

Anterior Cruciate Ligament Reconstruction Opioid Refilling After Cap Law Implementation

Michael Alan McCurdy, Ali Aneizi, Douglas Cooper, Ovais Hasan, Dominic J Ventimiglia, Natalie Luanne Leong, Sean Meredith, Jonathan David Packer, R Frank Henn

INTRODUCTION: As awareness of the opioid epidemic has grown in recent decades, efforts to combat excessive opioid prescription and consumption have come in various forms. In July 2017, Maryland passed an act limiting the quantity and duration of opioid prescriptions. Therefore, the aim of this study was to investigate changes in opioid filling behavior for a single surgeon in Maryland since the implementation of this law, specifically in patients undergoing anterior cruciate ligament reconstruction (ACLR).

METHODS:

Patients undergoing primary ACLR with a single surgeon were identified via query of the electronic medical record using CPT code 29888 from 2015-2024. Patient characteristics and surgical details were confirmed via chart review. The Maryland Prescription Drug Monitoring Program (PDMP) was reviewed to identify all opioid prescriptions from 6 months preoperatively to 2 years postoperatively for each patient. Prescriptions were categorized as refills if they were within 3 months of surgery or within 3 months of another opioid prescription related to surgery. Patients were excluded if they underwent multiligament knee reconstruction, ACL repair, revision ACLR, or did not have any discharge opioid prescriptions documented in the PDMP.

RESULTS: Overall, 151 patients were included with 74 pre-legislation and 77 post-legislation surgery patients respectively. Undergoing surgery prior to legislation enactment was associated with greater preoperative opioid use, postoperative refill rates, discharge morphine milligram equivalents (MMEs), and refill MMEs. Independent predictors of refilling an opioid prescription postoperatively included discharge MMEs.

DISCUSSION AND CONCLUSION:

After enactment of a prescription cap law in Maryland, our institution found a significant decrease in opioid prescriptions and refills. These findings suggest that prescription cap laws may facilitate reduction in postoperative opioid use in ACLR patients, primarily driven by a reduction in discharge MME.

Characteristic	Pre-legislation (n=74)	Post-legislation (n=77)
Age (mean)	38.5	39.2
Sex (Male/Female)	45/29	48/29
Preoperative MME (mean)	120	85
Postoperative MME (mean)	110	75
Refill rate (%)	15	10
Discharge MME (mean)	100	70
Refill MME (mean)	150	100

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