Pharmacotherapy for Opioid Use Disorder: The Impact of Socioeconomic and Regional Factors On OUD Diagnosis and Treatment

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ACLA Measure: Pharmacotherapy for Opioid Use Disorder

- Description: Percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days
    - Pharmacotherapy includes:
        - Methadone (agonist)
        - Buprenorphine (partial agonist)
        - Naloxone (antagonist)

Description	Prescription
Medications for Opioid Use Disorder Treatment (MOUD)	Naltrexone (oral or injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film), Methadone (oral)

- Population: Members 16+ years of age with a newly prescribed medication for Opioid use Disorder due to having an Opioid Use Diagnosis
- Goals: Examine socioeconomic and regional factors on OUD Diagnosis and treatment to better understand and treat OUD
    - Time frame: 2024 & 2025

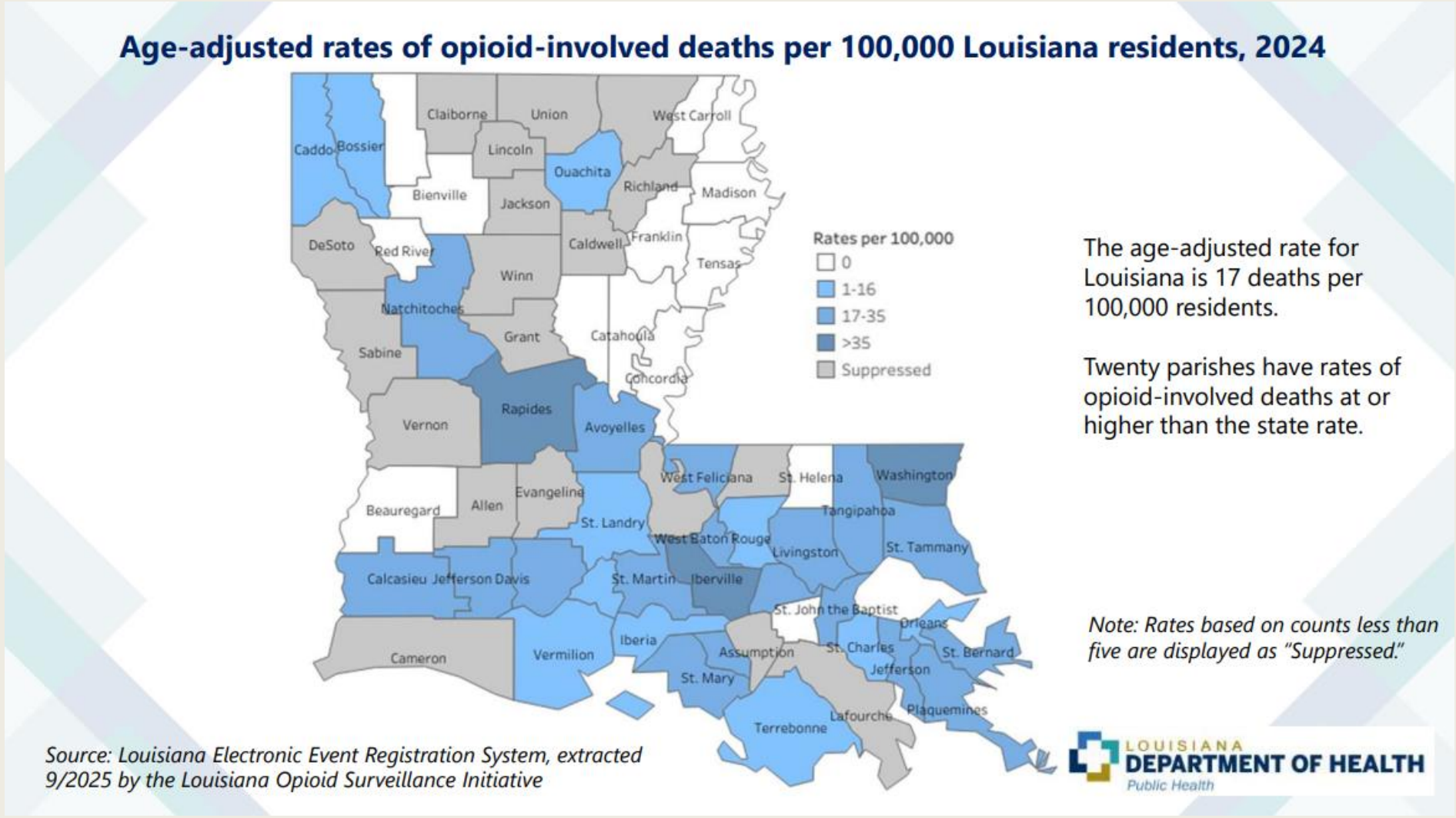
What is OUD?

-Opioid use disorder (OUD) is defined as chronic use of opioids causing significant distress and/or impairment, typically presenting with increased opioid tolerance, overpowering urge to use opioids and withdrawal symptoms if opioids are discontinued.

- The DSM-V diagnostic criteria for OUD requires a pattern of opioid use leading to problems or distress, with at least two of the following criteria met within 12 months.

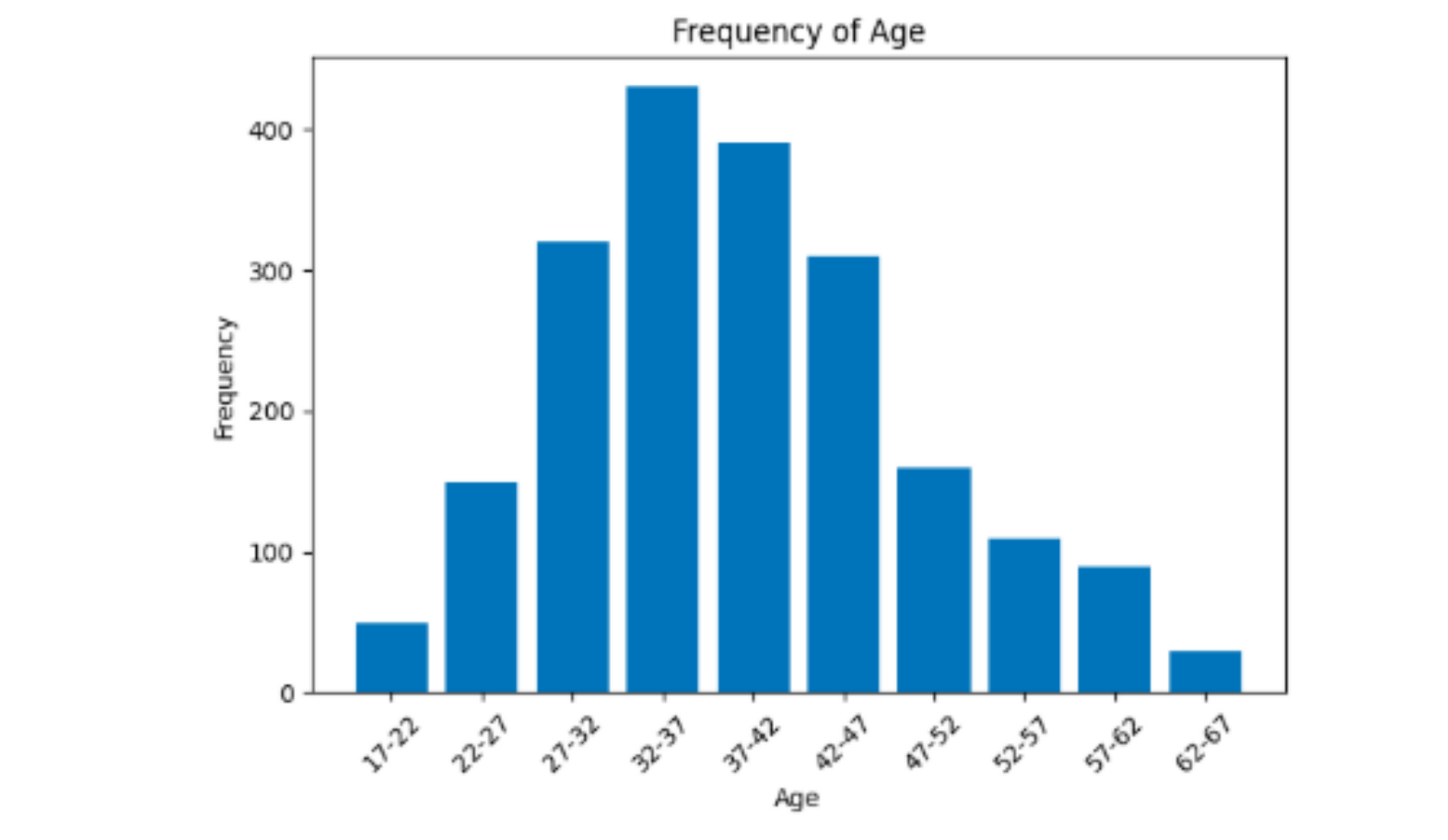
- Taking larger amounts or taking drugs over a longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control opioid use
- Spending a great deal of time obtaining or using the opioid or recovering from its effects
- Craving, or a strong desire or urge to use opioids
- Problems fulfilling obligations at work, school, or home
- Continued opioid use despite having recurring social or interpersonal problems
- Giving up or reducing activities because of opioid use
- Using opioids in physically hazardous situations such as driving while under the influence of opiates
- Continued opioid use despite ongoing physical or psychological problem likely to have been caused or worsened by opioids
- Tolerance (i.e., need for increased amounts or diminished effect with continued use of the same amount) [b]
- Experiencing withdrawal (opioid withdrawal syndrome) or taking opioids (or a closely related substance) to relieve or avoid withdrawal symptoms [b]

OUD: Overview

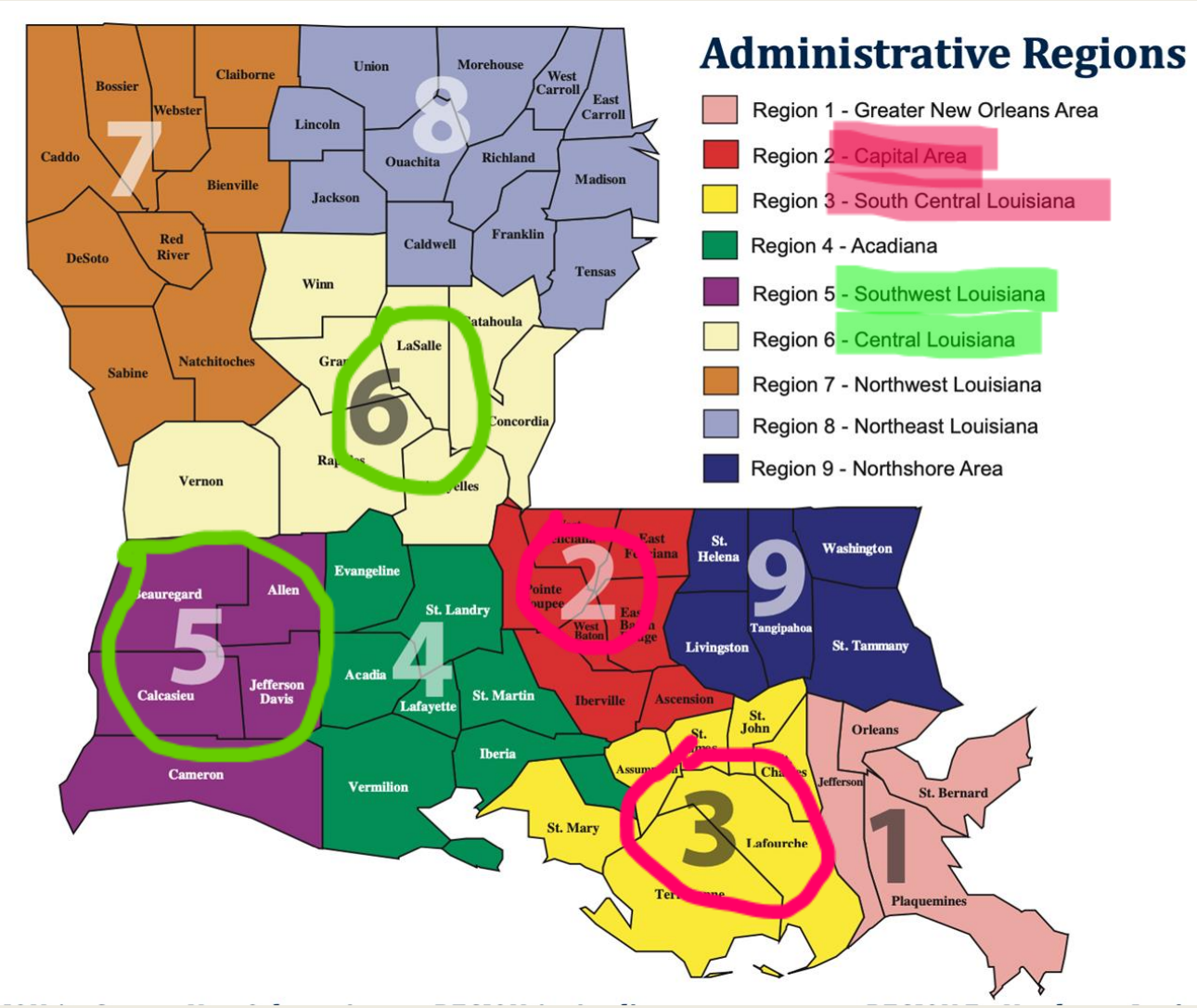


OUD results in over 120,000 and 47,000 deaths per year worldwide and in the United States

OUD: Age Distribution



OUD: By the Numbers

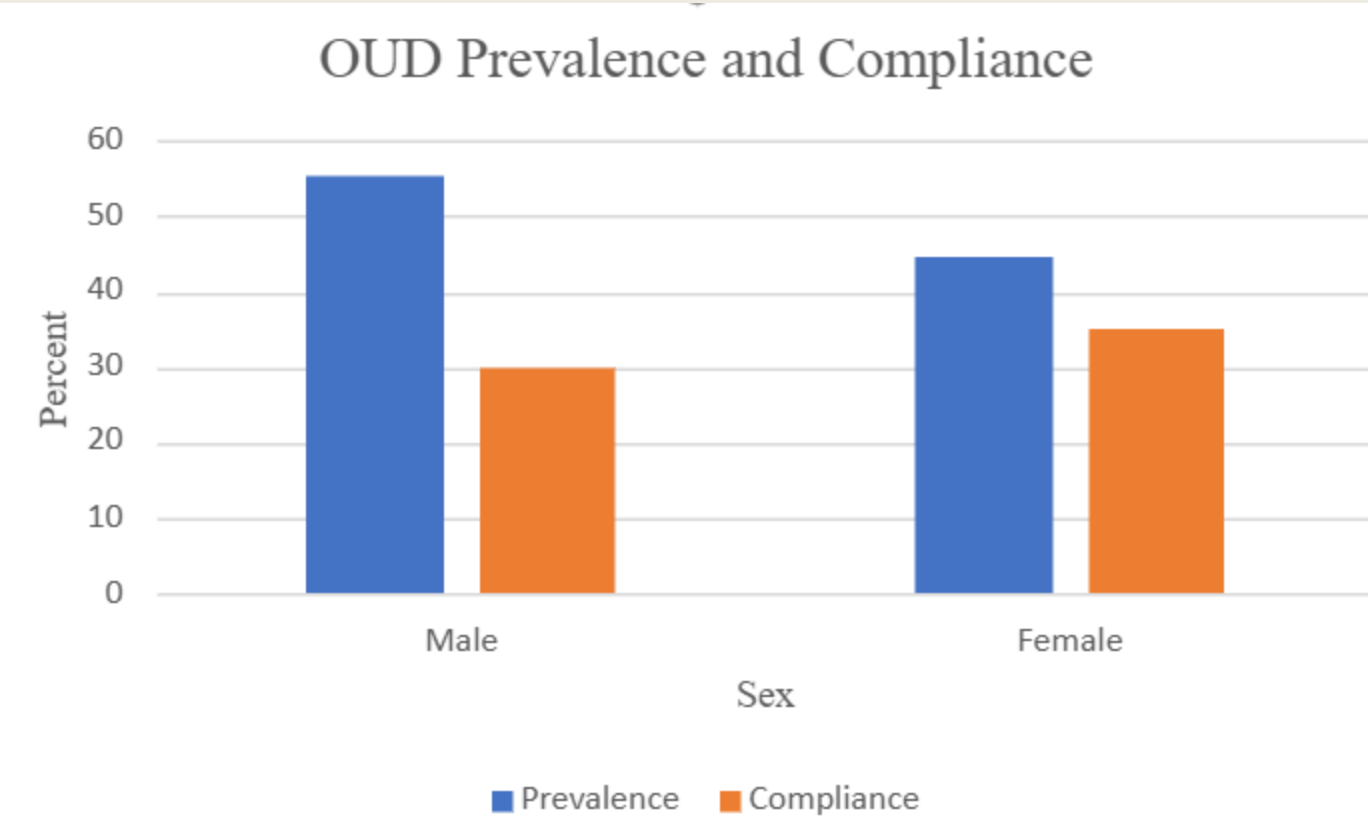


Region	Grand Total	Percent Compliance
Region 5	123	39.8%
Region 6	209	38.8%
Region 4	201	37.3%
Region 1	424	33.5%
Region 9	276	31.2%
Region 7	137	30.7%
Region 8	221	27.1%
Region 3	128	26.6%
Region 2	236	25.8%

OUD: Prevalence by City

City	Count
New Orleans	192
Baton Rouge	133
Monroe	87
Alexandria	79
Lafayette	55
Metairie	54

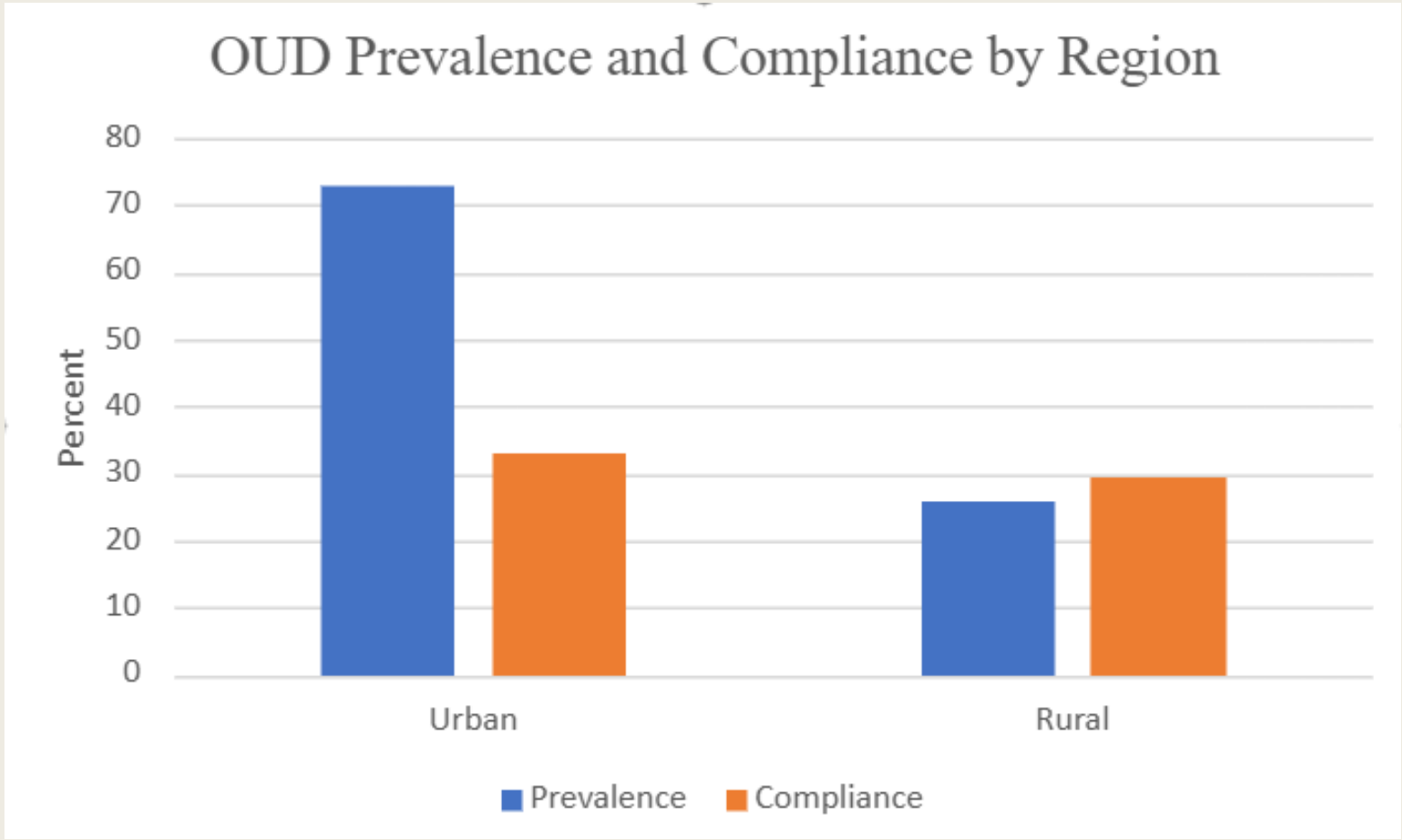
OUD: Male vs Female



Count of SEX	Percent Compliant
M	29.8
F	34.8
Total	32.1

SEX	Prevalence
Male	55.5%
Female	44.6%

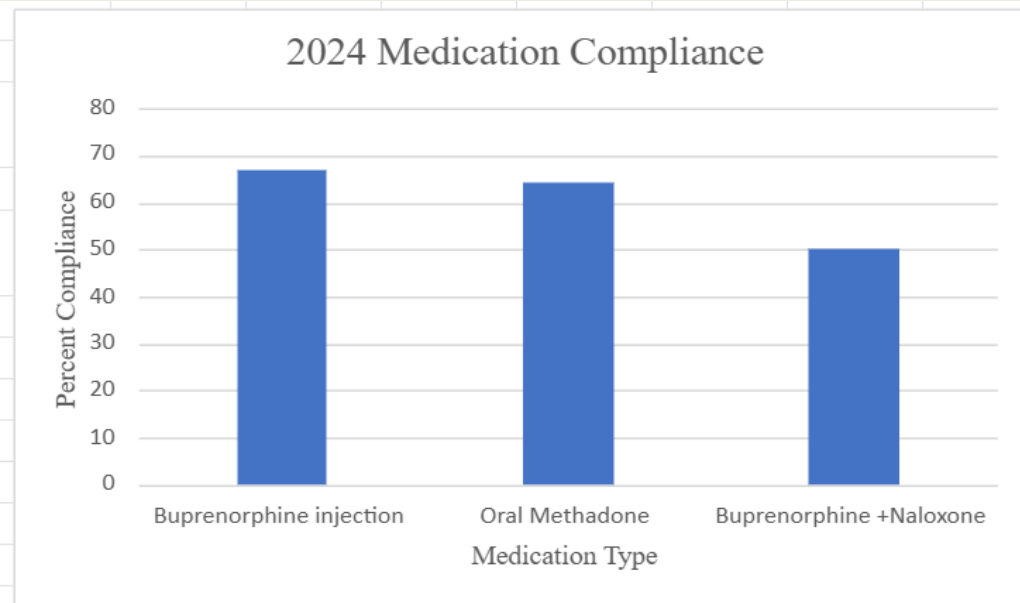
OUD: Urban vs Rural

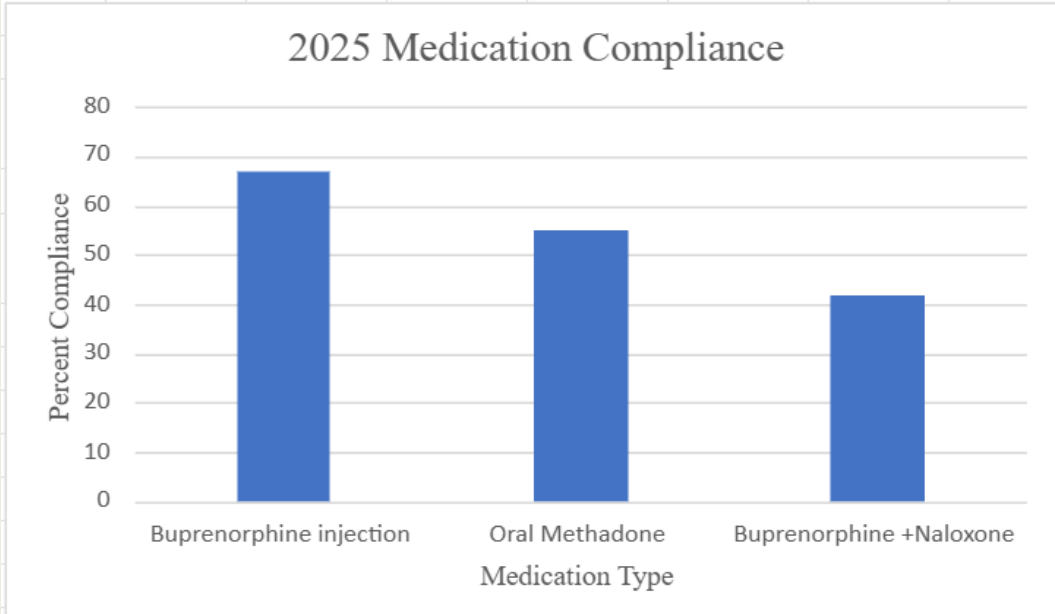


Count	Percent compliant
Urban	33.1%
Rural	29.5%
Grand Total	47.3%

Demographic	Prevalence
Urban	73.1%
Rural	25.8%

OUD: Medication and Compliance





Medication	Compliance
Buprenorphine injection	66.7%
Oral Methadone	64.4%
Buprenorphine +Naloxone	50.0 %

Medication	Compliance
Buprenorphine injection	66.7%
Oral Methadone	54.9%
Buprenorphine +Naloxone	41.7%

OUD: Birthday effect?

	Diagnosis Occurring Birthday Month	Diagnosis Occurring on Birthday	Total Diagnosed with OUD
	177	5	1971
Likelihood	.090	.0025	

ACLA Strategies for OUD

- ACLA is conducting direct outreach to members via telephone, based on pharmacy claims.
- A POD provider alert was published and faxed to Substance Use Diagnosis facilities.
- ACLA provides targeted education with SUD providers based on their performance, including education on pharmacologic treatments of OUD.
- ACLA is working to coordinate with Case Management, and the UM team for updated medications and coordination of care.

ACLA Barriers and Recommendations:

- Barriers noted:
  - Several patients reported being unaware of where to pick up their prescriptions
  - Requests for OUD diagnosis to be dropped so that they could be prescribed pain medications.
  - Transportation limiting access to MOUD (cannot be mailed).

- Recommendations:
  - Early offering of naltrexone and buprenorphine over methadone for people with transportation issues
  - Increasing access to transportation services
  - Increase enrollment in case management for additional assistance
  - Recommend more support recovery aid, including group therapy, counseling, and peer support as adjunct to medication
  - Investigate why compliance rates for OUD treatment are disproportionately lower for men than women

Resources

- https://www.ncbi.nlm.nih.gov/books/NBK553166/

- https://www.ncbi.nlm.nih.gov/books/NBK558319/table/box1/

- https://ldh.la.gov/assets/OPH/Center-PHI/LaOTF_Surveillance_Update_Dec2025.pdf#:~:text=Overdose%20deaths%20in%20Louisiana%20decreased%20by%2030.8%25,number%20of%20overdose%20deaths%20since%202020.%20%232.

- With thanks to Renee Wells, Dana Smith, and Dr. Randolph

OUD: Pharmacologic Treatment

- Pharmacologic Treatment: goal is to replace the problematic opioid with a safer prescribed opioid, under medical supervision.
  - This mitigates cravings, and reduces drug withdrawal symptoms, allowing for abstinence from additional opioids.

- Methadone is a commonly utilized option.
  - It is a long-acting opioid, which mitigates narcotic cravings and is non-sedating. Typically, this is offered outpatient, only at specially monitored clinics. Methadone maintenance can last for years, even throughout a patient's lifetime

- Buprenorphine
  - Buprenorphine is an opioid but acts as a partial agonist at the mu-receptor.
  - It is available in multiple forms, including as a sublingual tablet, sublingual film, buccal film, subcutaneous solution, transdermal patch, and intradermal implant.
  - Additionally, sublingual tablets and films can be combined with naloxone, a mu-opioid receptor antagonist.

- Both medications require induction, and then a gradual increase of dosage to maintenance dose. Tapering a patient off these medications would then need to occur slowly over weeks.

OUD: Pharmacologic Treatment

- Which is best?
  - Depends on the patient, no consensus on which works best on the overall population of patients with OUD.
  - Methadone maintenance may increase patient retention and might better for patients who use fentanyl then buprenorphine.

- How long should treatment be?
  - Also specific to each patient, typically at least a year, but some clinicians recommend lifelong treatment to avoid risk of relapse and overdose death.

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