



**BlueCross
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Arizona**

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Benzodiazepine and Opiate Warning Signs (BOWS) Prevention Protocol for Health Homes

This is a protocol to follow when Health Home staff identify members who are at risk.

Benzodiazepine and Opiate Warning Signs (BOWS)

- Slurred speech, unstable gait, falling, sedation, pin point pupils, nodding off, agitation/threatening behavior, smell of alcohol, altered mental status, disorientation, sleeping in session
- Asking or pressuring for benzos/increased benzo doses to HH staff
- 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, OD, frequent falls & fractures
- Positive UDS with non-prescribed substances, alcohol/drug use, selling/injecting/snorting meds
- Negative UDS for prescribed substances (risk of diversion or lack of understanding about dosing)
- Different symptoms reported to different BH staff members, unreliable info
- Complaints of multiple sites of pain/ migrating, changing, non-anatomic sites of pain
- Calls of concern from family/friends/ER/PCP/Pain MD/Specialists/Health Choice AZ
- Refusal to comply with random drug screens, call backs, or pill count
- Resistance to change in medications despite adverse effects or lack of benefit, multiple “allergies” to alternatives
- Deterioration in functioning from baseline, treatment non-adherence, criminal activity
- 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** to the whole Health Home clinical team (Case Mgr, Therapist/BHP, RN, **BHMP**, Peer, and SHCA Care Manager if applicable) and the PCP/pain management specialist so the warning signs (BOWS) are aimed at those who provide prescriptions, services, supervision, and psychiatric oversight. The **BHMP & team** is notified **within 24 hours**. If no BHMP is involved, an on-call BHMP or Medical Director and supervisor are notified **within 24 hours**.
- **Incident, Accident, Death report-** submit to HCA **within 48 hours** re: risk factor



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identified

2. **Respond** by **documenting** all BOWS in the Electronic Medical Record & **share note** with BHMP and whole team
 - Check the **CSPMP at every visit** and document identified aberrant behavior
 - Prescribe **Narcan** if on opiates
 - Do a random drug screen to identify substances being used and adjust treatment accordingly
 - Simplify medication regimen to improve ability to self-manage BOWS
 - Limit quantity of medications through weekly or bi-weekly refills
 - Cancel outstanding refills
 - Require member to schedule a next visit before leaving office at all appointments
 - Only give enough medication to last until next scheduled appointment
 - Give crisis number (1-877-756-4090) and RN Advice line (1-855-458-0622)
3. **Refer**
 - For supervision with clinician and prescriber with more expertise.
 - To PCP/BHMP/Pain Management Specialist for coordination of services and information exchange.
 - To **appropriate level of care (ASAM levels)**- ED, Inpatient Detox, Chemical Dependency Residential services (CDR), Intensive Outpatient Program (IOP), Opiate Replacement Services (ORS), self-help/sponsor (AA, NA, AI-ANON), Stanford Self-Management Program (Pain SMP/Chronic Disease SMP), ACT, Peer Support, Voc Rehab, Skills Training, Health Promotion.
 - Request a second expert opinion from a different medical provider or BHMP.
4. **Outreach**
 - Member follow-up call or home visit to check risk, status, further BOWS, process concerns, express care and **recovery perspective, and assess safety/SI/HI**.
 - 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 and re-engagement
 - Update treatment plan and develop crisis plan; share with family and educate re: overdose risks (with member consent for Release of Information). See **Resources** below.
 - Require member bring all medication bottles for pill counts prior to refills to verify prescribed usage if concerns of diversion
 - No phone refills. Have member come to office so can be assessed by RN
 - No early refills. Evaluate the member first. Small bridges to get to next appointment
 - 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
 - If medications are discontinued, assure member that treatment for the presenting symptoms or



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condition will still continue and make sure the services are in place

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.HealthChoiceArizona.com

CDC Guideline 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



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

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>