



*The Maryland State Medical Society*

A Study of Prescription Opioid Scripts in Maryland from  
2013-2016

## A Study on Prescription opioid rates in Maryland

### Background on MedChi's role in Education and Outreach on Opioid issue

MedChi recognizes that Maryland has an overdose problem and continues to work to address the opioid crisis. We have been a leader on education and outreach regarding the crisis for the last few years.

Last year, MedChi worked with the Maryland General Assembly to pass landmark opioid reduction legislation. The new 2016 law requires prescription drug monitoring legislation, among other measures. A full summary of the new law can be found at [www.medchi.org](http://www.medchi.org). This year, additional measures have passed affecting prescribing rules and increasing access to education and addiction treatment.

For the last two years, MedChi has joined forces with CRISP to visit physician offices and enroll physicians in the Prescription Drug Monitoring Program (PDMP). The PDMP monitors the prescribing and dispensing of drugs that contain controlled dangerous substances (CDS). For more information, please visit <http://www.medchi.org/Practice-Services/CRISP-Services>.

MedChi has been a leader in Continuing Medical Education (CME) on opioid issues. MedChi has delivered thousands of CME credits to Maryland physicians under the Safe Opioid Prescribing and Risk Evaluation and Mitigation Strategies (REMS). Over the last two years, we helped the Board get every Maryland physician at least one credit of opioid related CME. MedChi has also developed an educational series on Physician Dispensing in Maryland. The Physician Dispensing Educational Series is in collaboration between MedChi, The Maryland State Medical Society and the University of Maryland School of Pharmacy.

More recently, we have been working with the Department of Health and Mental Hygiene (DHMH) and Board of Physician officials on additional voluntary CME options. MedChi President elect, Gary Pushkin, MD, will be spearheading this effort and coordinating the work of the various MedChi committees.

MedChi is working on various other projects related to this issue. For example, MedChi is working with Ameritox, a private lab company, on a voluntary Opioid Risk Reduction Pilot program. The primary objective of this program will be to improve Medicaid patient safety and clinical outcomes with respect to those being prescribed long-term opioid therapy for chronic pain.

Clearly this crisis tops Maryland's public health concern, and we all need to work to reduce the number of opioid-related deaths. According to the Washington Post, "In Maryland, the number of heroin-related overdose deaths rose 72 percent, to 918, during the first nine months of last year, compared to the same period in 2015. Fatal overdoses related to

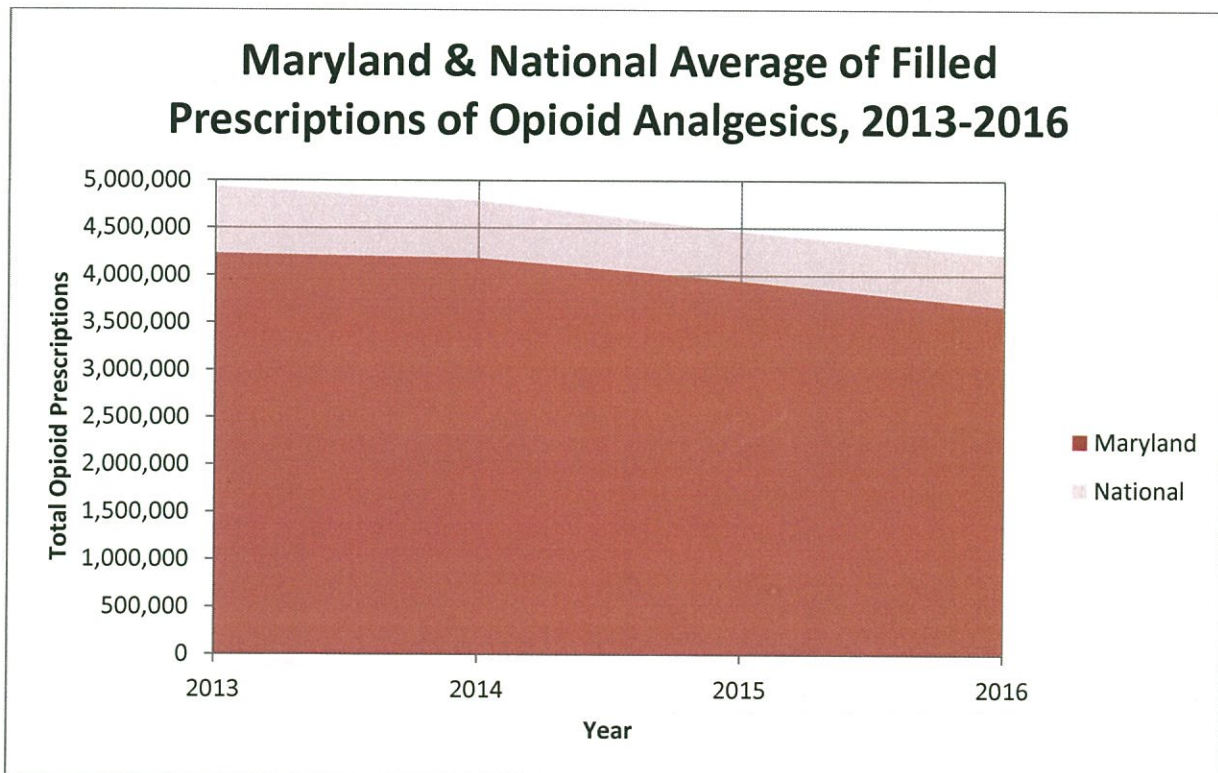
prescription opioids jumped 17 percent, to 270, during that span.” MedChi stands willing and ready to help leaders with common sense solutions to this crisis.

### Data Collected

QuintilesIMS worked with the American Medical Association to compile data on the total filled prescriptions in each state for all opioid analgesics. There is completed available data for the years 2013 to 2016 (see attached).

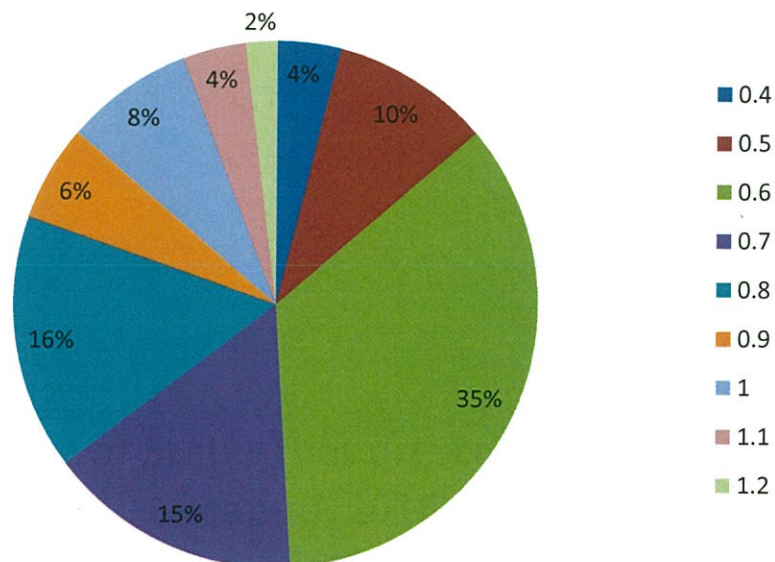
### Key Take Aways

- Maryland opioid scripts have dropped 13.3% in the last four years from 4,229,380 in 2013 to a total of 3,664,825 in 2016 (graph 1)
- Maryland has prescribed less opioid prescriptions than the National average, each year from 2013-2016.
- In 2016, only 7 states prescribed less opioids per capita compared to Maryland, with 17 states prescribing the same amount, and 26 states prescribing more opioids/capita (graph 2)
- In 2016, Maryland prescribers were prescribing 0.6 prescriptions per capital, which is below the national average of 0.7 prescriptions per capita





## Percentage of States that prescribe opioids per capita, 2016



### Conclusions

Each U.S. state saw a decrease in opioid prescribing during this time frame (2013-2016). While there are many hypotheses and correlations that can undoubtedly be made concerning the data, one is clearly that physicians have been more judicious in their prescribing decisions. The hopes with utilizing the PDMP are to continue this downward trend in prescribing and continue increasing awareness for this epidemic.

Gene M. Ransom, III

CEO, MedChi, The Maryland State Medical Society

State and National Totals of Retail Filled Prescriptions: All Opioid Analgesics, 2013-2016

State	2013	2014	2015	2016	Rx per capita 2016	Cumulative % change 2013-2016
Alabama	6,814,305	6,393,791	5,840,754	5,638,226	1.2	-17.3%
Alaska	468,266	457,730	420,617	406,210	0.5	-13.3%
Arizona	5,050,348	5,038,497	4,813,236	4,549,927	0.7	-9.9%
Arkansas	3,477,289	3,523,762	3,312,715	3,240,776	1.1	-6.8%
California	21,047,372	20,561,933	18,666,608	17,441,819	0.4	-17.1%
Colorado	3,678,624	3,637,189	3,471,691	3,191,200	0.6	-13.3%
Connecticut	2,512,161	2,476,310	2,297,397	2,050,162	0.6	-18.4%
Delaware	823,522	814,682	768,974	717,686	0.8	-12.9%
District of Columbia	530,757	520,817	462,789	424,773	0.6	-20.0%
Florida	13,636,391	13,413,544	12,708,441	12,750,684	0.6	-6.5%
Georgia	8,643,869	8,305,929	7,880,524	7,856,894	0.8	-9.1%
Hawaii	717,220	694,579	645,508	612,090	0.4	-14.7%
Idaho	1,361,009	1,348,590	1,263,510	1,211,463	0.7	-11.0%
Illinois	8,800,796	8,518,837	8,003,978	7,665,040	0.6	-12.9%
Indiana	6,924,241	6,307,577	5,837,382	5,527,092	0.8	-20.2%
Iowa	2,274,401	2,246,454	2,121,545	1,983,098	0.6	-12.8%
Kansas	2,751,590	2,677,203	2,504,956	2,399,365	0.8	-12.8%
Kentucky	4,997,389	4,900,964	4,471,521	4,178,616	0.9	-16.4%
Louisiana	5,497,900	5,248,487	4,818,945	4,714,697	1.0	-14.2%
Maine	1,105,502	1,060,604	985,562	867,776	0.7	-21.5%
Maryland	4,229,380	4,181,855	3,941,165	3,664,825	0.6	-13.3%
Massachusetts	4,584,487	4,431,390	4,066,743	3,551,098	0.5	-22.5%
Michigan	10,482,299	10,315,827	9,528,806	8,858,912	0.9	-15.5%
Minnesota	3,330,832	3,250,152	2,975,420	2,688,110	0.5	-19.3%
Mississippi	3,514,236	3,407,069	3,212,366	3,087,482	1.0	-12.1%
Missouri	5,755,659	5,602,998	5,217,577	4,955,781	0.8	-13.9%
Montana	798,887	776,545	722,011	686,115	0.7	-14.1%
Nebraska	1,497,183	1,470,605	1,378,816	1,325,382	0.7	-11.5%
Nevada	2,436,691	2,467,414	2,393,881	2,276,188	0.8	-6.6%
New Hampshire	970,834	937,024	886,243	764,009	0.6	-21.3%
New Jersey	5,160,965	5,082,090	4,917,404	4,593,494	0.5	-11.0%
New Mexico	1,422,434	1,436,906	1,409,482	1,299,762	0.6	-8.6%
New York	10,957,729	10,450,786	10,164,060	9,534,858	0.5	-13.0%
North Carolina	9,482,526	9,232,258	8,717,746	8,276,712	0.8	-12.7%
North Dakota	505,227	495,555	466,131	441,930	0.6	-12.5%
Ohio	11,261,528	10,794,842	9,955,858	9,057,498	0.8	-19.6%
Oklahoma	4,666,575	4,242,737	3,972,838	3,765,604	1.0	-19.3%
Oregon	3,456,129	3,389,575	3,145,023	2,897,444	0.7	-16.2%
Pennsylvania	11,330,259	11,031,159	10,394,466	9,496,052	0.7	-16.2%
Rhode Island	871,892	823,219	732,367	655,736	0.6	-24.8%
South Carolina	4,866,458	4,797,342	4,490,916	4,296,073	0.9	-11.7%
South Dakota	570,917	585,432	581,534	554,246	0.6	-2.9%
Tennessee	8,525,017	8,239,110	7,800,947	7,366,191	1.1	-13.6%
Texas	18,569,734	17,959,748	15,903,061	15,444,180	0.6	-16.8%
Utah	2,364,661	2,308,830	2,186,792	2,107,481	0.7	-10.9%
Vermont	418,161	415,687	388,108	348,511	0.6	-16.7%
Virginia	6,346,359	6,047,580	5,608,460	5,240,314	0.6	-17.4%
Washington	5,163,236	5,121,469	4,881,633	4,607,428	0.6	-10.8%
West Virginia	2,420,990	2,389,802	2,076,883	1,752,690	1.0	-27.6%
Wisconsin	4,326,863	4,224,458	3,984,693	3,655,386	0.6	-15.5%
Wyoming	413,701	405,626	382,837	374,192	0.6	-9.6%
All States	251,814,801	244,462,569	227,780,920	215,051,279	0.7	-14.6%

Source: Xponent, QuintilesIMS, Danbury, CT Copyright 2017