# Concurrent Use of Opioids and Benzodiazepines

**Simultaneous use of multiple medications can significantly increase patients' risk for adverse outcomes.** The Centers for Medicare & Medicaid Services will help reduce these risks, by implementing the Concurrent Use of Opioids and Benzodiazepines (COB) measure. This measure aims to help identify patients at high risk for serious adverse effects when using these two classes of medications together.

| Quality Measure | Description |
| --- | --- |
| Concurrent Use of Opioids and Benzodiazepines (COB) | Percentage of patients ages 18 years or older with 30 cumulative days of overlap with opioids and benzodiazepines |
| COB Exclusions | Patients diagnosed with cancer, sickle cell disease, or enrolled in hospice palliative care. |
| What qualifies a member for the COB measure? | Two fills of any opioids with at least 15 cumulative days' supply during the year. |
| What makes a member non-compliant with the COB measure? | At least two fills of any benzodiazepine(s) with 30 days of overlap with opioids during the year. |

*(continued)*

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*For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Fidelis Care, Trillium Advantage, and 'Ohana Health Plan transitioned to the newly refreshed Wellcare brand. If you have any questions, please contact Provider Relations.*

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*By Allwell*
*By Fidelis Care*
*By Health Net*
*By 'Ohana Health Plan*
*By Trillium Advantage*

## Drug Examples

Listed below are examples of opioids and benzodiazepines. Please consider evaluating your patients' medication list before prescribing new drugs, as well as opportunities to de-prescribe.

**Note:** This is **not** an all-inclusive list.

| Opioids | Benzodiazepines |
|---|---|
| Codeine | Alprazolam |
| Fentanyl | Clonazepam |
| Hydrocodone | Diazepam |
| Morphine | Lorazepam |
| Oxycodone | Midazolam |
| Tramadol | Oxazepam |
| | Temazepam |

**Provider:** _____

**Regarding Patient:** _____

**Fax:** _____

**DOB:** _____

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