

Concurrent Use of Opioids and Benzodiazepines (COB) Measure

Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

This measure was adapted from the Concurrent Use of Opioids and Benzodiazepines developed and endorsed by the Pharmacy Quality Alliance (PQA) to monitor performance on the percentage of Medicare patients 18 years and older with concurrent use of both opioids and benzodiazepines (30 or more cumulative days).

COB is a new Stars measure for measurement year 2025.

Measurement year:

January 1st through December 31st

Inclusion Data:

- Numerator: patients with concurrent use of both opioids and benzodiazepines for 30 or more cumulative days during the measurement period
- Denominator: patients who receive 2 or more prescription claims for opioids filled on 2 or more separate days with a cumulative days supply of 15 or more days during the measurement period

Exclusion Data:

- Cancer diagnosis
- Sickle-cell disease
- Receiving hospice or palliative care

Prescriber's Role:

- Prescribe opioids and benzodiazepines as second or last-line, especially for long-term treatment
- For opioid/benzodiazepine tolerant patients, consider tapering down or switching to alternatives**
- If appropriate, based on clinical information, providers can deny prescribing opioids/benzodiazepines

Pharmacy's Role:

- Always use PDMP before filling any controlled substance and deny filling when necessary
- Counsel patients on the dangers of long-term use of opioids and benzodiazepines before filling
- Notify insurance and provider of drug-seeking behavior

Concomitant use of opioids and benzodiazepines may result in profound sedation, respiratory depression, coma and death. The FDA strongly recommends reserving concomitant prescribing for use in patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.

**Benzodiazepine taper recommendations www.va.gov/PAINMANAGEMENT/docs/OSI_6_Toolkit_Taper_Benzodiazepines_Clinicians.pdf

**Alternatives include non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, gabapentin, selective serotonin reuptake inhibitors (SSRIs), steroids, etc. Refer to relevant opioid prescribing guidelines for a complete list of alternatives.

References:

CMS, "Medicare 2024 Part C & D Display Measure Technical Notes," CMS (12/14/2023)
[CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022 | MMWR](#)