HEDIS® Tip Sheet

Effectiveness of Care Measure

Pharmacotherapy for Opioid Use Disorder (POD)

Improve your HEDIS[1] rates by using this tip sheet about the Pharmacotherapy for Opioid Use Disorder (POD) measure and best practices.

Less than 40% of U.S. residents over age 12 with an opioid use disorder (OUD) diagnosis receive pharmacotherapy.[1] Evidence suggests that pharmacotherapy can improve outcomes for individuals with OUD. Encouraging pharmacotherapy is critical because individuals with OUD who engage in treatment are less likely to exhibit withdrawal or craving symptoms and use illicit opioids and are more likely to remain in treatment and engage in mental health therapy.[2,3]

Measure

The percentage of OUD pharmacotherapy events that lasted at least 180 days among members ages 16 years and older with a diagnosis of OUD and a new OUD pharmacotherapy event. Measure must meet the below requirements:

- Member ages 16 years and older
- OUD dispensing event is captured between a 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year (intake period).
- Members must have a negative medication history (no OUD pharmacotherapy medications captured on pharmacy claims) as of 31 days prior to the new OUD pharmacotherapy.

Measure compliance

The measure is met when the member adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than eight days.

Note: Members can have multiple treatment period start dates and treatment periods during the measurement year. Treatment periods can overlap.

ICD-10 Codes
F11.10 F11.120-122; F11.129 F11.13-14 F11.150-151; F11.159 F11.181-182; F11.188 F11.19-20; F11.220-222 F11.229 F11.23-24 F11.250-251; F11.259 F11.281-282; F11.288 F11.29

Required exclusions

- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

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Best practice

When to prescribe opioids

- Use the state Prescription Drug Monitoring Program (PDMP) database prior to initiating opioid therapy and periodically, ranging from every prescription to every three months.
- Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.
- Identify alternatives to opioids for pain management: NSAIDs, physical therapy, acupuncture, massage therapy, and corticosteroids when clinically appropriate.
- Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence.

When treating patients with OUD

- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- Inform OUD patients about the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- Talk about medications with the patient, including but not limited to topics below:
  - Duration of the treatment.
  - Medication side effects and how to manage them.
  - Proper use of naloxone in the event of emergency treatment of an opioid overdose.
  - Potential interactions with other controlled substances.
  - Importance of continuing medication and the dangers of discontinuing suddenly.
- Ensure patients are not using benzodiazepines and opioids concurrently.
- Consider factors that can support recovery in addition to medication, such as counseling, therapy, and peer support.
- Provide patients written instructions to support educational messages.
- Encourage coordination of care and communication between the physical and behavioral health providers, including transitions in care.

Opioid use disorder treatment medications

Description	Prescription	Medication Lists	Value Sets and Days Supply
Antagonist	Naltrexone (oral)	Naltrexone oral medications list	N/A — codes do not exist
Antagonist	Naltrexone (injectable)	Naltrexone injection medications list	Naltrexone injection value set (31-day supply)
Partial agonist	Buprenorphine (sublingual tablet)	Buprenorphine oral medications list	Buprenorphine oral value set (one-day supply) Buprenorphine oral weekly value set (seven-day supply)
Partial agonist	Buprenorphine (injection)	Buprenorphine injection medications list	Buprenorphine injection value set (31-day supply)
Partial agonist	Buprenorphine (implant)	Buprenorphine implant medications list	Buprenorphine implant value set (180-day supply)

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Opioid use disorder treatment medications

Description	Prescription	Medication Lists	Value Sets and Days Supply
Partial agonist	Buprenorphine/Naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone medications list	Buprenorphine Naloxone value set (one-day supply)
Agonist	Methadone (oral)	N/A (refer to note below)	Methadoneoral value set (one-day supply) Methadone oral weekly value set (seven-day supply)

Note: Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

Additional information

For additional information on the coverage of the above list of medications, please refer to the formulary page at bit.ly/4atum61.

References

1. Wu, L.T., Zhu, H., & Swartz, M.S. (2016). Treatment utilization among persons with opioid use Disorder in the United States." Drug and Alcohol Dependence 169, 117–27.
2. NIDA. (2016). Effective treatments for opioid addiction. https://www.drugabuse.gov/effective-treatments-opioid-addiction-0
3. Connery, H.S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions." Harvard Review of Psychiatry, 23(2):63–75. doi: 10.1097/HRP.0000000000000075.
4. NCQA: https://www.ncqa.org/hedis/measures/pharmacotherapy-for-opioid-use-disorder/

[1]Healthcare Effectiveness Data and Information Set (HEDIS). National Committee for Quality Assurance (NCQA). HEDIS MY 2024 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

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