Conclusions: Our results highlight the variable impact of shortages on utilization. Although both drug shortages were prolonged in their limitation of products the extent and number of products affected may greatly influence the impact of the drug shortage. This work highlights potential differences in drug shortages that should be used to inform policies to help curb the growing problem.

2634 | Estimating the impact of prescribing limits on prolonged opioid use following surgery

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Background: In response to concerns about opioid addiction, some states now limit the days supplied (DS) for initial postoperative prescriptions. However, few studies have examined the impact of these policy changes on prolonged opioid use in the population.
Objectives: To a) examine the gradient of risk of prolonged postsurgical opioid use based on the initial prescription duration, and b) estimate the potential impact of varying prescribing limits on risk of prolonged postsurgical opioid use.
Methods: We used a 20% random sample of Medicare claims (2007-2016) to identify opioid naive patients undergoing invasive surgery. Prolonged use was defined as at least 1 Rx in each of 3 consecutive 30-day windows immediately following surgery. We calculated 90-day risk of prolonged use comparing patients at a given DS level to patients receiving longer initial prescriptions. Adjusted risk differences (aRD) were obtained via standardized mortality ratio weights (adjusted for demographics, surgical characteristics, baseline medication use and comorbidities), comparing patients with a Rx greater than a given prescribing limit versus those at the limit. Estimated number of averted cases was also quantified.
Results: We identified 749,269 patients who received a perioperative opioid (median DS=5, mean age=73yr, 44% male). The overall risk of prolonged use was 14.0 (95%CI: 13.7, 14.3) per 1000 exposed patients, increasing with days supplied (14.7 for >2 days to 34.4 for >15 days). Among patients with >2 DS (n=615,490; 92%), we estimated 3.3 (1.0, 5.6)/1000 additional cases of prolonged opioid use compared to those receiving 2 DS. Among patients receiving >7 days (n=143,408; 22%), a common limit in state laws, the aRD was nearly null (-0.1/1000). At 15+ days (n=21,382; 3%), we estimated 3.5 (-0.6, 7.6)/1,000 additional cases compared to those receiving exactly 15 days. The estimated number of potentially averted cases of prolonged opioid use ranged from 10,144 (2 days) to 373 (15 days).
Conclusions: We illustrate a method to examine potential impacts of prescribing limits. While risk of prolonged postsurgical opioid use increased as patients received larger initial DS, the number of prolonged use cases theoretically preventable by prescribing limits differed by orders of magnitude depending on the number of patients above the proposed limit. While most laws focus on DS limits, results for quantity and dosage dispensed show similar trends and will also be presented, along with procedure specific (knee arthroplasty, hernia repair, cholecystectomy) results.

2646 | Strategies to approach the judicialization of health technology in Latin America and Caribbean

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Background: The judicialization of health technology in Brazil is a phenomenon that concerns public institutions, as it is growing, cumulative and increases inequities. In the literature, there are several suggested strategies to approach it. On the other hand, several strategies were implemented in Brazil. However, it is not known what type of arrangements for the health system they used in their implementation and whether there are similarities with those suggested in the literature.
Objectives: To analyze the feasibility of implementing the proposed strategies to approach the judicialization of health technology in Latin America and the Caribbean in the Brazilian context.
Methods: Comparative cross-sectional analysis among the 45 strategies proposals to approach the judicialization of health technology in the public sector, extracted from the literature review by Pinzón-Flórez et al. with the 78 strategies already implemented in Brazil, identified and categorized by Yamauti et al. as to the correspondence between them. The strategies were classified according to six World Health Organization's health system arrangements.
Results: Eight strategies proposed in the study by Pinzón-Flórez et al. are consistent with the Brazilian government's policies or programs; 27 are similar in terms of the activities developed by the strategies implemented in some Brazilian context and; 10 have no analogy with the strategies implemented in Brazil. The 78 strategies implemented work using at least two arrangements for health systems and 96.2% of them belong to the service delivery arrangement.
Conclusions: The proposed strategies to approach the judicialization of health technology in Latin America and the Caribbean are feasible to be implemented both in the form of government policies or programs and as institutional strategies in the Brazilian context. However, the strategies implemented are complex, encompass various health system arrangements and require a legal apparatus along with a public health system that has an integrated service delivery. These characteristics must be evaluated before implementing them in other contexts.

2688 | Impact of hydrocodone rescheduling on opioid prescribing by dentists in the United States, 2012-2017

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