

Risk of opioid-benzodiazepine overlap up for dual prescribing

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only groups (23.1 versus 17.3 and 16.5 percent, respectively; adjusted risk ratios, 1.27 and 1.12, respectively). The proportion with high-dose overlap was also larger for the dual-use group versus the VA-only and Medicare-only groups (4.7 versus 2.3 and 2.9 percent, respectively; adjusted risk ratios, 2.23 and 1.06, respectively).

"These findings highlight the need to enhance coordination of care across health care systems to optimize the quality and safety of prescribing," the authors write.

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(HealthDay)—Receiving prescriptions from both the U.S. Department of Veterans Affairs (VA) and Medicare Part D is associated with increased risk for overlapping of opioid and benzodiazepine prescriptions, according to a study published online Oct. 9 in the *Annals of Internal Medicine*.

Ron Carico, Pharm.D., from the VA Pittsburgh Healthcare System, and colleagues examined the correlation between dual use of VA and Medicare drug benefits and receipt of overlapping [opioid](#) and benzodiazepine prescriptions. Data were included for 368,891 veterans enrolled in VA and Medicare Part D who filled at least two opioid prescriptions in 2013.

The researchers found that 18.3, 30.3, and 51.4 percent of the eligible veterans received [prescriptions](#) from the VA only, Medicare only, and both VA and Medicare, respectively. The proportion with Pharmacy Quality Alliance measure of opioid-benzodiazepine overlap was larger for the dual-use group than the VA-only and the Medicare-

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