



Concurrent Use of Opioids and Benzodiazepines (COB)

The Concurrent Use of Opioids and Benzodiazepines measure assesses the percentage of patients 18 years of age or older with concurrent use of opioids and benzodiazepines during the measurement period.

The Centers for Medicare and Medicaid Services (CMS) uses prescription date of service and days' supply to determine concurrent use and defines concurrent use as overlapping days' supply for at least 30 cumulative days during the measurement period (calendar year).

Provider Tips and Best Practices

- **Discuss** the benefits, risks, and availability of non-opioid therapies (such as acupuncture, chiropractic, and physical therapy) with your patient.
- **Coordinate** care among all your patient's treating providers to avoid co-prescribing benzodiazepines and opioids.
- **If co-prescribing** is necessary, follow the CMS central principles for co-prescribing:
 - **Avoid** initial combination by offering alternative approaches such as cognitive behavioral therapy or other classes of medication.
 - **If new prescriptions** are needed, limit the dose and duration.
 - **Taper** long-standing medications gradually and, whenever possible, discontinue.
 - **Continue** long-term co-prescribing only when necessary and monitor the patient closely.
 - **Provide** rescue medication (e.g., naloxone) to high-risk patients and their caregivers as co-prescribing places the patient at high risk of opioid overdose.
- **Educate** the patient on potential medication side effects, including the risk of addiction and what to do if experiencing side effects.
- **Review** the treatment plan and evaluate the medication regimen. **Consider** the presence or absence of side effects and potential costs and provide clear written instructions for the medication schedule.

Medications included in the measure

All opioid and all benzodiazepine medications are included in the COB measure.



Exclusions

- **Patients with** cancer diagnosis or sickle cell disease
- **Patients receiving** hospice or palliative care services anytime during the measurement year



Reminders

- **Patients' claims** may be for the same or different opioids.
- **Patients must use** their Medicare Part D pharmacy benefit as gap closure is dependent on pharmacy claims.





Did you know?



- **Taking opioids** in combination with other central nervous system depressants (like benzodiazepines, alcohol, or xylazine) increases the risk of a life-threatening overdose.
- **Opioid prescribing** at high dosage, use from multiple prescribers and pharmacies, and concurrent use with benzodiazepines are associated with an increased risk of chronic use, misuse, and in some cases, overdose.
- **Older adults** have increased sensitivity to benzodiazepines and decreased metabolism of long-acting agents.
- **The American Geriatrics Society** Beers Criteria® recommends against the use of all benzodiazepines for older adults because they can increase the risk of cognitive impairment, delirium, falls, and fractures.

Additional Resources



- Pharmacy Quality Alliance's [PQA Quality Measures](#)
- American Geriatrics Society's updated [AGS Beers Criteria® for potentially inappropriate medication use in older adults](#)
- National Library of Medicine's [Concurrent Use of Opioids with Other Central Nervous System-Active Medications Among Older Adults](#)