

PROVIDER TIPS TO BOOST PERFORMANCE AND ELEVATE PATIENT CARE: CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (COB)

Measure definition:

The percentage of patients with concurrent use of prescription opioids and benzodiazepines during the measurement year. A lower rate indicates better performance.

Measure compliance (numerator):

The number of patients 18 years or older with two or more prescription claims for any benzodiazepines with different dates of service and concurrent use of opioids and benzodiazepines for 30 or more cumulative days during the measurement year.

Measure population (denominator):

The number of patients 18 years or older with two or more prescription claims for any opioids with different dates of service and 15 or more cumulative days' supply of opioids during the measurement year.

Common Measure Medications: Generic and Brand Names:

■ **Opioids**

- fentanyl (Actiq)
- hydrocodone/acetaminophen (Norco)
- hydromorphone (Dilaudid)
- morphine (MS Contin)
- oxycodone (Oxycontin)
- tramadol (Ultram)

■ **Benzodiazepines**

- alprazolam (Xanax)
- clonazepam (Klonopin)
- diazepam (Valium)
- lorazepam (Ativan, Loreev XR)
- temazepam (Restoril)



CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (COB) *Continued*

Exclusions

- Hospice or palliative care services anytime during the measurement year
- Cancer diagnosis or cancer-related pain treatment during the measurement year
- Sickle cell disease diagnosis during the measurement year

Exclusion Codes (ICD-10-CM)

- Cancer: C00.0, C00.1 and more than 1,000 additional codes
- Sickle cell disease: D57.00, D57.01 and more than 40 additional codes
- Palliative care: Z51.5

Provider Tips and Best Practices

1. Avoid an initial prescribing of opioids and benzodiazepines by maximizing alternative therapies and treatments, such as cognitive behavioral therapy, nonopioid pain medications and formulary benzodiazepine alternatives.
2. Check the Controlled Substance Utilization Review and Evaluation System (CURES) before providing new prescriptions.
3. If new prescriptions are needed, use the lowest effective dosage and the shortest treatment duration possible.
4. Regularly reassess the benefits and risks of continued opioid and/or benzodiazepine therapy and identify opportunities for deprescribing when clinically appropriate.
5. Gradually taper long-standing medications and discontinue when risks outweigh benefits.
6. Provide rescue medication (naloxone) to high-risk patients and their caregivers.
7. Educate patients about the risks associated with COB, including addiction, overdose and appropriate steps to take if side effects occur.
8. Coordinate care among all the patient's treating providers to avoid coprescribing opioids and benzodiazepines.
9. Refer patients to pain management specialists when indicated.
10. To exclude patients from this measure, claims must be submitted **annually** using the appropriate ICD-10-CM code.

CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (COB) *Continued*

Did You Know?

- According to the National Institute on Drug Abuse, approximately 14% of overdose deaths caused by opioids also involved the use of benzodiazepines.
- Combined use of opioids and benzodiazepines increases the risk of serious adverse effects such as profound sedation, respiratory depression, coma and death.
- Long-term COB can reduce tolerance over time and increase the risk of physical dependence and addiction.
- All opioid and benzodiazepine medications are included in the COB measure.

OneCare Formulary Opioid and Benzodiazepine Alternatives	
Pain	nonsteroidal anti-inflammatory drugs (NSAIDs): ibuprofen, naproxen, celecoxib, meloxicam, diclofenac gel
	acetaminophen (Tylenol)
Generalized anxiety disorder	buspirone, duloxetine, escitalopram, fluoxetine*, sertraline*, mirtazapine*
Panic disorder	citalopram*, escitalopram*, fluoxetine, sertraline, venlafaxine, mirtazapine*
Post-traumatic stress disorder	fluoxetine*, sertraline, venlafaxine*
Insomnia	mirtazapine*, ramelteon, trazodone*, melatonin*

* Off-label indication, * Available through OTC benefit

References

1. Medicare 2026 Part C & D Star Ratings Technical Notes. Centers for Medicare & Medicaid Services: Center for Medicare. Updated September 25, 2025.
2. National Institute on Drug Abuse (NIH). Benzodiazepines and Opioids. Updated November 2022. <https://nida.nih.gov/research-topics/opioids/benzodiazepines-opioids>. Accessed June 2026.
3. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95

