



# Concurrent Use of Opioids and Benzodiazepines (COB)

## Measurement Year 2021 Performance Measures

**Measure Description: For members 18 years of age and above who were continuously enrolled during the calendar year with concurrent use of prescription opioids and benzodiazepines.**

**The COB measure is an inverse measure therefore a lower rate is desirable.**

### Eligible Population

Members age 18 years and older:

- 18 to 64 years
- 65 years and older

### The Following Members Will Not Be Counted in the Measure Population

- Members with a cancer diagnosis coded during the measurement year
- Members with sickle cell disease coded during the measurement year
- Members in hospice

### What is Considered Concurrent Use?

Overlapping supply for an opioid and a benzodiazepine for 30 or more cumulative days.

### How is Concurrent Use Identified?

Using the dates of service and days' supply of an individual's target medication prescription drug claims.

The days of concurrent use is the sum of the number of days with overlapping day's supply of the target medications.

### How is Concurrent Use Captured?

Pharmacy claims

- Only paid, non-reversed prescription claims are utilized in the measure calculation
- The prescription can be for the same or different opioids

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## Strategies for reducing concurrent use

- Assist patients with identifying alternative pain management methods:
  - Cold and heat
  - Acupuncture
  - Topical pain relievers when clinically indicated
  - Corticosteroid injections when clinically indicated
  - Try other medication alternatives to opioids such as Other medication classes (for example, over the counter and non-scheduled analgesics, serotonin-norepinephrine reuptake inhibitors, and gabapentin)
  - Exercise and weight management
  - Chiropractic manipulation
  - Physical or Aquatic Therapy
  - Stress Reduction and Relaxation Techniques
  - Transcutaneous electrical nerve stimulation (TENS)
  - Mind – body techniques (meditation, breathing exercising, yoga)
  - Massage therapy
- Coordinate care with all of the patient's treating providers to avoid co-prescriptions.
- If you have to co-prescribe, follow CMS's five central principles for co-prescribing Benzodiazepines and opioids:
  1. Avoid initial combination by offering alternative approaches such as cognitive behavioral therapy or other medication classes
  2. If new prescriptions are needed, limit the dose and duration
  3. Taper long-standing medications gradually and, whenever possible, discontinue
  4. Continue long-term co-prescribing only when necessary and monitor closely
  5. Provide rescue medication (for example, naloxone) to high-risk patients and their caregivers as co-prescribing places the patient at a high risk of opioid overdose.
- Refer patients to Aetna Better Health's Care Management or Special Needs Unit for additional support and resources – **1-855-346-9828**.