

**Oregon Prescription Drug Monitoring Program Advisory Commission
Prescribing Practice Review Subcommittee
October 20, 2025, 9:00am, Meeting Minutes**

Meeting Contact: Stephanie Vesik, Stephanie.g.vesik@oha.oregon.gov, 971-200-9463

SubCommittee Attendees:

Helen Turner
Jordana Gaumond
Dean Sidelinger

Absent:

Kathi Norman
John Mahan
Curt Hawkinson
Tamby Moore

OR PDMP Staff Attendees:

Liz McCarthy
Drew Simpson
Stephanie Vesik
Bryan Loy

Announcements:

For the October 20th meeting quorum was not met and no official votes were taken or decisions made.

Presentation:

Stimulant Prescribing Report – Brian Loy

- Bryan Loy presented findings from the PDMP evaluation report on prescription stimulants and adverse outcomes in Oregon, prepared under the Harold Rogers grant.
- Key points:
 - Stimulant prescribing in Oregon has tripled since 2012; 4.5% of Oregonians received a stimulant in Q2 2025.
 - Adults (30–44) show the highest increase; ADHD/narcolepsy diagnoses have not risen proportionally.
 - Risks include cardiovascular events, psychiatric symptoms, and increased ER visits/hospitalizations.
 - Highest death rates observed in patients receiving overlapping stimulant and benzodiazepine prescriptions, especially Modafinil.
 - Limitations: descriptive analysis only; cannot infer causality.
- Subcommittee questions focused on age-related risks, prescribing patterns, and comparison to national trends.

Co-Prescribing Stimulants and Benzodiazepines – Liz McCarthy

Liz McCarthy reviewed Q2 2025 data on co-prescribing patterns.

- Most prescribers had fewer than 10 patients with overlapping stimulant/benzo prescriptions; one prescriber had 104 patients.
- Common specialties: nurse practitioners (psychiatric/mental health), psychiatry, neurology, family medicine, internal medicine.
- Subcommittee expressed interest in further analysis, including:
 - Comparing data with and without psychiatric/mental health prescribers.
 - Exploring whether co-prescribing is clinically appropriate in certain populations (e.g., palliative care).

Risky Prescribing Measures Update

- Schedule V medications (e.g., pregabalin) included in Q2 2025 notifications; minimal impact on flagged prescribers.
- **MME Measure Review:**
 - Current threshold: ≥ 200 MME/day and ≥ 20 patients per quarter.
 - Subcommittee discussed reducing thresholds to **150 MME/day and 15 patients per quarter**.
 - Estimated impact: increase from 8 prescribers to ~46 prescribers flagged in Q2 2025.
 - Emphasis on educational, non-punitive language in letters.

Historical anomaly explained: spike in flagged prescribers in 2023–2024 due to misclassification of liquid opioids; corrected in Q2 2025.

Other Topics

- **Lacosamide prescribing:** ~8,000 dispensations in Q2 2025; primarily psychiatry and neurology specialties.
- **Overlapping opioid dispensations:**
 - Proposed definition includes a 10-day buffer period to avoid counting early refills.
 - Subcommittee suggested differentiating same-drug overlaps vs. multiple opioid overlaps and considering long-acting vs. short-acting formulations.

Next Steps:

- Include stimulant/benzodiazepine co-prescribing and MME threshold changes on next meeting agenda for full quorum discussion.
- Further analysis requested:
 - Psychiatric prescriber impact on co-prescribing data.
 - Overlapping opioid measure refinement (same vs. different opioids; formulation type).
- Stephanie will send a Doodle poll in January to schedule the next meeting.

Adjournment

Meeting concluded at approximately 10:30 AM.



