

# Use of Opioids From Multiple Providers (UOP)

## HEDIS® Tip Sheet MY 2026



### Measure definition

The percentage of persons 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year, who received opioids from multiple providers. Three rates are reported:

- *Multiple Prescribers* – The percentage of members receiving prescriptions for opioids from **4 or more different prescribers** during the measurement period.
- *Multiple Pharmacies* – The percentage of members receiving prescriptions for opioids from **4 or more different pharmacies** during the measurement period.
- *Multiple Prescribers and Multiple Pharmacies* – The percentage of members receiving prescriptions for opioids from **four or more different prescribers and four or more different pharmacies** during the measurement year.

| Plans(s)                           | Quality Program(s)                                                | Collection and Reporting                                                                            |
|------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Commercial<br>Medicaid<br>Medicare | NCQA<br>Accreditation<br>Select<br>Medicaid<br>state<br>reporting | Administrative<br>Based on<br>pharmacy<br>claims<br>No medical<br>record<br>abstraction<br>required |

### Best practices for quality care

- Prescribe opioids cautiously and only when clinically appropriate.
- Regularly review Prescription Drug Monitoring Program (PDMP) data prior to prescribing opioids.
- Coordinate care with other providers involved in a member's pain management or behavioral health treatment.
- Use the lowest effective dose for the shortest appropriate duration.
- Reassess opioid therapy routinely and document ongoing needs.
- Consider non-opioid and non-pharmacologic pain management alternatives whenever possible.

### Quality score improvement tips

#### Avoid fragmented prescribing:

- Communicate with other prescribers to reduce duplicate or overlapping opioid prescriptions.

#### Identify high-risk members early:

- Members receiving opioids from multiple prescribers or pharmacies may benefit from care coordination or case management.

#### Use a single pharmacy when possible:

- Encourage members to consistently use one pharmacy to help improve medication safety and monitoring.

#### Coordinate transitions of care:

- Carefully review opioid prescriptions at hospital discharge or when specialists are involved.

**Monitor opioid days supplied:**

- Members receiving opioids for  $\geq 15$  total days qualify for measure inclusion and should be monitored closely.

**This measure does not include the following opioid medications:**

- Injectables
- Opioid cough and cold products
- Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant, and all buprenorphine/naloxone combination products).
- lonsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder

**Exclusions**

- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members who die at any time during the measurement period.

| Included Opioid Medications                                                                                                                                                                                                                                                                                                                                               | Excluded Opioid Medications                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benzhydrocodone<br>Buprenorphine ( <i>transdermal patch and buccal film only</i> )<br>Butorphanol<br>Codeine<br>Dihydrocodeine<br>Fentanyl<br>Hydrocodone<br>Hydromorphone<br>Levorphanol<br>Meperidine<br>Methadone ( <i>when NOT used for opioid use disorder treatment</i> )<br>Morphine<br>Opium<br>Oxycodone<br>Oxymorphone<br>Pentazocine<br>Tapentadol<br>Tramadol | Injectable opioids<br>Opioid cough and cold products<br>Buprenorphine products used for medication assisted treatment (MAT), including: <ul style="list-style-type: none"> <li>– Sublingual tablets</li> <li>– Subcutaneous implant</li> <li>– Buprenorphine/naloxone combination products</li> </ul> Methadone used for opioid use disorder treatment<br>lonsys® (fentanyl iontophoretic transdermal system) |

**Provider Callout:**

This is a pharmacy claims–based HEDIS measure – there are no CPT or HCPCS codes to bill to meet this measure.

## How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at [WS\\_Quality\\_Dept@wellsense.org](mailto:WS_Quality_Dept@wellsense.org).

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