

Prescription Opioid Dispensings in Medicare Part D in 2020 by US Region and Generalist/Specialist Prescribers

Ravi Y. Upadhyay¹, Stephen Kogut¹

¹Department of Pharmacy Practice, College of Pharmacy, University of Rhode Island, Kingston, RI

BACKGROUND AND SIGNIFICANCE

Increased national attention is directed to opioid prescribing among generalist physicians.

The current study provides a snapshot of the Annual Number of Part D opioid claims per Medicare Beneficiary in 2020.

The study evaluates annual opioid prescription claims for the entire US Medicare Part D population, for each state, and for the US census regions for the year 2020. Moreover, the current study also evaluates the % prescription opioids issued by generalist providers. We perform the current study to determine if dispensing rates of prescription opioids differed across US states and by generalist/specialist prescribers in Medicare Part D 2020

AIMS

Determine rates of prescribing of opioids by US state and region

Determine if rates of prescription opioid dispensings differed by generalist/specialist prescribers

METHOD

We conducted a retrospective cross-sectional analysis of the Medicare Part D Prescribers by Provider and Drug Dataset for the year 2020. The data are patient de-identified, including provider-level summaries of pharmacy dispensings issued to Medicare Part D enrollees for Medicare Advantage and Stand-alone Prescription drug plans.

From these data, the total annual opioid claim counts in each state, each US census region, and the entire US for the year 2020 was calculated, for all prescription opioids of any type.

For each US state, we determined the proportion of annual opioid prescriptions issued for all enrolled Medicare beneficiaries in that state.

We also determined the percentage of opioid dispensing issued by provider type (generalist vs specialty) in each state, each US census region, and the entire US

RESULTS AND DISCUSSION

Part D prescription opioid claims ranged from 0.566 to 2.129 per enrollee across US states during 2020. Alabama led among 50 US states with the highest annual rates of Part D prescription opioid claims per enrollee for the year 2020. Whereas Hawaii shows the lowest rates among 50 states annual rates of Part D prescription opioid claims.

Higher rates of prescription opioid claims were observed for the US South among the 4 US census regions.

RESULTS

Figure 01: Annual Number of Part D opioids claims per Medicare Beneficiary in 2020: Five States with the highest rates

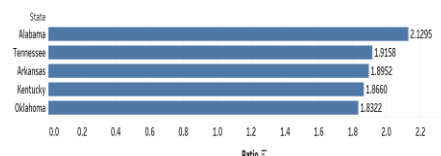


Figure 02: Annual Number of Part D opioids claims per Medicare Beneficiary in 2020: Five States with the lowest rates

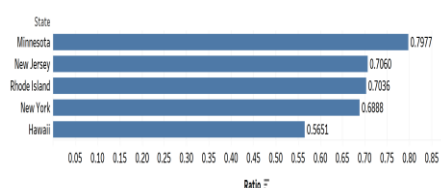


Figure 03: Annual Number of Part D opioids claims per Medicare Beneficiary in the Northeast Region in 2020

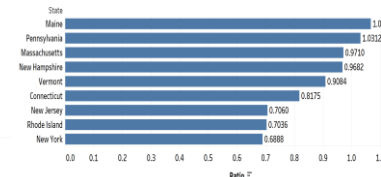


Figure 04: Annual Number of Part D opioids claims per Medicare Beneficiary in the Midwest Region in 2020

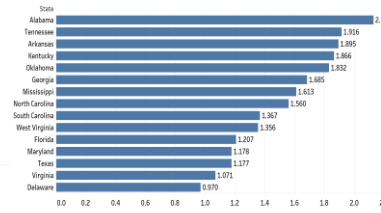


Figure 05: Annual Number of Part D opioids claims per Medicare Beneficiary in the South region in 2020

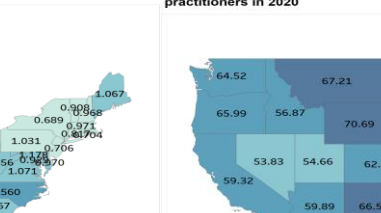


Figure 06: Annual Number of Part D opioids claims per Medicare Beneficiary in the West Region in 2020

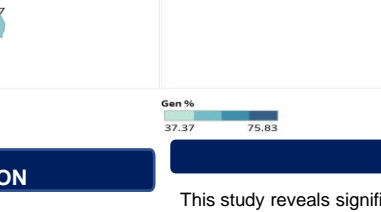


Figure 07: Annual Number of Part D opioids claims per Medicare Beneficiary in 2020

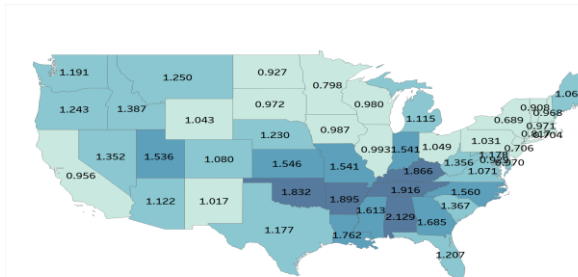
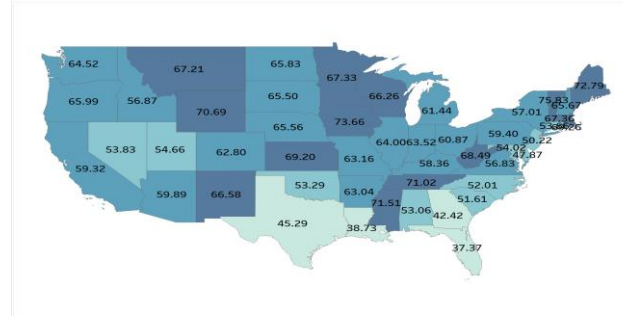


Figure 08: Annual Percentage of Part D opioids prescriptions Issued by generalist practitioners in 2020



RESULTS AND DISCUSSION

General medical practitioners prescribed opioids approximately as many as 3 times higher than those specialty practitioners in Vermont, Iowa, Maine, Mississippi, and Tennessee. Vermont had the highest percentage of opioids issued by generalist providers at 76%. Florida had the lowest percentage of opioids issued by generalist providers at 38%.

CONCLUSION

This study reveals significant inter-state variation in per-enrollee prescription opioid dispensing rates within the Medicare Part D program. Regional differences are evident, with the US South showing higher dispensing rates. Furthermore, the involvement of generalist prescribers varies across states, suggesting potential differences in prescribing practices. These findings highlight the importance of targeted interventions and further research to address regional and provider-specific factors influencing opioid prescribing practices.