

Concurrent Use of Opioids and Benzodiazepines Part D Measure (COB) – 1x weighting

New CMS Star measure for measurement year 2025

Definition:

Percentage of Medicare Part D beneficiaries ages 18 years and older with concurrent use of prescription opioids and benzodiazepines. Concurrent use is defined as at least 2 fills of an opioid and 2 fills of a benzodiazepine and an overlapping days' supply for at least 30 cumulative days during the measurement period. Lower rates represent better performance.

Compliance:

To be compliant with this measure, limit concurrent use of opioids and benzodiazepines to less than 30 cumulative overlapping days during the measurement period.

Exclusions:

- Members enrolled in hospice or palliative care during the measurement period
- Members diagnosed with cancer during the measurement period
- Members diagnosed with sickle cell during the measurement period

Data Source: Part D benefit prescription drug claims

Best Practices:

- Evaluate patients currently taking or with recent history of both prescription opioids and benzodiazepines and consider discontinuing one of the medications or alternative therapy
- Follow CMS 5-central principles for co-prescribing benzodiazepines and opioids
 - Avoid initial combination by offering alternative approaches
 - 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 closely
 - Provide rescue medication (for example, naloxone) to high-risk patients and their caregivers
- Educate the patient and/or care giver about the risks and side effects of combining opioids and benzodiazepines including risk of respiratory depression, falls, emergency visits, and fatal overdose
- Help patients explore alternative methods for managing pain such as physical therapy, relaxation techniques, anxiety or cognitive behavior therapy and sleep hygiene
- Coordinate care with all the patient's treating providers and assess medications at each visit for appropriate indication and duration, discontinue any non-essential medications
- Evaluate the patient holistically, discuss the treatment plan and options considering patient goals, current guidelines and co-morbid conditions
- For additional resources refer to [cms.gov: SE19011 - Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines](https://www.cms.gov/SE19011-Reduce-Risk-of-Opioid-Overdose-Deaths-by-Avoiding-and-Reducing-Co-Prescribing-Benzodiazepines)