

Pharmacotherapy for Opioid Use Disorder (POD)

The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Numerator(s)

New OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days

Opioid Abuse and Dependence Coding

F11

Pharmacotherapy can be identified via medical or pharmacy claims.

Opioid Use Disorder Treatment Medications

DESCRIPTION	PRESCRIPTIONS	ROUTE
Antagonist	Naltrexone	Oral
Antagonist	Naltrexone	Injectable
Partial agonist	Buprenorphine	Sublingual tablet
Partial agonist	Buprenorphine	Injection
Partial agonist	Buprenorphine	Implant
Partial agonist	Buprenorphine/Naloxone	Sublingual tablet, buccal film, sublingual film
Agonist	Methadone	Oral

- Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.
- The allowable gaps in the measure numerator of 7 or fewer consecutive days are used to account for weekly billing and other variations in billing practices and do not necessarily indicate that OUD pharmacotherapy ended. For example, members receiving daily methadone treatment over their 180-day treatment period meet numerator criteria if their treatment is billed weekly.

Notes

- The code set above is used by HEDIS to determine compliance. Not all codes are necessarily covered by Medi-Cal.
- Members in hospice or using hospice services are excluded from this measure.
- Members who died in the measurement year are excluded from this measure.

Best Practices

- Resources are available from the [National Institute on Drug Abuse \(NIDA\)](#) on treating opioid use disorder. These resources include:
 - Practice guidance and treatment options
 - Information on buprenorphine
 - Emergency and overdose treatment
- It is important when treating OUD to individualize treatment based on patient needs. Consider reviewing the treatment plan with patients including duration, possible side effects, and potential interactions. We strongly encourage you to prescribe naloxone for the treatment of opioid overdose and to review how it is administered.