notify **HCA Member Services within 24 hours (1-800-322-8670)**
- 2. Respond**
- Consider changing or limiting medications to decrease future risk
 - Interventions may include decreasing current dosage, limiting to weekly or biweekly medication supplies, bubble packs for meds, increasing frequency of office visits, increasing UDS frequency or pill counts, discontinuing medication, referral to BH to evaluate for possible detox or medication assisted treatment (MAT)
 - Educate and provide prescription for Narcan if MEDD (Morphine Equivalent Daily Dose) score is 50 or higher
 - Risk of fatal overdose is > 2 times higher when MEDD is over 50, and > 4 times higher when MEDD is greater than 90. **If MEDD is > 50 AND the member is on benzodiazepines and muscle relaxants the risk is > 12 times higher.**
- 3. Refer**
- To HCA Member Services (1-800-322-8670) to get BH services, or to determine member's Behavioral Health Home assignment if unknown
 - To Behavioral Health Home/provider for follow up visit and care coordination
 - To BH crisis line for possible mobile crisis service if necessary
 - To HCA Care Manager if member has Serious Mental Illness (SMI) for coordination assistance (e-mail HCH.HCICICM@steward.org)
 - To appropriate level of care- ED, Inpatient Detox, Chemical Dependency Residential services (CDR), Intensive Outpatient Program (IOP), Opiate Replacement Services, self-help/sponsor (AA, NA, AI-ANON), Stanford Self-Management Program (Pain SMP/Chronic Disease SMP), Assertive Community Treatment (ACT) , Peer Support, Vocational Rehabilitation, Skills Training and Health Promotion
 - For a second expert opinion from a different medical provider, pain management specialist, BHMP or HCA MD
- 4. Outreach**
- Member follow up phone call by PCP or staff or Health Coach within 24 hours
 - Schedule a member follow-up call or visit in < 7 days to check risk, status, further BOWS, process concerns, express care and recovery perspective, assess safety, suicidal or homicidal risk
 - Convey caring attitude that medications are only one part of a successful treatment program
 - Invite family members or partners to participate in appointments and Narcan administration education
- 5. Wrap-Around Services and Support**
- Offer more services and intensify frequency of visits with PCP, specialist and/or Behavioral health home
 - Update treatment plan and develop crisis plan; share with family and educate regarding overdose risks (with member consent for Release of Information) and Narcan
 - Consider specialist consult if indicated (ortho, pain management, addiction specialist, physical

therapy)

- Consider increasing or adding integrative therapies if able (yoga and meditation are available at most Behavioral Health Homes)

Opiate Prescribing Recommendations

- Check the **CSPMP** at every visit and document aberrant behavior.
- Recommend **Narcan** if on opiates and the MEDD score is 50 or higher. Educate the member, family and caregivers about Narcan. Narcan may be prescribed and is also available without a prescription through the member's pharmacy. This is covered by HCA.
- Avoid co-prescribing benzodiazepines, sleep aids, muscle relaxants and other sedating medications
- Screen for family history and personal history of drug dependence or abuse
- Do a random drug screen to identify substances being used and adjust treatment accordingly
- Don't avoid drug screens or substance use history in pregnant women
- Simplify medication regimen to improve ability to self-manage BOWS
- Limit quantity of medications through weekly or bi-weekly refills if appropriate
- Require member to schedule a next visit before leaving office at all appointments
- Only give enough medication to last until next scheduled appointment
- Require member to bring all medication bottles for random pill counts to verify prescribed usage if concerns of diversion or overuse.
- No phone refills. Have member come to the office so he/she can be assessed by designated office staff.
- No early refills. Evaluate the member first. Small bridges to get to next appointment if indicated.
- Inform member that you will be doing random drug screens to increase safety and document "expected results" (presence of prescribed meds and absence of non-prescribed substances)
- Review and document informed consent about risks/benefits including death
- Explain signs and symptoms of accidental OD, how to administer Narcan, call 911
- Consider controlled substances treatment contract and releases of information to set expectations
- Give member 24 hour behavioral health crisis number (1-877-756-4090) and 24 hour HCA RN Advice line (1-855-458-0622)
- If medications are discontinued, assure the member that **treatment by you** for the presenting symptoms or condition will still continue. Make sure the services are **in place** by scheduling follow up. Assure safe discontinuation of medication (taper if indicated). Avoid abruptly discontinuing care with the patient if able.



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Resources

Health Choice Arizona (HCA) Member Services 1-800-322-8670

Crisis Response Network (24 hour behavioral health crisis number) 1-877-756-4090

HCA RN 24 Hour Advice Line 1-855-458-0622

HCA website www.HealthChoiceAZ.com

CDC Guidelines for Prescribing Opioids for Chronic Pain
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

AZ Opioid Prescribing Guidelines

<https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>

AZ Substance Abuse Task Force

www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/azsubstanceabusetaskforce.html

Opioids for Chronic Noncancer Pain (A position paper of the American Academy of Neurology):

<http://www.neurology.org/content/83/14/1277>

If you would like to calculate the MEDD scores for your Patients:

Drug	Morphine Equivalent Multiplier
Buprenorphine	10
Codeine	0.15
Fentanyl	7.2
Hydrocodone	1
Hydromorphone	4
Methadone	3
Morphine	1
Oxycodone	1.5
Oxymorphone	3
Tramadol	0.1

MEDD Equation

Strength x Multiplier x Quantity / Days = MEDD Score

Example

10mg Methadone Hydrochloride, 120 tabs, 30 days

$10 \times 3 \times 120 / 30 = 120$ MEDD Score

Or

Download the free CDC Opioid Guideline App today with MEDD calculator

<https://www.cdc.gov/drugoverdose/prescribing/app.html>