

# Addressing Pain in South Carolina

## Quick Reference #10

### Pharmacotherapy for Opioid Use Disorder (OUD)

In 2018, 2 million people aged 12 or older had an OUD, and only 25.5% of them received treatment.<sup>1</sup> In South Carolina, there were 6,945 patients with OUD in 2018.<sup>2</sup> The use of opioids can lead to neonatal abstinence syndrome (NAS) and the spread of infectious diseases like HIV and hepatitis. However, there are effective pharmacotherapies available to treat OUD.

All Food and Drug Administration (FDA)-approved pharmacotherapies for OUD can:

- Diminish or block the effects of opioids.<sup>3</sup>
- Reduce or eliminate cravings to use opioids.<sup>2</sup>

Methadone (opioid agonist) and buprenorphine (partial opioid agonist) can:

- Reduce all-cause mortality by up to half.<sup>4</sup>
- Reduce morbidity associated with OUD, including transmission of blood-borne diseases and infectious complications such as endocarditis.<sup>5</sup>
- Decrease opioid use and criminal activity.<sup>6,7</sup>
- Improve social functioning and retention in treatment.<sup>5,8</sup>
- Reduce premature birth and intrauterine growth retardation.<sup>9</sup>
- Reduce symptoms of NAS and length of hospital stay for babies born with NAS.<sup>9</sup>

**Naltrexone**, an opioid antagonist, can:

- Promote abstinence from opioids.<sup>10</sup>
- Decrease risk of relapse in criminal justice adults with a history of OUD.<sup>11</sup>



The next page has a table to help you navigate and compare the available medications for OUD. By learning more and prescribing pharmacotherapy for OUD, you can help pave the way for a healthier South Carolina.

<sup>1</sup> <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>

<sup>2</sup> <http://justplainkillers.com/data/>

<sup>3</sup> [https://store.samhsa.gov/system/files/tip63\\_fulldoc\\_052919\\_508.pdf](https://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf)

<sup>4</sup> <https://annals.org/aim/article-abstract/2684924/medication-opioid-use-disorder-after-nonfatal-opioid-overdose-association-mortality>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pubmed/21833948>

<sup>6</sup> [https://www.asam.org/docs/default-source/advocacy/aaam\\_implications-for-opioid-addiction-treatment\\_final](https://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final)

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4950033/>

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pubmed/24500948>

<sup>9</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy>

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4450918/>

<sup>11</sup> <https://www.nejm.org/doi/10.1056/NEJMoa1505409>

## Comparison of Medications Approved for OUD

Prescribing Considerations	Extended-Release Injectable Naltrexone	Methadone	Buprenorphine
Frequency of Administration	Monthly	Daily	Daily (also alternative dosing regimens), every 6 months, or monthly, depending on the route of administration.
Route of Administration	Intramuscular injection	Orally as liquid concentrate, tablet, or oral solution of diskette	Oral tablet or film, implant, or subcutaneous injection
Pharmacologic Category	Opioid antagonist	Opioid agonist	Partial opioid agonist
Common Side Effects	<p>Precipitated opioid withdrawal, nausea, anxiety, insomnia, depression, suicidality, muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders, hepatotoxicity</p> <p><b>Intramuscular Injection Related:</b> Pain, swelling, induration (including some cases requiring surgical intervention)</p>	<p>Constipation, hyperhidrosis, sexual dysfunction, sedation, respiratory depression, QT prolongation, severe hypotension including orthostatic hypotension and syncope, misuse potential, NAS</p>	<p>Constipation, nausea, precipitated opioid withdrawal, hyperhidrosis, insomnia, pain, peripheral edema, respiratory depression, misuse potential, NAS</p> <p><b>Implant Related:</b> Nerve damage during insertion/removal, accidental overdose or misuse if extruded, local migration or protrusion</p> <p><b>Subcutaneous Injection Related:</b> Injection site itching or pain, death from intravenous injection</p>

\* This table highlights some properties of each medication based on their FDA labels. It does not provide complete information and is not intended as a substitute for the FDA labels or other drug-related reference sources used by clinicians (see <http://www.dailymed.nlm.nih.gov> for FDA labels). For patient information about these and other drugs, visit the National Library of Medicine's MedlinePlus (<http://www.medlineplus.gov>).

+ Naltrexone hydrochloride tablets (50mg each) are also available for daily dosing.

### Learn More

- Find out more about naltrexone in primary care with the Substance Abuse and Mental Health Services Administration's (SAMHSA) brief guide on [Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder](#).
- You can also [visit SAMHSA](#) for more information on applying for a practitioner waiver to prescribe buprenorphine.
- For a list of local treatment providers you can refer patients to, [visit the South Carolina Department of Alcohol and Other Drug Abuse Services](#).



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