

Measure 6 Overview: Percent of COAT enrollees receiving concomitant benzodiazepine therapy

Numerator: the number of patients on chronic opioid analgesic greater than 50 MME per day to whom you prescribed at least a 28 days' supply within the measurement year AND who had an overlapping benzodiazepine prescription of at least 7 days during that time.

Denominator: the number of patients on COAT who you prescribed an opioid to in the measurement year.

Measure 6 key understandings:

- Patients included in your numerator had a daily dosage of at least 50 MME per day
- The patient's **benzodiazepine is counted whether it was prescribed by you, someone else in your practice, or by a prescriber outside of your practice.** It is important that the opioid prescriber is aware of any concomitant benzodiazepine use, regardless of where it comes from.
- Patients on concomitant therapies are very vulnerable and **sudden changes in their treatment regimen may cause significant harm.** The goal of this measure is to support prescriber's understanding of their patients' risk factors for opioid-related harm.

Why is it important to measure this prescribing behavior?

- Although there are circumstances when it may be appropriate for a short period of concomitant opioid and benzodiazepine therapy, both medications cause central nervous system depression and patients receiving both medications are at high risk for an adverse drug event.ⁱ
- A recent clinical evidence review identified three cohort studies finding an association between concurrent use of benzodiazepines and opioids versus opioids alone, and increased risk of overdose.ⁱⁱ

Standards of care for treating chronic pain

- DO NOT ABRUPTLY STOP OPIOIDS without a clear plan
- Avoid initiating opioids for chronic pain
- Avoid prescribing opioids and benzodiazepines together
- Increase intensity of management commensurate with risks or comorbidities
- Limit the number of prescribers
- Screen for Red Flags for Opioid Use Disorder (OUD) more frequently and provide immediate referral for intervention or treatment if needed
 - Red Flags of OUD: Signs of impaired control; signs of social impairment; risky use of opioids; predisposition to addiction; multiple prescribers; signs of tolerance or withdrawal
- Regularly offer and discuss tapering options with patients
- Use chronic condition management tools and care plans to support patients
- Conduct routine case reviews

ⁱ U.S. Food and Drug Administration. FDA Drug Safety Communication: [FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning | FDA](#) (retrieved April 2022)

ⁱⁱ Chou R, Hartung D, Turner J, et al. *Opioid treatments for chronic pain. Comparative effectiveness review no. 229.* AHRQ Publication no. 20-EHC011. Available online at <https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioids-chronic-pain.pdf>