

PRESCRIBING OF BENZODIAZEPINES ALPRAZOLAM AND FLUNITRAZEPAM

From 1 February 2014, alprazolam will be scheduled as a drug of addiction and listed in Schedule 8 of the NSW Poisons list. Flunitrazepam has been listed as a Schedule 8 drug since August 2000. Scheduling decisions on medicines are made by the Secretary of the Commonwealth Department of Health and adopted nationally, after consideration of recommendations from an advisory committee and submissions through a public consultation process. The decision announced in July 2013 regarding alprazolam is a result of increasing concerns about the harms associated with its use, including risks of developing tolerance, dependence and abuse potential.

The prior written approval from the NSW Ministry of Health will need to be obtained in the following cases:

- Prescribing of alprazolam or flunitrazepam for patients considered to be **drug dependent**.
- Prescription of alprazolam (expected to be in force from 1 February 2014) or flunitrazepam for more than 2 months for patients not considered to be drug dependent.

Application for authority is obtained by submitting a completed [Form 1: Application for Authority to Prescribe a Drug of Addiction](#) to Pharmaceutical Services.

Generally applications for authority will only be approved for the indications detailed below, when accompanied by the current written support of an appropriate specialist medical practitioner.

1. Alprazolam

Alprazolam is a short-acting benzodiazepine used to treat **anxiety** and **panic disorder**.¹ It is listed on the Pharmaceutical Benefits Scheme (PBS) - authority required, for the treatment of panic disorder where other treatments have failed or are inappropriate. It is not PBS listed for anxiety.²

1.1 Treatment of Panic Disorder

Panic disorder is an uncommon condition which should be differentially diagnosed from isolated panic attacks which are common.³ Psychological interventions are first line treatment for panic disorder, and include education and cognitive behavioural therapy (CBT). Where pharmacotherapy is considered necessary, the use of selective serotonin reuptake inhibitors (SSRIs) and venlafaxine is considered first line pharmacotherapy, with tricyclic antidepressants considered second line.

The role of benzodiazepines in the treatment of panic disorder has been largely replaced by the antidepressants, and specialist review and advice should be sought when considering prescribing benzodiazepines.⁴

1.2 Treatment of Anxiety

Anxiety symptoms can be primary or secondary to other psychiatric or physical disorders, and the first step in management is to define the type of anxiety to address any exacerbating factors. Where psychological interventions are not sufficiently effective or available, SSRIs can be used.⁴ Although commonly used to treat anxiety in the past, benzodiazepines particularly alprazolam are not recommended for the treatment of anxiety and associated disorders other than in exceptional circumstances. The Pharmaceutical Benefits Scheme (PBS) does not subsidise alprazolam for treatment of anxiety.

2. Flunitrazepam

Flunitrazepam is a rapidly acting benzodiazepine with marketing approval to treat severe cases of insomnia. It is not listed on the general PBS. Referral to an appropriate specialist may help with difficult and complex cases.

2.1 Treatment of Insomnia

Best practice in the management of insomnia involves the management of underlying problems, good sleep practices and psychological and behavioural interventions such as relaxation techniques, cognitive therapy, stimulus control and sleep restriction.⁴ Flunitrazepam has a high potential for abuse due to its rapid onset and euphoric effect, and is not a first line treatment option where short term pharmacological treatment is considered appropriate.

3. Benzodiazepine prescribing generally

Benzodiazepines are centrally acting drugs which have been used to treat anxiety, panic disorder, sleep disorders, seizures and acute behavioural disturbances.³ Problems arising from the use of benzodiazepines include **overdose** (particularly from the use of benzodiazepines with other sedative drugs) and **dependence** as a result of long term use (consumption exceeding 1 month, particularly at high doses).⁴

There is little, if any, justification for prescribing benzodiazepines beyond a few days. Patients on long-term prescribed benzodiazepines are likely to be dependent, even where doses are stable and they are not at risk from consuming other psychoactive drugs. Patients with current or previous alcohol and drug problems are at increased risk of developing benzodiazepine dependence.⁴

If considering prescribing benzodiazepines, use only short term (2-4 weeks maximum) as part of a broader treatment plan, e.g. short term treatment of severe anxiety or agitation in depressed people waiting for a response to antipsychotics.¹ Check for a history of alcohol or drug use; be wary of an unfamiliar patient; discuss the potential for tolerance, dependence and withdrawal; avoid short acting drugs (which are more highly addictive); prescribe small quantities and ensure regular review. Concurrent prescribing of more than one benzodiazepine requires justification.^{4,5}

For further information or clarification of these guidelines, contact a Senior Pharmaceutical Officer, Pharmaceutical Services Unit during office hours on (02) 9424 5923.

References / Resources

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2. Pharmaceutical Benefits Scheme (PBS) [Internet]. Canberra: Australian Government Department of Health [cited 2013 Jul]. Available from: <http://www.pbs.gov.au/pbs/home>
3. The Royal Australian and New Zealand College of Psychiatrists and the Royal Australian College of General Practitioners. Alprazolam Prescribing Guidelines. Hobart: Department of Health and Human Services; 2007 [cited 2013 Jul]. Available from: http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0020/46514/Alprazolam_prescribing_guidelines.pdf
4. Psychotropic Expert Group. Therapeutic Guidelines: Psychotropic Version 7. Melbourne: Therapeutic Guidelines Ltd; 2013 [cited 2013 Jul]. Available from: <http://www.tg.org.au/>
5. The Royal Australian and New Zealand College of Psychiatrists. Guidelines for the Use of Benzodiazepines in Psychiatric Practice (Practice Guideline #5). Melbourne: The College; 2008 [cited 2013 Jul]. Available from: https://www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Practice_Guidelines/pg5-pdf.aspx

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