

# Opioid/Benzodiazepine Concurrent use Prior Authorization

Policy/Coverage:

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines for concurrent use of opioids and benzodiazepines.

A Prior Authorization (PA) is required for the following:

- Claim(s) for a new opioid(s) in table 1 to be used concurrently with a benzodiazepine(s) in table 2 and exceeding seven days within a 90-day period.
- Claim(s) for new benzodiazepine(s) in table 2 to be used concurrently with a opioid(s) in table 1 and exceeding seven days of therapy within a 90-day period

## **DOCUMENTATION**

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that the member has met all approval criteria.

## **Initial Criteria**

Authorization of concurrent use of opioids and benzodiazepines may be granted if one of the following criteria are satisfied:

1. The member is prescribed an opioid for pain associated with cancer, sickle cell disease, a terminal condition, or pain being managed through hospice or palliative care.

**OR**

2. The requested drug is prescribed as part of a Medication-Assisted Treatment (MAT) program for opioid use disorder (see table 3 for common MAT medications to be considered for approval).

**OR**

3. Prescriber attests that the member has a diagnosis demonstrating that concomitant opioid and benzodiazepine therapy is medically necessary and that the benefit outweighs the risk of side effects from the combination.

**AND**

- A diagnosis is documented for both agents.

**AND**

- The prescriber has informed the member about the risks of concomitant utilization of opioid and benzodiazepine therapy including respiratory depression, coma, and death.

**AND**

- The prescriber has reviewed the member's use of controlled substances on the Arkansas Prescription Monitoring Program (PMP) website and has determined that concurrent use of opioid(s) and benzodiazepine(s) medications is appropriate.

**AND**

- The member's risk for opioid addiction, abuse and misuse has been evaluated, and the member will be monitored regularly for development of opioid use disorder.

**AND**

- The member has a taper plan of one or both agents (as appropriate).

**AND**

- The member has been educated about the importance of naloxone in emergency situations and encouraged to have naloxone on hand while on the combination therapy.

### **Continuation Criteria**

Authorization of concurrent use of opioids and benzodiazepines may be granted when:

1. The member has experienced improvement in pain control and level of functioning from baseline while on both medications.

**AND**

- The member has not experienced an overdose or other serious adverse event.

**AND**

- The prescriber has reviewed the member's use of controlled substances on the Arkansas Prescription Monitoring Program (PMP) website and has determined that concurrent use of opioid and benzodiazepines is appropriate.

**AND**

- Prescriber attests that member has a diagnosis demonstrating that concomitant opioid and benzodiazepine therapy is medically necessary.

**AND**

- The prescriber has informed the member about the risks of concomitant utilization of opioid and benzodiazepine therapy could potentially cause respiratory depression, coma, and death

**AND**

- The member must have a taper plan of one or both agents (if appropriate).

**AND**

- The member has been educated about the importance of naloxone in emergency situations and encouraged to have naloxone on hand while on the combination therapy.

**DURATION OF APPROVAL**

Initial: up to 3 months

Continuation: up to 1 year

**SCREENOUT LOGIC:**

Sickle cell disease, cancer, hospice, palliative care, or enrolled in a Medication-Assisted Treatment (MAT) program for opioid use disorder

- If the member has a paid, reversed, or denied claim via CVS Caremark for at least a 1-day supply of a drug indicated for cancer or sickle cell disease (SCD) within the past

365 days under a prescription benefit administered by CVS Caremark, the requested drug will be paid under that prescription benefit.

- If the member has a pharmacy claim submitted via CVS Caremark with an ICD 10 diagnosis code indicating cancer, sickle cell disease, or palliative care, the requested drug will be paid under that prescription benefit.
- If the member has an ICD 10 diagnosis code for sickle cell disease, cancer, or palliative care in their member health profile in the past 365 days, the requested drug will be paid under that prescription benefit.
- If the patient has a pharmacy claim via CVS Caremark containing a hospice patient residence code, then the requested drug will be paid under that prescription benefit.

#### **APPLICATION OF THE PA CRITERIA:**

- If the member has no exceptions with a pharmacy claim of an immediate-release (IR) or extended-release (ER) opioid agent indicated for the management of pain in their history within the past 90 days, the initial quantity limit criteria will apply.
- If the member does not have at least a 7-day supply of an IR or ER opioid in their history within the past 90 days (i.e. opioid naive) and the incoming pharmacy claim is for an opioid medication with more than a 7-day supply, the claim will reject with a message indicating that the member may receive a 7-day supply (until 7-days of therapy in a 90-day period has been filled). Alternatively, a PA may be submitted for additional quantities.
- For patients with no prescription claims of a cancer drug in the past 365 days, no ICD 10 diagnosis code indicating cancer or palliative care submitted with their prescription claim, no ICD 10 diagnosis code indicating cancer or palliative care in their member health profile in the past 365 days, or no hospice patient residence code submitted with their prescription claim who are identified through the prior authorization criteria as having cancer, a terminal condition, or pain being managed through hospice or palliative care, acute pain duration limits and post limit quantities will not apply.

#### **MEDICATIONS FOR CONSIDERATION:**

The following medications are included in this review (includes combination products and excludes injectable formulations):

Table 1: Opioid Medications

<b>OPIOID ANALGESICS/OPIOID PARTIAL AGONISTS</b>	
<b>Product</b>	<b>Dosage Form</b>
Buprenorphine	Sublingual Tablet, Patch
Butorphanol	Nasal Solution
Codeine	Tablet
Dihydrocodeine-acetaminophen-caffeine	Capsule
Fentanyl	Patch
Hydrocodone	Tablet
Hydrocodone-Acetaminophen	Tablet, Oral Solution
Hydrocodone-Ibuprofen	Tablet
Hydrocodone-Homatropine Methylbromide	Tablet, Oral Solution
Hydromorphone	Tablet
Methadone	Tablet, Tablet for Oral Suspension, Oral Solution/Concentrate
Morphine	Beads Capsule, Capsule, Tablet, Oral Solution, IV Solution
Oxycodone	Capsule, Tablet, Oral Solution/Concentrate
Oxycodone-Acetaminophen	Tablet
Oxymorphone	Tablet
Tramadol	Tablet
Tramadol-Acetaminophen	Tablet

Table 2: Benzodiazepines

<b>BENZODIAZEPINES</b>
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<b>Product</b>	<b>Dosage Form</b>
Alprazolam	Tablet, Disintegrating Tablet, Oral Concentrate
Chlordiazepoxide	Capsule,
Chlordiazepoxide-Amitriptyline	Tablet
Clobazam	Oral Suspension, Tablet
Clonazepam	Tablet
Clorazepate	Tablet
Diazepam	Oral Solution, Tablet, Oral Concentrate
Estazolam	Tablet
Lorazepam	Tablet, Oral Concentrate
Oxazepam	Capsule
Temazepam	Capsule
Triazolam	Tablet

Table 3: Substance Use Disorder Treatment Medications for Consideration of PA Approval

<b>ALCOHOL AND OPIOID USE DISORDER TREATMENT</b>	
<b>Product</b>	<b>Dosage Form</b>
Acamprosate	Tablet
Buprenorphine	Sublingual Tablet, Patch
Buprenorphine-Naloxone	Sublingual Film, Sublingual Tablet
Disulfiram	Tablet
Naltrexone	Tablet
Methadone	Tablet, Tablet for Oral Suspension, Oral Solution/Concentrate

## REFERENCES

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[https://www.arkansasbluecross.com/docs/librariesprovider9/members/pharmacy-forms/bc-ha-oct-6t-metallic-formulary-jan-2026.pdf?sfvrsn=f64750fd\\_6](https://www.arkansasbluecross.com/docs/librariesprovider9/members/pharmacy-forms/bc-ha-oct-6t-metallic-formulary-jan-2026.pdf?sfvrsn=f64750fd_6)
9. Core Set of Adult's Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for 2025 Reporting. Available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf?t=1744079377>