

Attention Utah Medicaid Pharmacy Providers

The following materials were created before the merger between the Utah Department of Health (UDOH) and the Utah Department of Human Services (UDHS). These materials are required by federal or state statutes to remain on our website.

Concurrent Use of Opioids and Benzodiazepines

Combined use of opioids and benzodiazepines potentiate respiratory depression, which may result in nonfatal overdose and death. Utah Medicaid supports FDA labeling and CDC best practice and safety standards which advise against concurrent use. (<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>) Utah Medicaid encourages filling pharmacists to incorporate these standards when filling opioid – benzodiazepine prescriptions.

- ✓ Routinely check the controlled substance database with the filling of each opioid prescription
- ✓ Proactively counsel patients about the risks of respiratory depression when combined use is identified
- ✓ Proactively offer naloxone and educate on appropriate use
- ✓ Proactively outreach to prescribers to consider other, safer combinations

Effective October 1, 2019, Utah Medicaid will employ a Drug Utilization Review (DUR) hard edit when a short-acting opioid claim is filled concurrently with a benzodiazepine. The DUR hard edit will require pharmacist input of an NCPDP override code, documenting the intervention made, before the claim will process. All other existing opioid edits will apply to the processing of opioid claims. Please refer to the Utah Medicaid pharmacy manual for all Utah Medicaid opioid policies and procedures at

<https://medicaid.utah.gov/utah-medicaid-official-publications?p=Medicaid%20Provider%20Manuals/Pharmacy/>.

Acceptable Professional Service Codes: CC, M0, MB, MP, PE, P0

Reason of Service Code: 1B, 1G, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3K, 4A, 4B, 4C, 4D, 4E