

Methodology For Comparative Analysis:

Co-Prescribing Patterns for Benzodiazepines with Opioids and Average Morphine Milligram Equivalents (MME)

Consistent with section 1860D-4(c)(4)(D) of the Social Security Act (the Act), as added by section 6065 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (P.L. 115-271), this methodology is intended to identify Medicare Part D prescribers who are outliers as compared to their peers for the percent of their patients concurrently prescribed benzodiazepines and opioids, and for the average Morphine Milligram Equivalents (MME) dose prescribed to those patients.

Analysis Criteria

- Includes 12 months of Medicare Part D claims data from July 1, 2024 – June 30, 2025 using prescription drug event (PDE) record files.
- Identifies beneficiaries with an opioid PDE record and a benzodiazepine PDE record from the same prescriber for 30 consecutive days.
- Every prescriber was associated with a total count of beneficiaries who were co-prescribed opioids and benzodiazepines.
- Analysis **excludes a beneficiary** who:
 - Was not enrolled in Medicare Part D between January 2024 – June 2024,
 - Had a diagnosis of cancer or sickle cell disease between July 2023 – June 2025,
 - Was enrolled in long-term care between July 2024 – June 2025, or
 - Was enrolled in hospice care between July 2023 – June 2025.
- Analysis **excludes a prescriber** that:
 - Had less than 5 beneficiaries who were co-prescribed opioids and benzodiazepines,
 - Had less than 10 total beneficiaries who received opioids,
 - Had less than 10 peers within their specialty and state, or
 - Is the subject of an investigation by the Centers for Medicare & Medicaid Services or the Office of Inspector General of the Department of Health and Human Services.
- All buprenorphine products were excluded from the analysis.
- Only opioid National Drug Codes (NDCs) with a MME conversion factor were included in the analysis.

Comparative Analysis

- The average daily MME for each beneficiary was calculated for each prescriber.
- The MME was calculated based upon the strength of the drug prescribed, the number of doses dispensed, the days' supply issued, and the respective conversion factor for the opioid prescribed. The Centers for Disease Control and

Prevention (CDC) released the Clinical Practice Guideline for Prescribing Opioids¹ for Pain in 2022. Concurrently, the CDC discontinued updating the file that contains opioid NDCs and opioid MME conversion factors (called the Opioid NDC and Oral MME Conversion File). The 2022 Clinical Practice Guideline provides an MME conversion factors² table for opioids. This table is CDC's sole resource related to MME conversion factors. The conversion factors were derived from this table.

- Prescribers were compared to their peers in the same state and within the same specialty as identified through the National Plan and Provider Enumeration System (NPPES). Outliers were identified using two metrics:
 - Percentage of beneficiaries who were co-prescribed opioids and benzodiazepines
 - Average daily MME prescribed to those patients
- CMS updated its approach to overseeing inappropriate prescribing patterns to better align with prescribing standards and practices. Starting in calendar year 2024, outlier prescribers were identified based upon the percentage of beneficiaries who were co-prescribed opioids and benzodiazepines in the highest 25th percentile and an average daily MME in the highest 25th percentile prescribed to those patients as compared to their peers. The original approach identified outlier prescribers based upon the percentage of beneficiaries who were co-prescribed opioids and benzodiazepines in the highest 10th percentile and an average daily MME in the highest 10th percentile prescribed to those patients as compared to their peers.

¹ https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w (Accessed on October 23, 2025)

² https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1_down (Accessed on October 23, 2025)