# Concurrent Use of Opioids and Benzodiazepines (COB) provider tipsheet

## Did you know?

Taking opioids in combination with other central nervous system depressants (like benzodiazepines, alcohol or xylazine) can lead to severe respiratory depression and increase the risk of life-threatening overdose.[1]

Endorsed by the Pharmacy Quality Alliance, the Centers for Medicare and Medicaid Services (CMS) has included the COB measure to assess the percentage of members 18 years of age or older with concurrent use of Opioids and Benzodiazepines.

Use this tip sheet to help **ensure safe and appropriate medication use, guide deprescribing when necessary, and help you succeed in the Concurrent Use of Opioids and Benzodiazepines (COB) PIP measure.**

## Measure overview

| Eligible population (Denominator) |
|---|
| Medicare members, ages 18 years or older who are enrolled in Medicare Part D, with at least two prescription claims for opioid medications with different DOS, at least 15 cumulative days' supply of opioids during the measurement period. Patients must have an index prescription start date (IPSD) that occurs at least 30 days prior to the end of the measurement period. |
| **Numerator** |
| Number of members in the denominator with at least two prescription claims for any benzodiazepines with different DOS **and** concurrent use of opioids and benzodiazepines for at least 30 cumulative days during the measurement period.<br><br>**Note: A lower rate indicates better performance*** |
| **Exclusions** |
| • Cancer or cancer-related pain treatment<br>• Hospice<br>• Sickle cell disease<br>• Palliative care<br><br>Exclusions must be reported annually through claim submissions during the measurement year. For additional information, see the COB comprehensive exclusion codes list. |

**For complete incentive program details and requirements, providers should review the PCP PIP Manual and the full Part D measure tip sheets available on the provider portal.**

[1] Rudd RA, Aleshire N, Zibbell JE, Gladden RM. Increases in Drug and Opioid Overdose Deaths--United States, 2000-2014. MMWR Morb Mortal Wkly Rep2016;356:1378-82. doi:10.15585/mmwr.mm6450a3 pmid:26720857

## Table of medications (active ingredient) included in the measure

| Opioid Medications [a, b] | | Benzodiazepine Medications [a, c] | |
|---|---|---|---|
| • Benzhydrocodone<br>• Buprenorphine<br>• Butorphanol<br>• Codeine<br>• Dihydrocodeine<br>• Fentanyl<br>• Hydrocodone<br>• Hydromorphone<br>• Levorphanol | • Meperidine<br>• Methadone<br>• Morphine<br>• Opium<br>• Oxycodone<br>• Oxymorphone<br>• Pentazocine<br>• Tapentadol<br>• Tramadol | • Alprazolam<br>• Chlordiazepoxide<br>• Clobazam<br>• Clonazepam<br>• Clorazepate<br>• Diazepam<br>• Estazolam | • Flurazepam<br>• Lorazepam<br>• Midazolam<br>• Oxazepam<br>• Quazepam<br>• Temazepam<br>• Triazolam |

[a] **Includes** combination products (for opioids: prescription opioid cough medications.)
[b] **Excludes** the following: injectable formulations: sublingual sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).
[c] **Excludes** injectable formulations.

# Provider tips and best practices

Managing members who are prescribed both opioids and benzodiazepines requires clinical judgement and coordination. While these medications can be helpful for treating pain, anxiety, or other conditions, their combined use can pose serious risks, including overdose and death. The following tips offer helpful ways to help providers ensure safe and effective care. [2]

- **Avoid** initiating combination therapy with opioids and benzodiazepines when possible.
- **Check** the Michigan Automated Prescription System (MAPS) before prescribing to identify overlapping prescriptions and potential misuse.
- **Educate** patients on the risks of combining these medications, including overdose and sedation.
- **Provide** clear guidance on safe, short-term use when both medications are clinically indicated.
- **Coordinate** with other prescribers to ensure all providers are aware of the patient's full medication regimen.
- **Prescribe** naloxone to members at elevated risk of overdose and provide training on its use.
- **Refer** to pain management specialists or explore non-pharmacologic alternatives when appropriate.
- **Taper** medications gradually when deprescribing to minimize withdrawal and maintain member safety.

## Deprescribing resources

**Benzodiazepine Deprescribing Guidelines**

Evidence-based protocols are available to support safe tapering of benzodiazepines, especially in older adults. These guidelines emphasize gradual dose reduction, patient education, and non-pharmacologic alternatives.

**CDC Opioid Prescribing Guidelines (2022)**

This guideline offers evidence-based recommendations for prescribing opioids to adults with pain, emphasizing individualized care, non-opioid alternatives, and strategies to reduce the risk of misuse and overdose.

**AGS Beers Criteria**

The American Geriatrics Society's Beers Criteria identifies medications that may pose more risk than benefit in older adults. Use this tool to guide safer prescribing and explore alternatives to opioids and benzodiazepines when appropriate.

[2] Centers for Disease Control and Prevention. CDC Clinical Practice Guideline for Prescribing Opioids for Pain, United States, 2022. *MMWR Recomm Rep.* 2022;71(3):1-95. https://www.cdc.gov/mmwr/volumes/71/rr/pdfs/rr7103a1-h.pdf