

Quantifying the Impact of State-Level Policy Changes on Opioid Prescription (and Unit) Volume

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The Menges Group

Strategic Health Policy & Care Coordination Consulting

1) Analyzing the Impact of Implementing Drug Monitoring Program Requirements

- In 2019, Georgia, Hawaii, and Indiana implemented new Prescription Drug Monitoring Program (PDMP) requirements around prescribing opioids
- The PDMP is an electronic database that monitors the prescribing and dispensing of opioids in a state. By requiring prescribers to check it frequently, it can help eliminate overprescribing of controlled substances and protect patients at risk of misuse.
- During the time, prescription opioid utilization in Georgia and Hawaii decreased more than the national trend, as expected. However, Indiana's opioid prescriptions and units per enrollee decreased less than the national trend (and raw volume actually increased in Indiana).

	Nationwide (2018-2022)	Georgia (2018-2022)	Hawaii (2018-2022)	Indiana (2018-2022)
Medicaid Opioid Utilization				
% Change in Prescriptions	-15.0%	-33.0%	-37.8%	31.7%
% Change in Units	-29.1%	-36.0%	-46.4%	11.2%
% Change Prescriptions/Enrollee	-31.6%	-47.8%	-51.3%	-12.5%
% Change Units/Enrollee	-43.0%	-50.1%	-58.1%	-26.1%

Green highlighting denotes figures that decreased more than the national trends.
Red highlighting denotes figures that decreased less than national trends.

2) Analyzing the Impact of Opioid Days Supply Restrictions

We analyzed a sample of states that implemented prescription opioid supply limits in 2018 and tabulated opioid utilization before and after the policy implementation, compared to nationwide trends.

State	Summary of Policy	Implementation Date
Arizona	Limited opioid scripts to 5-day supply, except when following surgery (14 days)	8/3/2018
Florida	Limited opioid scripts to a 3-day supply, with exceptions for up to a 7-day supply	7/1/2018
North Carolina	Limited initial opioid scripts to 5-day supply, with exceptions for up to a 7-day supply	1/1/2018
Tennessee	Limited initial opioid scripts to 5-day supply and limited acute care patients to 30-day supply	7/1/2018

2) Analyzing the Impact of Opioid Days Supply Restrictions (Continued)

Medicaid Opioid Utilization	Nationwide % Change (2017-2019)	AZ % Change (2017-2019)	FL % Change (2017-2019)	NC % Change (2017-2019)	TN % Change (2017-2019)
Prescriptions	-27.7%	-38.3%	-41.8%	-39.7%	-39.6%
Units	-37.7%	-40.3%	-44.6%	-45.0%	-52.0%
Units Per Prescription	-13.8%	-3.3%	-4.8%	-8.7%	-20.6%
Prescriptions Per Enrollee	-25.9%	-37.2%	-38.2%	-38.0%	-39.7%
Units Per Enrollee	-36.1%	-39.3%	-41.2%	-43.4%	-52.2%

- Each of the four states we analyzed experienced a larger decrease in prescriptions, units, prescriptions per enrollee, and units per enrollee compared to the national trend.
- Of the four states, only TN also had a larger decrease in units per prescription than the national trend.
- These trends generally agree with our expectations – that a stricter limit on opioid days-supply would decrease the units dispensed more in these states. Somewhat surprisingly, prescriptions also decreased more in these states, making it so that units per prescription did not decrease in these states as much as they did nationwide.

2) Analyzing the Impact of Opioid Days Supply Restrictions (Cont.)

- In 2017, Indiana implemented a similar prescribing quantity limit, with the initial opioid prescription not to exceed 7 days.
- Unlike the four states from 2018, this policy change in Indiana resulted in mixed outcomes:
 - Units and units per prescription decreased more than nationwide, while prescriptions, prescriptions per enrollee, and units per enrollee decreased less than they did nationwide.

Medicaid Opioid Utilization	Nationwide % Change (2016-2018)	Indiana % Change (2016-2018)
Prescriptions	-28.8%	-28.0%
Units	-34.9%	-41.0%
Units/Prescription	-8.6%	-18.1%
Prescriptions/Enrollee	-27.6%	-17.8%
Units/Enrollee	-33.8%	-32.7%

*Green highlighting denotes figures that decreased more than the national trends.
Red highlighting denotes figures that decreased less than national trends.*

Takeaways

- While implementation of the PDMP and days supply policies seemed to typically achieve the intended effect of decreasing opioid utilization in multiple states, many other factors contribute to prescription opioid utilization (policy exceptions, ambiguity in the law, enforcement, the continued need to treat chronic pain, the illicit drug market, medication-assisted treatment [MAT] uptake, etc.)
- While we can't control for all circumstances, we made sure that Medicaid expansion and the COVID-19 pandemic would not influence the policy timeframes in the states we analyzed.

5 Slide Series Overview

Our 5 Slide Series is typically a monthly publication whereby we briefly discuss/address a selected topic outside the confines of our client engagements. The Menges Group has developed a variety of datasets that we use to support our 5 Slide Series and client projects.

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