

Fact Sheet

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Prescription Drug Monitoring Program Data Limitations and Caveats

- 1. Only retail pharmacies licensed with the Oregon Board of Pharmacy report data to the PDMP. Controlled substances administered in hospitals, clinic settings, residential treatment, and long-term care facilities are not reported. Pharmacies serving long term care facilities, exclusively veterinarian patients, wholesalers, and durable medical suppliers are not required to report to the PDMP.**

Examples: Oxycodone administered in a skilled nursing facility is not reported. Testosterone injection administered in a clinic setting is not reported. Methadone dispensed at a substance use disorder treatment facility is not reported.

- 2. Veterinarian-prescribed controlled substances are not collected or included in the PDMP.**

Example: Tramadol prescribed to Fido for pain is not included in the data. This is true even if the Tramadol is dispensed at a retail pharmacy.

- 3. Pharmacists may be required to consult with the prescriber if the prescription has used shorthand or unfamiliar abbreviations, is illegible, or if there are questions regarding the dosage, drug prescribed (generic vs specific producer), directions for use, or issue date. The pharmacist may interpret days' supply if the quantity and use instructions do not specify a day supply.**

Example: If a prescription lists a quantity of 30 but indicates a patient may take a medication 2x daily, the pharmacist may interpret this as a 15-day supply rather than a 30-day supply as a prescriber may have intended.

4. Although pharmacies are legally obligated to report all prescription information, PDMP cannot track if pharmacies are not submitting all information to the PDMP, intentionally or accidentally.

Example: If a pharmacy has a technical issue or reoccurring system error, they are issued an error report or file rejection report by our vendor and required to make necessary corrections and resubmit data as required.

5. All data in the PDMP is subject to human data entry error. Those errors are not limited to the pharmacist but to the prescriber as well.

Example: There is a possibility of typos within any PDMP data field.

6. Pharmacies are required to report controlled substances within 72 hours of dispensing.

Example: If PDMP data are pulled on September 10, data may be incomplete for September 7-9.

7. PDMP data includes “Diagnosis Code” and “Reason for Prescription” as fields (as of 2019) but they are largely incomplete and/or unreliable.

Example: The “Diagnosis Code” or “Reason for Prescription” fields, if requested, could be missing or possibly incorrect for any given patient record. PDMP data cannot be used to determine if a patient is taking buprenorphine to treat opioid use disorder or pain.

8. Medication-Assisted Treatment (MAT)

The Oregon PDMP does not collect fields to distinguish prescriptions of Buprenorphine, Buprenorphine with Naloxone, or Suboxone, as having been prescribed for medication-assisted treatment services for opioid use disorder from those for pain management. The PDMP is limited by 42 C.F.R. Part 2 which limits the collection and release of data pertaining to behavioral health and substance abuse treatment services and cannot request pharmacies to collect data specific to a prescriptions for substance/opioid use disorders (ASAP DPS24). The Oregon PDMP reliably collects buprenorphine prescriptions submitted to the PDMP, however the use of the X-DEA indicating for MAT services is inconsistently entered by pharmacies.

9. Prescribers may access PDMP data to see prescriptions their patients have received using either the OHA web portal, a query system integrated into their given institution's Electronic Health Record, or automatically through the Emergency Department Information Exchange (EDIE) when a patient is admitted to the ER for any reason.

Example: Query behavior across the three methods is fundamentally different and direct comparisons should not be made.

10. The Oregon PDMP retains a record of each query performed by an authorized user.

This includes when the query was conducted and on which patient. There are multiple ways an authorized user can access PDMP data for their patients and the type of search varies by means of access.

EHR Integrated query: This type of query is often automated so that it is initiated without active input from the authorized user. For example, when a patient is checked in for an appointment the query may be sent to queue the information for the prescriber.

Emergency Department (EDIE Alert): This query is initiated at the patient ED registration. The returned PDMP information will be included in the EDIE alert package with other high importance information the provider should know prior to seeing the patient. The PDMP information is only displayed if it meets pre-set criteria.

Web portal: All users are able to log into the secure web platform to conduct queries on their patients. Many account holders employ delegates to use the web portal to access the PDMP on their patients. In the case of delegates, both the master account holder and the delegate are captured and retained for each query.