

## **Concurrent Use of Opioids and Benzodiazepines (COB)**

Please note that in 2025, the Concurrent Use of Opioids and Benzodiazepines will be a Star Measure, and therefore, CMS will closely monitor prescribing trends of this nature.

### **MEASURE DESCRIPTION**

The percentage of individuals > 18 years of age with concurrent use of prescription opioids and benzodiazepines.<sup>1</sup>

A lower rate indicates better performance.

### **APPLICABLE MEDICATIONS**

#### Opioid medications:

- |                   |                 |               |
|-------------------|-----------------|---------------|
| • benzhydrocodone | • hydrocodone   | • oxycodone   |
| • buprenorphine   | • hydromorphone | • oxymorphone |
| • butorphanol     | • levorphanol   | • pentazocine |
| • codeine         | • meperidine    | • tapentadol  |
| • dihydrocodeine  | • methadone     | • tramadol    |
| • fentanyl        | • morphine      |               |

#### Benzodiazepine medications:

- |                    |               |             |
|--------------------|---------------|-------------|
| • alprazolam       | • clorazepate | • lorazepam |
| • chlordiazepoxide | • diazepam    | • midazolam |
| • clobazam         | • estazolam   |             |
| • clonazepam       | • flurazepam  |             |
| • oxazepam         | • temazepam   |             |
| • quazepam         | • triazolam   |             |

**EXCLUSIONS:** Patients are excluded if they have any of the following during the measurement year:

- Cancer
- Hospice or palliative care
- Sickle cell disease

### **TIPS FOR SUCCESS**

- Discuss the benefits, risks, and availability of non-opioid therapies (e.g. physical therapy, etc.) with your patient.
- Coordinate care with all the patient's treating providers to avoid co-prescribing.
- If co-prescribing is necessary, follow the 5 central principles from CMS for co-prescribing benzodiazepines and opioids:
  1. Avoid initial combination by offering alternative approaches such as cognitive behavioral therapy or other medication classes.
  2. If new prescriptions are needed, limit the dose and duration.
  3. Taper long-standing medications gradually and, **whenever possible, discontinue.**
  4. Continue long-term co-prescribing only when necessary and monitor the patient closely.
  5. Provide rescue medication (e.g., naloxone) to high-risk patients and their caregivers as co-prescribing places the patient at a high risk of opioid overdose.

**Please re-evaluate any of your patients who are on an opioid and a benzodiazepine concurrently prior to the start of 2025.**

<sup>1</sup> Pharmacy Quality Alliance: PQA Measure Overview.

[https://www.pqaalliance.org/assets/Measures/PQA\\_Measures\\_Overview.pdf](https://www.pqaalliance.org/assets/Measures/PQA_Measures_Overview.pdf)