



Confidence comes with every card.®

Concurrent Use of Opioids and Benzodiazepines (COB)

Pharmacy Quality Alliance-endorsed performance measures.

Measure description

The percentage of patients with concurrent use of prescription opioids and benzodiazepines.

Measure population (denominator)

Patients 18 years and older who meet **BOTH** of the following criteria during the measurement year:

- Two or more opioid prescriptions filled on different dates of service
- Received cumulative supply of opioids for 15 days or more

Measure compliance (numerator)

Patients on opioid medication with **BOTH** of the following criteria during the measurement year:

- Two or more benzodiazepine prescriptions filled with different dates of service
- Concurrent use of opioids and benzodiazepines for 30 cumulative days or more

NOTE: A lower rate indicates better performance.

Exclusions

- Diagnosis of cancer
- Sickle cell disease
- Received hospice services anytime during the measurement year

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 is associated with an increased risk of chronic use, misuse, and in some cases, overdose.

continued

Helpful hints

- **Determine** when to initiate or continue opioid therapy utilizing CDC Guidelines. [cdc.gov/overdose-prevention/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)
- **Discuss** risks and benefits of opioid therapy, including patient and clinician responsibilities.
- **Educate** about the risks of polysubstance use and long-term opioid therapy.
- **Explore** other alternatives such as relaxation techniques, anxiety or cognitive therapy and sleep hygiene.
- **Avoid** initial combination of opioid and benzodiazepine medications.
- **Continue** long-term co-prescribing only when necessary and monitor for abuse or misuse closely.
- **Provide** rescue medication (naloxone) to high-risk patients.
- **Refer** patients to pain management specialists when indicated.

Resources

1. Pharmacy Quality Alliance (PQA). 2024. "PQA Quality Measures." pqaalliance.org/pqa-measures
2. National Institutes of Health (NIH). 2022. "Benzodiazepines and Opioids." nida.nih.gov/research-topics/opioids/benzodiazepines-opioids
3. Centers for Medicare and Medicaid Services (CMS). 2019. "Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines." cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19011.pdf

* *Pharmacy Quality Alliance (PQA) is a national quality organization dedicated to improving medication safety, adherence and appropriate use. PQA measures are included in the Medicare Part D Star Ratings.*

No portion of this document may be copied without the express written permission of Blue Cross Blue Shield of Michigan, except that BCBSM participating health care providers may make copies for their personal use. In no event may any portion of this publication be copied or reprinted and used for commercial purposes by any party other than BCBSM. None of the information included herein is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.