

Correlates of high-dose opioid prescribing pre and post Prescription Drug Monitoring Program implementation in Victoria.

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Introduction: In April 2020, Victoria mandated prescription drug monitoring programs (PDMP) use. The aim of this study was to explore the impact of PDMP use on high-dose opioid prescribing in general practices and compare the demographic and clinical factors associated with high-dose opioid prescribing pre and post mandatory PDMP use.

Methods: Routinely collected general practice prescribing data, generated from the Population Level Analysis and Reporting (POLAR) database, from 01/04/2019 to 31/12/2020 were analysed. High-dose opioid prescribing was defined as ever receiving a daily average of >100mg Oral Morphine Equivalent (OME) of opioid prescriptions, 12 months prior to mandatory PDMP use. Multivariable regression analysis was used to examine predictors of remaining in the high-dose group post mandatory use.

Results: Of the 227,526 people prescribed opioids, 3473 were identified as receiving high-dose opioid prescriptions in the year prior to mandatory PDMP use. 2351 (67.7%) remained in receipt of high-dose opioid prescriptions, 830 (23.9%) received reduced OME prescriptions and 294 (8.5%) did not receive a prescribed opioid, post mandatory PDMP use. Compared with patients receiving reduced OME prescriptions, concession card holders (OR=0.76, 95%CI:0.63-0.92) or patients with a cancer diagnosis (OR=0.64, 95%CI:0.42-0.99) were less likely to have their opioids reduced or ceased, following mandatory use.

Discussion: Among patients receiving high-dose opioid prescriptions, two thirds continued to receive high dose prescriptions, post mandatory PDMP use. Further analysis examining impacts of this policy on low- and medium-dose opioid prescriptions is needed to determine if the PDMP is having targeted effects on reduce opioid prescribing.

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