

## **Patients on Medicaid Fill More Opioid Prescriptions and Have a Longer Period of Prescription Filling after Total Joint Arthroplasty**

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**INTRODUCTION:** Use of non-commercial insurance, particularly Medicaid, is associated with worse outcomes following total joint arthroplasty (TJA). This study aimed to determine if patients with non-commercial insurance are at increased risk for greater postoperative opioid use.

### **METHODS:**

Patients undergoing TJA at our institution between 2018 and 2022 and the primary insurance used for their procedure were identified. Opioid prescriptions for 360 days before and after surgery were obtained through a national prescription drug monitoring program, and patients with a filled opioid prescription before surgery were excluded. Prescriptions were divided into four distinct time frames (0-30 days, 31-90 days, 91-180 days, or 181-360 days postoperatively), and patients without prescriptions in consecutive timeframes were excluded.

### **RESULTS:**

Our cohort included 8,879 patients with commercial insurance, 4,663 with Medicare Advantage (MA), 1,668 with Medicare, and 101 with Medicaid. Over the total 360-day postoperative period, patients with Medicaid filled significantly more opioid prescriptions (mean 2.35 per patient versus 1.84, 1.85, and 1.72 prescriptions for commercial, MA, and Medicare,  $P = 0.003$ ) with higher total morphine milligram equivalents (MMEs) prescribed (mean 642 MMEs versus 515, 482, and 512 MMEs,  $P = 0.024$ ). Prescribing discrepancies in the 0-30 day postoperative window drove this difference ( $P = 0.040$  for number of prescriptions and  $<0.001$  for MMEs prescribed). During this timeframe, prescriptions by prescriber specialty were equivalent across insurance types. Mean latest postoperative prescription filled was 21.5 postoperative days for Medicaid patients and ~12 days for other insurance categories ( $P = 0.005$ ).

### **DISCUSSION AND CONCLUSION:**

Patients on Medicaid undergoing TJA filled more opioid prescriptions over a longer period of time than patients with other insurance types in the early postoperative period. Provider type did not vary among groups in this time period, indicating that all specialties of prescribers may be providing more opioid prescriptions to Medicaid patients.