Antidepressant Medication Management (AMM)



Measure Description

The percentage of patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. HEDIS evaluates the following two rates:

- Effective Acute Phase Treatment
- Effective Continuation Phase Treatment

Calculation

[Numerator] = Measure Compliance

Two rates are reported:

- Effective Acute Phase Treatment: Patients who remained on an antidepressant for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: Patients who remained on an antidepressant for at least 180 days (6 months).

[Denominator] = Measure Population

The number of patients 18 years and older who had a diagnosis of major depression and were newly dispensed an antidepressant medication during the measurement year.

Did You Know?

- Major depression can cause significant impairment in daily functioning, affecting sleep, appetite, concentration, energy, and self-esteem.
- Suicide is the 10th leading cause of death each year.
- Antidepressants can take up one to two weeks before the benefits start to be felt.
- Antidepressants should never be stopped abruptly, as doing so can lead to withdrawal symptoms.
- Taking antidepressants for less than 6 months increases the risk of a depressive episode recurring once the medication is stopped.

Exclusions

- In Hospice
- Deceased
- Patients who did not have a diagnosis of major depression during the 121-day period, which includes the 60 days before, the day of, and the 60 days following the Index Prescription Start Date (IPSD).

Strategies for Rate Improvement

- It may take up to 4-6 weeks before patients get the full benefit from the medication.
- Encourage patients to continue any prescribed medication even if they feel better.
- Reassess within 30 days from when the prescription is first filled for any side effects and their response to treatment.
- Involve patients in decisions about their antidepressant treatment. Discuss different medication options, treatment duration, and potential benefits, which can increase the likelihood of adherence.

^{*}IPSD: Index prescription start date. The earliest prescription dispensing date for an antidepressant medication where the date is in the intake period and there is a Negative medication history.

Measure Medications

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| Therapeutic Class | Prescriptions |
| Miscellaneous | Bupropion, Vilazodone, Vortioxetine |
| Phenylpiperazines | Trazodone, Nefazodone |
| Psychotherapeutic Combinations | Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine |
| Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) | Desvenlafaxine, Duloxetine, Venlafaxine, Levomilnacipran |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | Citalopram, Escitalopram, Fluoxetine, Fluoxamine, Paroxetine, Sertraline |
| Tetracyclic Antidepressants | Maprotiline, Mirtazapine |
| Tricyclic Antidepressants | Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine |
| Monoamine Oxidase Inhibitors | Isocarboxazid, Selegiline, Phenelzine, Tranylcypromine |



5.Guide to HEDIS® Measures MY 2024 Quality Performance Management HEDIS® Operations. Accessed January 24, 2025.

https://www.lacare.org/sites/default/files/la1494_hedis_brochure_202411.pdf 6.NHS. Medication - stopping or coming off. nhs.uk. Published February 4, 2021. https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-andpsychiatry/stopping-or-coming-off-antidepressants/



^{1.}Antidepressant Medication Management. NCQA. https://www.ncqa.org/hedis/measures/antidepressant-medication-management/
2.Centers for Disease Control and Prevention. Facts about suicide. Centers for Disease Control and Prevention. Published July 23, 2024. https://www.cdc.gov/suicide/facts/index.html
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^{4.}Antidepressant Medication Management (AMM) | Partnership for Quality Measurement. P4qm.org. Published August 10, 2009. Accessed January 16, 2025.