

Concurrent Use of Opioids and Benzodiazepines (COB)

HEDIS Tip Sheet MY 2025



Measure definition	Plans(s)	Quality Program(s)	Collection and Reporting
The percentage of Part D beneficiaries 18 years of age and older with concurrent use of prescription opioids and benzodiazepines during the measurement period Note: A lower rate indicates better performance.	Medicare	CMS Star Rating	Part D Prescription Claims: Pharmacy Data

Numerator

The numerator for this measure includes members who are 18 years of age or older who meet both of the following criteria:

- Have two or more prescription claims for any benzodiazepines with different dates of service
- Exhibit concurrent use of opioids and benzodiazepines for greater than or equal to 30 cumulative days

Best practices for quality care

- Educate members on medication purpose and instructions as well as the risks of addiction. Confirm they understand medication instructions and emphasize the importance of adherence.
- Reinforce the treatment plan and medication regimen with clear written instructions on proper medication usage and managing potential side effects.
- Address any potential barriers, such as concerns related to health benefits, side effects, cost or challenges with accessing medications from the pharmacy.
- Ensure timely refills
- Assist with alternative pain management, including cold/heat therapy, acupuncture, topical pain relievers, corticosteroid injections, non-opioid meds (OTC analgesics, serotonin-norepinephrine inhibitors, gabapentin), exercise, chiropractic, physical/aquatic therapy, stress reduction, TENS, mind-body techniques, and massage therapy.
- Coordinate care to prevent co-prescribing.
- Follow CMS guidelines for opioids and benzodiazepines (limit doses, taper when needed, monitor closely and provide naloxone for high-risk patients).

Quality score improvement tips

While there may be instances where it is appropriate for concurrent use of opioids and benzodiazepines, the concurrent use of prescription opioids with benzodiazepines is deemed a serious safety concern by the Pharmacy Quality Alliance (PQA) for Part D beneficiaries. Concurrent use of these medications increases the risk of respiratory depression and fatal overdoses.

If co-prescribing benzodiazepines and opioids is necessary:

1. Avoid initial combination – Prioritize alternative treatments like cognitive behavioral therapy or non-opioid medications.

2. Limit dose and duration – When new prescriptions are required, keep doses low and treatment duration short.
3. Gradual tapering – Reduce long-term medication use slowly and discontinue when possible.
4. Monitor long-term use – Continue co-prescribing only when essential and with close monitoring.
5. Provide rescue medication – Prescribe medicines, such as naloxone, to high-risk patients and their caregivers.

Additional resources can be found here:

[SE19011 - Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines](#)

Exclusions

- Members that are in hospice services during the measurement year
- Members that are receiving palliative care during the measurement period
- Members with a cancer diagnosis during the measurement year
- Members with a sickle cell diagnosis during the measurement year

Measure Medications:

Opioid Medications		
Benzohydrocodone	Hydrocodone	Opium
Buprenorphine	Hydromorphone	Oxycodone
Butorphanol	Levorphanol	Oxymorphone
Codeine	Meperidine	Pentazocine
Dihydrocodeine	Methadone	Tapentadol
Fentanyl	Morphine	Tramadol
Benzodiazepine Medications		
Alprazolam	Diazepam	Oxazepam
Chlordiazepoxide	Estazolam	Quazepam
Clobazam	Flurazepam	Temazepam
Clonazepam	Lorazepam	Triazolam
Clorazepate	Midazolam	

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.