How Prescription Drug Monitoring Programs Affect Opioid Utilization Among Medicare Beneficiaries


THE ISSUE

Prescription Drug Monitoring Programs (PDMPs) are state-specific databases intended to reduce prescription drug abuse by tracking prescriptions of controlled medications. Studies of PDMP effectiveness have mixed findings, and the PDMP role in containing opioid use among Medicare beneficiaries is under-studied.

STUDY FOCUS

Researchers compared trends in opioid use before and after PDMPs were implemented in ten study states, compared with other selected geographically similar states, and estimated the association between PDMPs and dispensing of opioids among Medicare beneficiaries. They also compared how these effects varied by Medicare eligibility (disability versus age) and by type of drug plan (fee-for-service versus Medicare Advantage plans).

KEY FINDINGS

Overall, PDMPs were associated with significant reductions in total opioid volume among Medicare beneficiaries. This measure is calculated based on the type of opioid prescribed, number of days supplied, and drug strength. But PDMPs had no apparent effect on the strength of the average daily dose or on the monthly number of prescriptions that were written. Effects varied: disabled beneficiaries had greater reductions in doses and prescriptions compared with older beneficiaries, and PDMPs had a greater effect in Medicare Advantage drug plans than in traditional fee-for-service plans. Effects also varied across states.

IMPLICATIONS FOR POLICY

Assessments of whether PDMPs reduce opioid use among Medicare beneficiaries depend on what outcome is being measured and on the states evaluated. In this study, PDMPs reduced total use, but not average dose strength or number of prescriptions, suggesting shifts toward lower potency opioids and/or fewer days of opioid supply per prescription. Effects also vary with the type of beneficiary and the type of drug plan. The authors caution that study findings based solely on data from these ten states cannot be generalized to other areas.


www.rand.org/optic

Funded by the National Institute on Drug Abuse P50 DA046351