

## Pharmacotherapy for Opioid Use Disorder (POD)

### Why is the POD Measure Important?

Pharmacotherapy, the treatment of a disorder with medication, has been identified as a critical part of treatment for individuals challenged with opioid use disorder (OUD). Less than 40% of U.S. residents over age 12 with an OUD diagnosis receive pharmacotherapy.<sup>1</sup> Encouraging pharmacotherapy is critical because individuals with OUD who engage in treatment with pharmacotherapy 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.<sup>2,3</sup>

### What is the POD Measure Looking At?

This measure captures the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 and older with an OUD diagnosis.

- Medicaid and Medicare member age 16+
- 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) as of 31 days prior to the new OUD pharmacotherapy.

### How is Adherence/Compliance Met?

The measure is met when the member adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than 8 days.

### Who is Excluded?

- Members that had an acute or nonacute inpatient stay of 8 or more days during the 180-day treatment period.
- Members in hospice care.

### What Can You Do to Help?

- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- Inform of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- Offer mutual help like peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.)
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

- Encourage coordination of care and communication between the physical and behavioral health providers, including transitions in care.
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.

**OUD 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
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**TREATMENT MEDICATIONS for OUD:**

Description	Prescription
Antagonist	Naltrexone (oral or injectable)
Partial Agonist	Buprenorphine (sublingual tablet, injection, or implant)
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral, medical claim codes H0020, S10109, G2067, G2078)

**Additional Support:**

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - [www.samhsa.gov](http://www.samhsa.gov) or MAT Webinars and Workshops
- **Provider Clinical Support Systems (PCSS)**
  - [www.pcssnow.org](http://www.pcssnow.org) Answers from Clinicians in Real Time

We are committed to the care and wellbeing of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our websites, [nhhealthyfamilies.com/providers.html](http://nhhealthyfamilies.com/providers.html) or [wellcare.com/en/New-Hampshire/Providers](http://wellcare.com/en/New-Hampshire/Providers), for additional tools and local resources or contact a Provider Relations or Quality Improvement Specialist for assistance.

**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.000000000000075.
4. NCQA: <https://www.ncqa.org/hedis/measures/pharmacotherapy-for-opioid-use-disorder/>

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