

Important Details About 2025 Medicare Star Measures: Poly-ACH and COB

We are sharing information about two new Part D Star measures introduced by the Centers for Medicare & Medicaid Services (CMS) for the 2025 measurement year.

These measures – **Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)** and **Concurrent Use of Opioids and Benzodiazepines (COB)** – aim to improve the quality of care for Medicare members by reducing the risks associated with certain medication combinations.

We encourage you to reference these measures and best practices as you care for your patients, our members. To support this CMS guidance, we will contact providers who may have members impacted by one or both measures.

About Poly-ACH

The Poly-ACH measure focuses on decreasing the percentage of members 65 and older who take two or more unique anticholinergic medicines concurrently for at least 30 cumulative days. Simultaneously using two or more anticholinergic medications can lead to cognitive and physical decline, increased morbidity, and hospitalization in older adults.

Best Practices for Improving Poly-ACH Rates:

- Engage in conversations with your patients about medication risks before prescribing.
- At the start of treatment, evaluate medicine risk-benefit profiles and continuously monitor throughout the patient's care journey.
- Consider deactivating existing prescriptions or prescribing alternative medications with lower risks.

About COB

The COB measure aims to decrease the percentage of members 18 and older who use prescription opioids and benzodiazepines together for at least 30 cumulative days. This is crucial because concurrent use of these medications increases the risk of respiratory depression and fatal overdoses. Members who are in hospice or have Cancer or Sickle Cell Disease are excluded from this measure.

Best Practices for Improving COB Rates:

- Avoid initial combination by offering alternate approaches.
- If new prescriptions are needed, limit the dose and duration.
- Taper long-standing medications gradually and, whenever possible, discontinue.
- Continue long-term co-prescribing only when necessary and closely monitor.
- Provide rescue medication (e.g., naloxone) to high-risk patients and their caregivers.

Table: Alternatives to Benzodiazepines and Opioids¹

Alternatives to Benzodiazepines	Alternatives to Opioids
<ul style="list-style-type: none">• Psychotherapies (e.g., cognitive behavioral therapy for anxiety and sleep disorders)• Progressive relaxation techniques• Sleep hygiene• Other medication classes (e.g., selective serotonin reuptake inhibitors, tricyclic antidepressants, and buspirone)	<ul style="list-style-type: none">• Other medication classes (e.g., over the counter and non-scheduled analgesics, serotonin-norepinephrine reuptake inhibitors, and gabapentin)• Psychotherapies (e.g., cognitive behavioral therapy, mindfulness, and meditation)• Other treatments (e.g., topical medications, trigger point injections, and transcutaneous electrical nerve stimulation)• Complementary and integrative care (e.g., acupuncture, physical therapy, exercise, and aquatic therapy)

Where possible, consider prescribing alternative treatments described in the table above, noting that not all treatments are available to or appropriate for all patients.

For more information, visit FloridaBlue.com. Select *For Providers* and navigate to *Programs*, then *Quality: HEDIS & PQA Measures*.

¹Centers for Medicare & Medicaid Services (CMS) of Medicare and Medicaid Services. **Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines.** Retrieved **March 13, 2025** from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE19011.pdf>.