Polypharmacy: Concurrent Use of Opioids and Benzodiazepines (COB)

HLN Patient Safety Focus

Utilizing multiple CNS depressants increases the risk of severe respiratory depression, overdose, and even death. According to CMS, in 2017, 10,010 people died from overdosing with both BZDs and an opioid, which is more than a fifth of the 47,600 total opioid overdose deaths in that year[3].

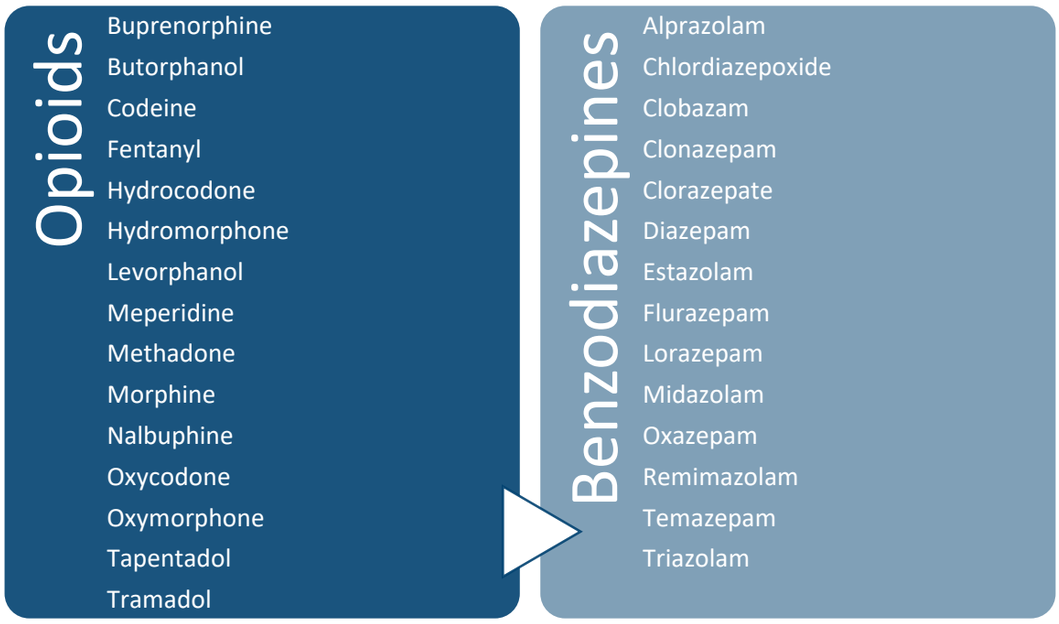
➔Who's Included in the COB measure?

Patients aged 18 or older with at least two separate opioid prescriptions (totaling 15+ days' supply) and 30+ days of overlap with two benzodiazepine fills. A lower rate is better!

➔Who's Excluded?

- One or more claims for Cancer, Sickle Cell, Hospice or Palliative Care
- Buprenorphine products used to treat opioid use disorder (e.g. buprenorphine/naloxone combo)
- Injectable forms of opioids and benzodiazepines

Any Combination of Opioids & Benzodiazepines Prescriptions



Any of the above in combination with other medications as well as benzhydrocodone, dihydrocodeine, and pentazocine combinations can be included in the measure

Recommendations

- PDMP reports are available for providers to review patients' utilization of both opioids and benzodiazepines. Login to louisiana.pmpaware.net/login or mississippi.pmpaware.net/login to access the Prescriber Report page.
- CDC Five Principles for Co-prescribing[3]:
  - Avoid initial combination by offering alternative approaches
  - If new prescriptions are needed, limit the dose and duration
  - Taper long-standing medications gradually, discontinue whenever possible
  - Continue long-term co-prescribing only when necessary
  - Provide rescue medication to high-risk patients and their caregivers (Naloxone nasal can be dispensed without a prescription
- CDC Alternatives to Benzodiazepines and Opioids Table[3]:

Alternatives to Benzodiazepines	Alternatives to Opioids
○ Psychotherapies (for example, cognitive behavioral therapy for anxiety or sleep disorders ○ Progressive relaxation techniques ○ Sleep hygiene ○ Other medication classes (SSRIs, TCAs, buspirone, hydroxyzine)	○ Other medication classes (OTC or non-scheduled analgesics, SNRIs, gabapentin) ○ Psychotherapies (for example, cognitive behavioral therapy, mindfulness, and meditation) ○ Other treatments (topical medications, trigger point injections, transcutaneous electrical nerve stimulation- TENS) ○ Complementary and integrative care (acupuncture, physical therapy, exercise, aquatic therapy)

Provider Resources

1. CDC Opioid Clinical Practice Guideline 2022 https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#:~:text=Opioids%20can%20be%20essential%20medications,withdrawal%20syndrome)%20(49).
2. AHRQ Opioid Treatment for Chronic Pain https://effectivehealthcare.ahrq.gov/sites/default/files/cer-229-opioid-treatments-chronic-pain-evidence-summary.pdf
3. CMS's 5 Principles for co-prescribing BZDs and Opioids. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19011.pdf