

Alameda Alliance Wellness Measure Tip Sheet



Concurrent Use of Opioids and Benzodiazepines (COB)

This tip sheet is part of the *Alliance Medicare Stars Guide: A Resource for Providers and Clinic Staff*. This tip sheet provides measure-specific guidance and strategies to help clinical teams improve performance on Part D pharmacy measures tied to Medicare Star Ratings.

For questions or more information, please email the Alliance Stars Team at DeptStarsTeam@alamedaalliance.org.

Measure Description: These measures evaluate whether Medicare members are on both prescription opioids and benzodiazepines. While there are instances where concurrent use is appropriate, it is considered a serious safety concern. The COB measures define concurrent use of overlapping days' supply for opioid and benzodiazepines of at least 30 cumulative days during the measurement period.

Measure Compliance (numerator): Members from the eligible population who have at least two (2) prescription claims of a benzodiazepine with unique dates of service and concurrent use of opioids and benzodiazepines during the measurement period.

Please Note: A lower rate indicates better performance.

Measure Population (denominator): Members 18 years of age and older with concurrent use of two (2) or more prescription opioids and benzodiazepine, and at least a 15 cumulative day supply of opioids during the measurement period.

Exclusions: The following members are excluded from the denominator if at any time during the measurement period:

- Cancer diagnosis
- Hospice
- Palliative care
- Sickle cell disease

Clinical Evidence:

- Concurrent use of opioids and benzodiazepines may increase the risk of respiratory depression. This is especially true for overlapping prescriptions from multiple clinicians who aren't coordinating care.
- The American Geriatrics Society Beers Criteria recommends against the use of all benzodiazepines in older adults, as they can cause an increased risk of falls, cognitive impairment, and delirium.

How to Improve Your Stars Performance

- Clinicians should closely monitor patients who are unable to taper and who continue high-dose or high-risk regimens (e.g., opioids prescribed with benzodiazepines).
- Long-term use of benzodiazepines could increase the risk of cognitive impairment, delirium, falls, fractures, and motor vehicle crashes, especially in older adults.
- Discuss benefits, risks, and safer non-opioid alternatives with patients.
- Patients who have been assessed with risk factors for overdose should be prescribed naloxone.
- Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are the first line for the preferred initial therapy option, as they are effective and well-tolerated.
- The selection of Cognitive Behavioral Therapy (CBT) vs medication is dependent on the patient and shared decision-making with providers. A combination of CBT and medication yields a superior response rate.
- Benzodiazepines are used for patients who are refractory to prior antidepressants.
- Patients who have been on benzodiazepines for four (4) to six (6) weeks should be considered for tapering.