

Maryland Department of Health
Prescription Drug Monitoring Program

Health General § 21-2A-05(f)(3)

Fiscal Year 2024 Findings



July 1, 2023 - June 30, 2024

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Introduction

Title 21, Subtitle 2A of the Health-General Article [enacted by Senate Bill (SB) 883, Chapter 166 of the Acts of 2011] requires the Maryland Department of Health (Department) to create a Prescription Drug Monitoring Program (PDMP or Program) to reduce the misuse, abuse, and diversion of prescription drugs throughout the State. The duties of the PDMP, as outlined in the PDMP law, include:

- Monitoring dispensed prescriptions that contain controlled dangerous substances (CDS)
- Maintaining an electronic database of CDS prescription information
- Making these data available to statutorily-defined groups of individuals and entities responsible for ensuring the health and welfare of patients and the lawful use of CDS

Section 21-2A-05 of the Health-General Article provides for the creation of the Advisory Board on Prescription Drug Monitoring (Board). The Board is composed of a diverse array of stakeholders. The Board has met regularly since the membership was first appointed in autumn 2011 and has provided feedback and recommendations on several topics, including regulations, information technology (IT), interstate data sharing and interoperability, program evaluation, funding, and educational initiatives. The current Board membership is listed in **Attachment A**.

Section 21-2A-05(f)(3) of the Health-General Article requires the Board to provide annually to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly a report that includes:

- I. The number of prescribers and prescriber delegates registered with and using the Program
- II. The number of pharmacists and pharmacist delegates registered with and using the Program
- III. The number of disclosures made to federal, state or local law enforcement agencies
- IV. An analysis of the impact on the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State
- V.
 1. The number of providers, by provider type, who received outreach and education from the Program
 2. The number of cases for which the providers received outreach and education from the Program
- VI.
 1. The number of cases that were identified for Technical Advisory Committee review before referral to the Office of Controlled Substances Administration (OCSA)
 2. The number of providers, by provider type, involved in the cases
- VII.
 1. The number of cases that were referred to OCSA for further evaluation and the outcomes of OCSA evaluations
 2. The number of providers, by provider type, involved in the cases
- VIII. Any recommendation related to modification or continuation of the Program.

Clinical User Registration and Access of PDMP Data

The first two requirements of the report rely on registration and user statistics as follows:

- I. The number of prescribers and prescriber delegates registered with and using the Program
- II. The number of pharmacists and pharmacist delegates registered with and using the Program

As the largest group of end users, Maryland clinicians are key PDMP stakeholders. The Chesapeake Regional Information System for our Patients (CRISP), the State-designated Health Information Exchange (HIE), provides registration and access services for healthcare providers to view PDMP data. Clinical users access PDMP data through CRISP’s clinical query portal in a view called ‘PDMP Search’; or, institutional providers may increasingly access Maryland PDMP data through an integration within an Electronic Health Record (EHR). Integrations can take multiple forms and may navigate a registered PDMP clinical user to the PDMP search view from their EHR or may display PDMP data in a view without any further clicks. In 2024, the Program continued to implement enhancements to clinical user access to PDMP data. The program enhancements, funded by a combination of Federal grants and State general funds, were necessary to support clinical user adoption of the use mandate. CRISP has also added non-fatal overdose hospitalization events and patient advisories. And as always, we aim to build clinical tools to support prescribing practices and improve the quality and timeliness of PDMP data.

Under HB437 (Chapter 147, 2016), all CDS prescribers and pharmacists licensed to dispense CDS in Maryland are subject to the registration mandate and must be registered with the PDMP by July 1, 2017. As of February 15, 2018, a prescriber must be PDMP-registered before being issued a new or renewal CDS Registration by the Office of Controlled Substances Administration (OCSA). Prescribers must renew their CDS registration every three years. Delegates, for both prescribers and pharmacists, are not subject to a registration mandate.

Table 1 shows the total number of in state and out of state registered users subject to the registration mandate by user type. Of those prescribers and pharmacists subject to the registration mandate, 95.0% of prescribers and 79.0% of pharmacists are registered. **Table 2** shows the number of total registrants by user type as of August 2024 including providers who are licensed out of state but work in a federal facility in Maryland or dispense to Maryland residents. These providers are not subject to the registration mandate but they may register with the PDMP. **Table 3** shows the number of registered prescribers and pharmacists by jurisdiction of the registrant.

The use mandate impacting both prescribers and pharmacists went into effect July 1, 2018. Prescribers and pharmacists are required to query the PDMP in certain prescribing and dispensing situations. Delegates, for both prescribers and pharmacists, are not subject to the use mandate. **Table 4** shows the total monthly clinical PDMP queries across all user categories between January 2023 and June 2024. Clinical users may access PDMP data in two ways: through an integration with a healthcare facility’s EHR system or through CRISP’s web-based portal. The “Data Calls through EHRs” column in **Table 4** lists the number of queries from a healthcare facility’s EHR for the PDMP data. The EHR then places the PDMP data within the patient’s record for review by the clinician. The “PDMP Search” by Prescribers, Pharmacists, and their respective Delegates lists the number of queries by role through CRISP’s web-based portal. These are unique counts of queries to the PDMP.

Table 1. Registered Clinical PDMP Users Subject to the Registration Mandate.

Type of User	# of Registered Users	# Individuals subject to Registration Mandate	% of Individuals who are PDMP Registered
Prescriber	42,073	44,272	95.0%
Pharmacist	10,052	12,795	79.0%

Table 2. CRISP Registrants by User Category as of August 2024

Number of Registered Users	Prescriber	Prescriber Delegate	Pharmacist	Pharmacist Delegate
84,094	60,513	10,158	12,849	574

The decline in the number of Delegates (for Prescribers and Pharmacists) is partially attributed to HIE Administrators requirement to confirm, every 90 days, that each delegate remains employed with the organization. Additionally, continued data cleanup in Salesforce, specifically targeting users with a Pharmacist – Delegate job role, is contributing to this reduction. This process is expected to lead to a continued decrease in the number of Pharmacist Delegates.

Table 3. Prescriber and Pharmacist Registration Rates by Local Jurisdiction

Jurisdiction*	Prescriber Registration Rate (# registered active CDS prescribers / # active CDS prescribers)	Pharmacist Registration Rate(# licensed pharmacists/ # registered licensed pharmacists)
Allegany	95.0% (512/539)	98.1% (51/52)
Anne Arundel	96.4% (3,112/3,229)	89.8% (613/683)
Baltimore	96.4% (6,045/6,270)	90.1% (921/1,022)
Baltimore City	94.3% (8,582/9,101)	74.5% (379/509)
Calvert	96.1% (321/334)	100.0% (50/50)
Caroline	87.3% (55/63)	100.0% (12/12)
Carroll	95.3% (697/731)	94.5% (190/201)
Cecil	89.6% (592/661)	92.7% (38/41)
Charles	94.5% (664/703)	92.9% (79/85)
Dorchester	92.7% (89/96)	92.0% (23/25)
Frederick	95.2% (1,424/1,496)	91.7% (321/350)
Garrett	93.0% (174/187)	96.0% (24/25)
Harford	96.3% (1,123/1,166)	94.7% (303/320)
Howard	96.3% (2,100/2,181)	88.9% (1,071/1,205)
Kent	98.8% (83/84)	88.9% (8/9)
Montgomery	95.7% (7,828/8,177)	86.5% (1,331/1,539)
Prince George's	94.3% (3,913/4,148)	84.8% (655/772)
Queen Anne's	95.5% (107/112)	95.0% (38/40)
Saint Mary's	96.0% (411/428)	95.8% (46/48)
Somerset	98.3% (59/60)	81.8% (9/11)
Talbot	95.8% (409/427)	97.6% (40/41)
Washington	93.9% (958/1,020)	92.9% (78/84)
Wicomico	93.0% (846/910)	93.4% (128/137)
Worcester	96.0% (240/250)	95.9% (70/73)

* Registered prescriber and pharmacist jurisdiction is assigned based on the zip code of the address self-reported to OCSA and the MD Board of Pharmacy

Table 4. Number of PDMP Queries by Month

Month	Data Calls through EHRs ¹	PDMP Search - Prescribers ²	PDMP Search - Prescriber Delegates ²	PDMP Search - Pharmacists ²	PDMP Search - Pharmacist Delegates ²
2023					
January	1,635,748	47,248	71,996	36,951	3,378
February	1,551,745	44,775	68,053	38,142	3,195
March	1,755,379	56,392	75,802	45,650	3,554
April	1,528,166	52,033	64,243	40,346	3,012
May	1,694,897	60,203	68,586	43,361	3,105
June	1,700,661	58,622	67,712	44,846	3,887
July	1,601,873	62,018	50,479	42,099	2,421
August	1,710,047	73,333	50,000	47,611	2,100
September	1,564,093	68,237	44,453	42,370	1,863
October	1,771,747	70,999	51,447	45,234	2,149
November	1,591,725	67,717	52,914	42,991	2,722
December	1,688,272	62,752	49,900	43,171	2,549
2023 Total	19,794,353	724,329	431,148	428,980	30,830
2024					
January	1,814,534	69,873	57,149	47,684	2,618
February	1,724,123	73,463	52,031	47,927	2,385
March	1,384,175	70,433	53,270	48,513	2,910
April	1,587,500	72,853	54,137	50,566	2,578
May	1,827,704	81,510	55,789	44,410	1,952
June	1,688,785	61,560	50,720	35,313	1,962
2024					
6-Month Total	10,026,821	429,692	323,096	274,413	14,405

1. Data calls through EHR integrations include all calls for PDMP data from a ‘zero-click’ integration by a registered PDMP clinical user, **regardless** of whether PDMP data were returned and displayed.
2. ‘PDMP Search’ totals include queries made by a user in the PDMP Search user interface hosted within the CRISP clinical query portal.

INTERSTATE DATA SHARING

In 2023, the Program facilitated data sharing through two interstate data-sharing hubs. Maryland now shares data with 42 states (an increase from 20 states in 2020), Puerto Rico, Washington, D.C., the Military Health System, and the Veterans Health Administration. Maryland shares data with Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

In September 2020, the Program began sharing Maryland PDMP data with EHRs and pharmacy management systems in other states. Maryland enabled interstate data sharing for the Program under HB 466 (Chapter 364, 2019). This legislative change allowed Maryland’s PDMP to share data with authorized users in other states’ PDMP systems for clinical purposes. Before Chapter 364 and regulations promulgated in 2020, the Program only shared data with other state’s PDMPs and not directly with authorized users of other state’s PDMPs through EHR integrations. Integrating Maryland PDMP data into the EHRs and pharmacy management systems in other states allows prescribers and pharmacists access to relevant clinical data when making prescribing or dispensing decisions for Maryland patients. EHRs and pharmacy management systems in 879 healthcare facilities and 136 pharmacies have been approved to receive Maryland PDMP data.

Table 5. PDMP Total Integrations through Gateway

State: Gateway Integrations	Medical	Pharmacy	Total
MD	93	14	107
DC	65	8	73
DE	77	6	83
PA	66	5	71
VA	466	61	527
WV	61	37	98
Multi-State/Other States (generally includes bordering states)	51	5	56
Total	879	136	1015

VETERINARIAN REPORTING OF CDS DISPENSING

During the 2024 Legislative Session, House Bill 0057/Senate Bill SB0235 was introduced but failed to advance beyond the Health and Government Operations Committee. HB 0057/SB0235 proposed to alter the definition of “dispenser” to include veterinarians. Including veterinarians as dispensers would require veterinarians who dispense controlled substances from their office or clinic to report those dispenses in the same system, format, and frequency as other controlled substance dispensers in Maryland. The bill also provided that the Program would not be required to disclose PDMP data to veterinarians.

On June 28, 2021, the PDMP Advisory Board approved the following recommendations:

1. Reporting requirements should be updated to ensure consistent reporting to the PDMP of certain data elements to distinguish CDS dispenses written for pets. Consistent reporting will allow clinical users, investigators, and Program staff to easily distinguish between CDS dispenses written for pets and for humans.
2. A data visual should be added in the PDMP to distinguish CDS prescriptions written for pets based on improved reporting requirements.
3. CDS prescription dispenses from a veterinarian's office should be reported to the PDMP.
4. After implementing recommendations 1-3, the ad-hoc committee will reconvene to continue discussion of whether veterinarian clinical query access to the PDMP is appropriate and/or necessary.

In May of 2022 the data visual of a paw print was added to the clinical interface to distinguish CDS prescriptions written for Maryland pets that are filled at a retail pharmacy or mailed into the state. At the June 13, 2024 Advisory Board meeting, the Board voted to continue to pursue legislation on veterinary dispensing during the 2025 Legislative Session.

Impact of the Program

This section of the report addresses the following reporting requirements:

- III. The number of disclosures made to federal, state, or local law enforcement agencies
- IV. An analysis of the impact on the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State

Key components of the Program include enabling end users to make better use of the PDMP data in decision-making or actions to combat the opioid crisis.

INVESTIGATIVE AND CASE REVIEW USER REGISTRATION AND USE

Under the PDMP law, the Program may disclose PDMP data to local, State, or Federal law enforcement agencies, certain Maryland health professional licensing boards, and four agencies within the Department (Office of the Inspector General, Office of Health Care Quality, Medicaid, and OCSA) to further the investigation of existing, bona fide, individual queries. Under HB466 (Chapter 364, 2019), the Office of the Chief Medical Examiner (OCME) was moved from the above list of Departmental agencies to a separate provision that allows for more direct access to prescription monitoring data in accordance with §5-309 of the Health General Article. PDMP data is also disclosed to fatality review teams to further existing case reviews.

All individuals who receive prescription data on behalf of the investigative entity or case review team are trained by the Program on the purposes and uses of the PDMP data and how to electronically submit requests. This training is required prior to receiving a unique user account.

Table 6 shows the breakdown of investigative user accounts and total number of data requests by user type: Federal, State, or Local Law Enforcement, Licensing Board, Departmental Agency, and Fatality Review Teams. **Figure 1** shows the investigative requests by requestor type submitted to the Maryland PDMP from state fiscal year 2014 through 2024.

Table 6. Number of Registered Users and Requests, Current and Cumulative since 2014

Investigative Agency and Case Review Type	Current Credentialed Users Aug 2024	# of Requests Total	
		Fiscal Year 2024	March 2014-June 2024
Federal, State, Local Law Enforcement	66	1,140	8,490
Licensing Board	23	164	1,031
Departmental Agency	12	99	733
Overdose Fatality Review	57	276	3,067
Other Fatality Review	2	194	430
Total	160	1,873	13,751

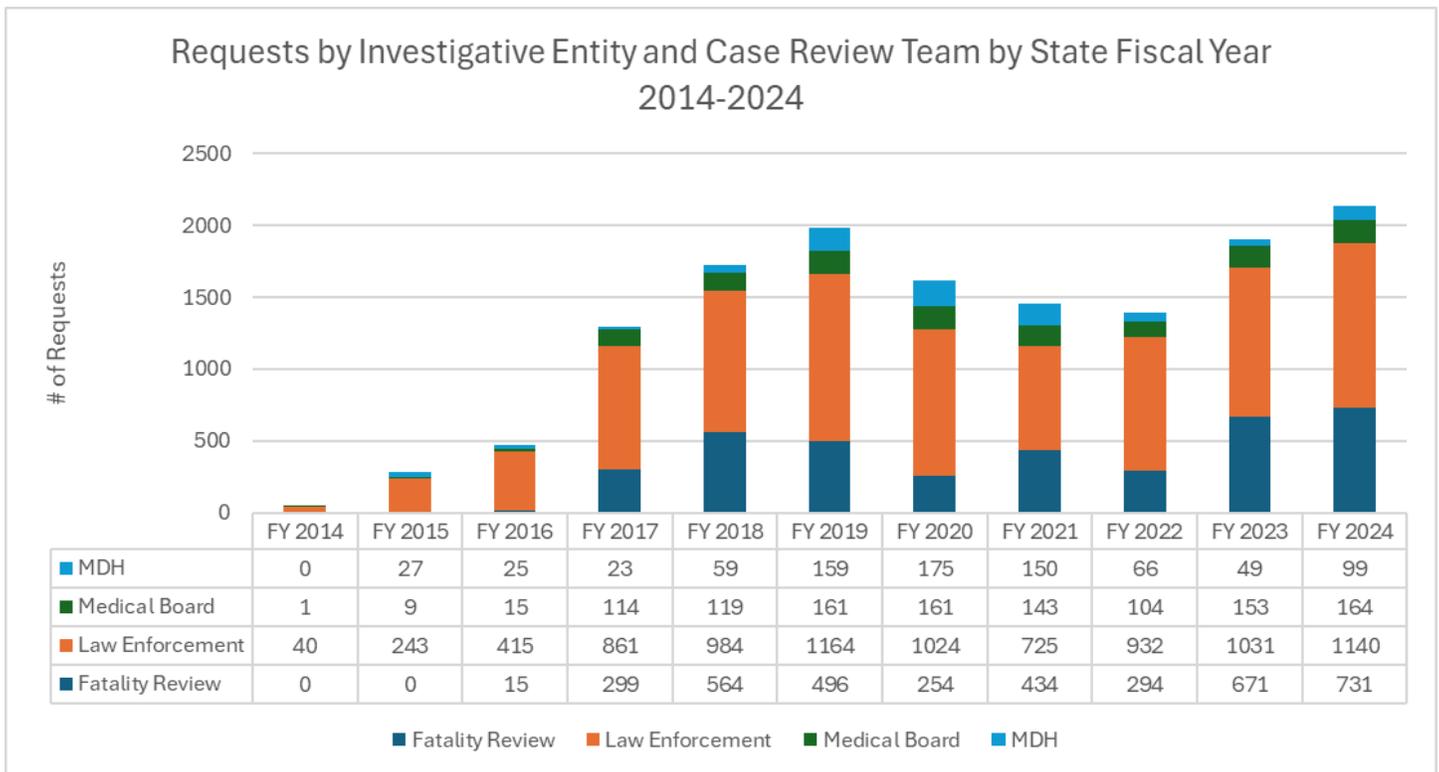


Figure 1. Investigative Data Requests by Investigative Entity and Case Review Team by State Fiscal Year

DISPENSED PRESCRIPTIONS

Tracking population-level changes in the volume of prescriptions dispensed in or into Maryland is important for assessing the impact of the Program. The number of Schedule II – V CS prescriptions dispensed in or into Maryland and reported to the PDMP in corresponding time periods of state fiscal years 2020 - 2024 are shown in **Figure 2**. Prescription fills reported to the PDMP that are dispensed in or into Maryland to a recipient with a Maryland address could have been prescribed by a provider who practices outside of Maryland. Breakdowns of prescription fills by

therapeutic classes can be found in **Figures 3-7** for fiscal years 2020-2024. Data are reported in the total number of prescriptions filled, which should not serve as a surrogate for the number of patients. Additionally, changes from fewer prescriptions for a greater quantity of pills to more frequent smaller quantity prescriptions, as well as diagnosis or age-specific differences in prescribing trends, may skew reports based on total number of prescriptions.

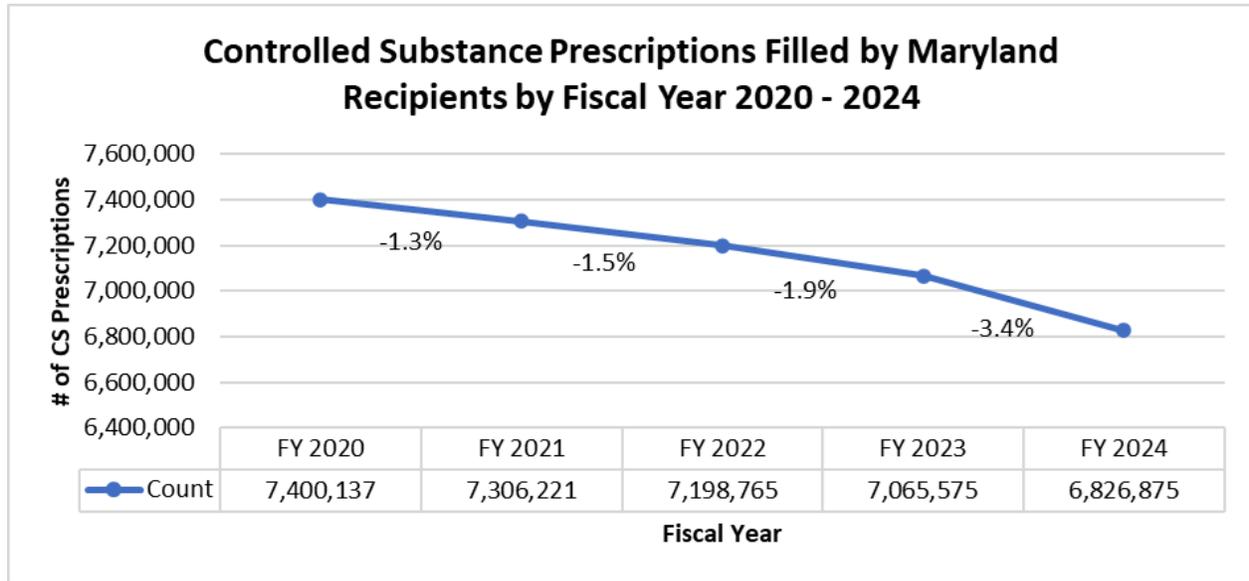


Figure 2. Controlled Substance Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

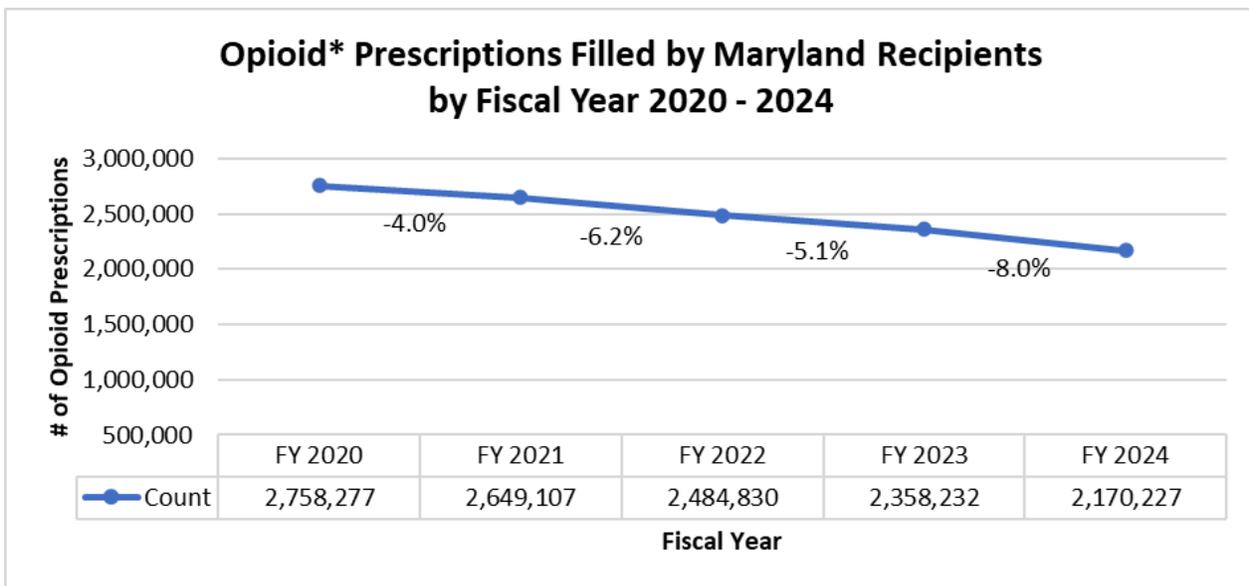


Figure 3. Opioid Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

* Opioids include all prescriptions containing a medication in the opioid class of drugs except medications containing buprenorphine in a formulation indicated for the treatment of opioid use disorder. Indication was determined based on FDA indication for approved use for treatment of opioid use disorder. Strict adherence to approved indications may not occur. Prescriptions were not compared with diagnoses for patients to whom they were prescribed as PDMP does not have this information, and thus this measurable proxy was used.

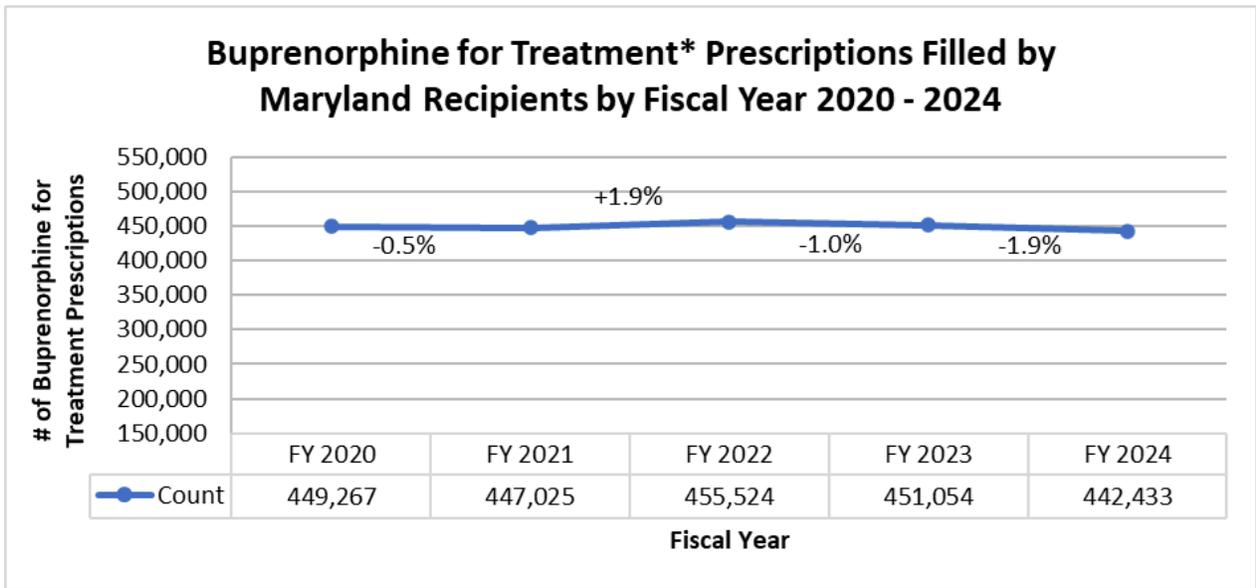


Figure 4. Buprenorphine for Treatment Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

* Buprenorphine is a medication within the opioid class of drugs, but which is prescribed in specific formulations for the treatment of pain as well as for the treatment of opioid use disorder (OUD). Indication was determined based on FDA indication for approved use for the treatment of OUDs. Strict adherence to approved indications may not occur. Prescriptions were not compared with diagnoses for patients to whom they were prescribed as PDMP does not have this information, and thus this measurable proxy was used.

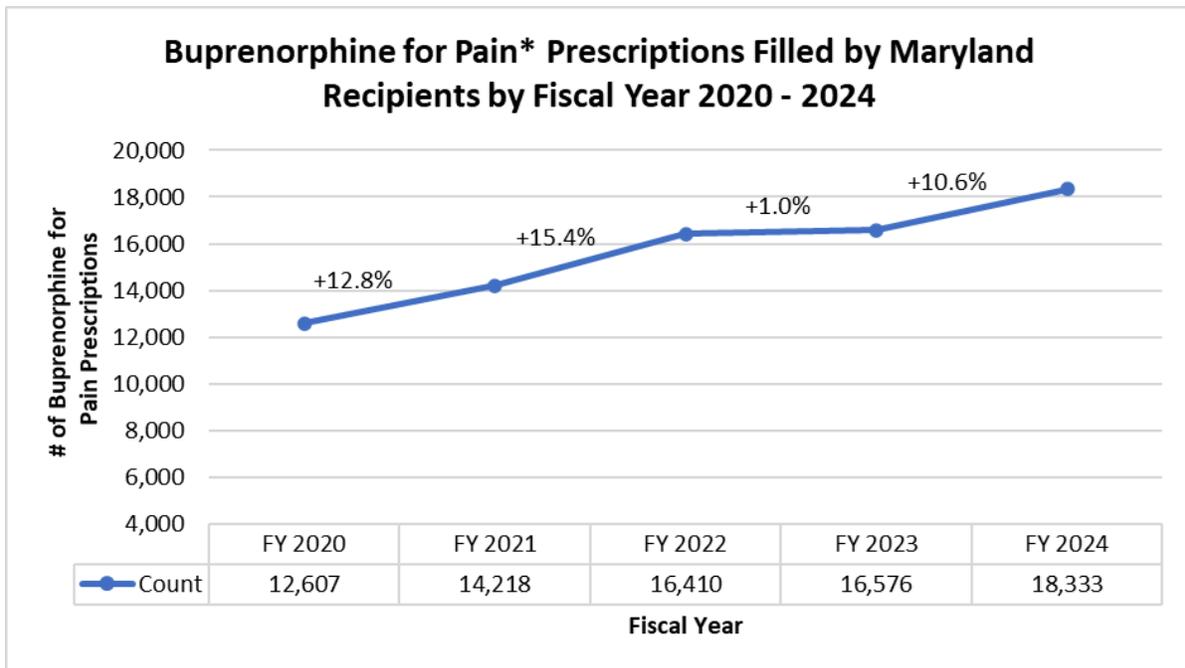


Figure 5. Buprenorphine for Pain Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

* Buprenorphine is a medication within the opioid class of drugs, but which is prescribed in specific formulations for the treatment of pain as well as for the treatment of opioid use disorder (OUD). Indication was determined based on FDA indication for approved use for the treatment of pain. Strict adherence to approved indications may not occur. Prescriptions were not compared with diagnoses for patients to whom they were prescribed as PDMP does not have this information, and thus this measurable proxy was used.

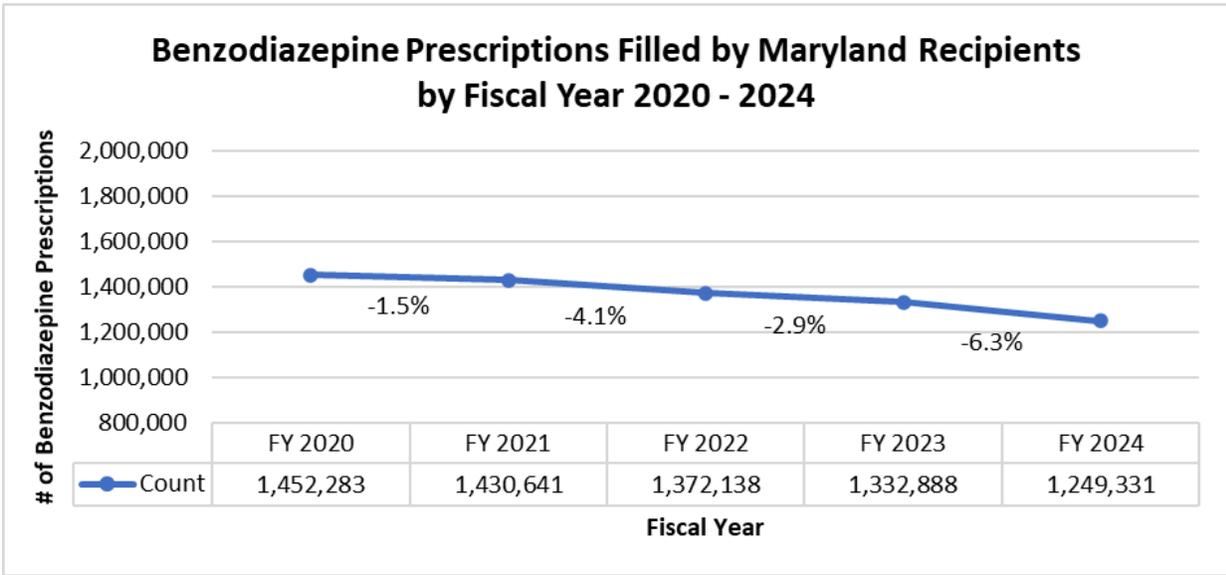


Figure 6. Benzodiazepine Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

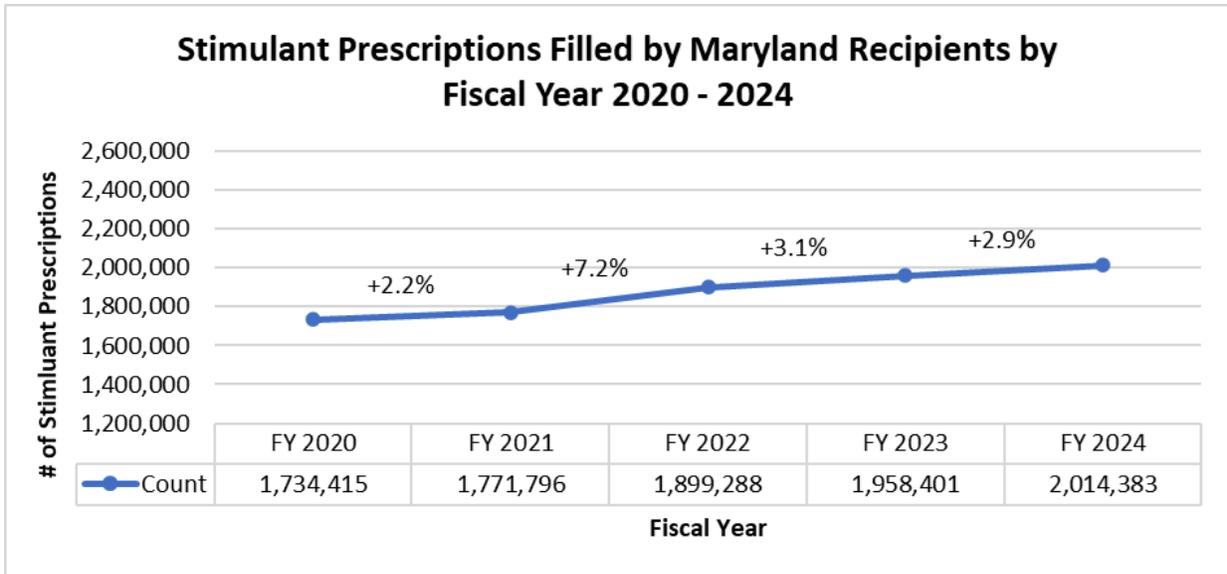


Figure 7. Stimulant Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 - June 30)

Provider Education and Referral for Investigation

This section of the report is intended to address the following reporting requirements:

- V.
 - 1. The number of providers, by provider type, who received outreach and education from the Program
 - 2. The number of cases for which the providers received outreach and education from the Program
- VI.
 - 1. The number of cases that were identified for Technical Advisory Committee review before referral to OCSA
 - 2. The number of providers, by provider type, involved in the cases
- VII.
 - 1. The number of cases that were referred to OCSA for further evaluation and the outcomes of the evaluations
 - 2. The number of providers, by provider type, involved in the cases

HB025 (Chapter 531, Prescription Drug Monitoring Program – Revisions, 2019) expands the scope and responsibilities of the Program and establishes reporting requirements V-VII. Unsolicited Reporting Notifications are a key component of the Program’s responsibilities and the primary method in which the Program offers education to providers.

UNSOLICITED REPORTING NOTIFICATIONS

Unsolicited reporting is proactive reporting of summary prescription monitoring data to prescribers, allowing the Program to support clinical decision-making around safe CDS prescribing, improving legitimate patient access to pharmaceutical care, and assisting prescribers in identifying prescription drug diversion. Unsolicited reporting is considered a best practice by the Department of Justice Bureau of Justice Assistance’s Prescription Drug Monitoring Program Center of Excellence. Unsolicited reporting has been or is currently being adopted by a majority of states, and states vary on the types of PDMP users who may receive notifications and the types of patterns identified by the Program that are used to generate notifications. HB 1296 (Chapter 651, “An Act concerning Prescription Drug Monitoring Program – Review and Reporting of Possible Misuse or Abuse of Monitored Prescription Drugs”) was passed during the 2014 legislative session. The statute originally established the discretionary authority for the Program to review the PDMP for indications of possible misuse or abuse of a monitored prescription drug and proactively report to the prescriber or dispenser of the prescription drug if the review indicates possible misuse or abuse. Under HB 025 (Chapter 531, 2019), the Program is required to review prescription monitoring data for indications of possible misuse or abuse of a monitored prescription drug and possible violations of law and possible breaches of professional standards by a prescriber or a dispenser. The PDMP’s Technical Advisory Committee (TAC) may review the prescription drug monitoring data regarding possible misuse or abuse of a monitored prescription drug by a patient prior to the issuance of a notification and education to prescribers or dispensers. Furthermore, the TAC must provide clinical guidance regarding the methods used to identify indications of possible violations of law and possible breaches of professional standards by a prescriber or a dispenser. Under HB 025 (Chapter 531, 2019), the Program is required to notify and provide education to providers who are identified during the data review process.

Unsolicited Reporting Notifications are the primary method by which the Program offers education to providers. The goal of the Unsolicited Reporting Notifications is to inform a provider about their prescribing practices, or patient-specific activities that could be addressed by a provider and offer resources to improve their CDS prescribing or dispensing decisions. The intended outcomes of Unsolicited Reporting Notifications include increased use of the PDMP, improved relationships between providers and patients, adoption of improved CDS prescribing and dispensing behaviors, and implementation of overdose prevention activities. Each Unsolicited Reporting Notification includes, but is not limited to, the following educational resources: Centers for Disease Control and Prevention (CDC) guidelines and resources for prescribing opioids, information on naloxone, information on the PDMP, how to access the Maryland

Addiction Consultation Service (MACS), how to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT), and Substance Abuse and Mental Health Services Administration (SAMHSA) approved screening tools.

Implementation of this unsolicited reporting authority (under HB1296 / Chapter 651, 2014 and expanded under HB025/Chapter 531) occurred in 2016 and notifications are sent monthly. The Program currently sends six types of Unsolicited Reporting Notifications to providers: Multiple Provider Episodes, Fatal Overdose Notifications, two metrics specific to Dangerous Drug Combinations, and two metrics specific to Morphine Milligram Equivalents. **Table 7** shows a breakdown of the 3,298 Unsolicited Reporting Notifications sent during Fiscal Year 2024. Effective October 1, 2016 (HB437 / Chapter 147, 2016 and expanded under HB025/Chapter 531), analysis of PDMP data for possible violations of law and possible breaches of professional standards by prescribers and pharmacists is used as the basis for proactive notification to prescribers and pharmacists for educational purposes.

Multiple Provider Episodes

The Program is using a standard approach deployed by many states to identify patients receiving prescriptions from the greatest number of prescribers and filled at the greatest number of pharmacies over specified time periods. Providers identified as having prescribed a controlled substance prescription to that patient during the specified period receive a notification that the patient met or exceeded the set threshold. The threshold used for multiple provider episodes is calculated by identifying unique individuals who have obtained CDS prescriptions from a certain number of prescribers and a certain number of dispensers in a three-month time period. This type of notification has been actively sent since 2016. These notifications are based on the prescriptions dispensed and may not have the benefit of other relevant information such as the prescriber's practice specialty or patient condition and therefore may lack clinical context. On January 12, 2022, the Program began sending this type of notification via email in an effort to streamline the process of sending these notifications.

Fatal Overdose Notifications

In 2019, the Program began sending a new type of unsolicited reporting notification when possible misuse or abuse of monitored prescription drugs is identified. The program informs providers about the death of a patient when the cause of death is opioid-related and the provider prescribed an opioid or a benzodiazepine within three months of the death. Through an agreement with OCME and the Vital Statistics Administration, the Program partners with CRISP to match OCME data with PDMP data. Depending on the time needed for the Medical Examiner to complete the investigation and the required time to match the data, prescribers receive a notification one to three months after the fatal overdose. These notifications are currently being sent via postal service.

Dangerous Drug Combinations I

In 2020, the Program began sending notifications to providers who wrote an opioid, benzodiazepine, and a muscle relaxer (specifically carisoprodol) prescription to the same patient on the same day. This drug combination increases a patient's risk of experiencing an overdose. The TAC identified this drug combination as a possible indication of outlier prescribing practices. These notifications are currently being sent via email and postal service when a valid email address is not available.

Dangerous Drug Combinations II

On January 10, 2023, the TAC approved a new Dangerous Drug Combination (DDC II) metric. Providers will receive a notification if their prescription contributed to a patient receiving prescriptions for an opioid, benzodiazepine, and carisoprodol with at least a fifteen day overlap period and the opioid in the overlap was ≥ 50 MME/Day. On October 16, 2023, the Program began sending this type of notification via email and postal service when a valid email address is not available.

Morphine Milligram Equivalent I

On February 28, 2021, the TAC approved two Morphine Milligram Equivalent (MME) metrics. Providers who wrote 500 or more prescriptions, within a three-month period, with an average daily MME of 90 or above receive the MME I notification. Per the 2022 CDC prescribing guidelines, an MME value of 50 or more per day is associated with a higher risk of overdose or death. The TAC identified prescribers who write 500 or more prescriptions with an average daily MME of 90 or above as an indicator of possible outlier prescribing practices. These notifications are currently being sent via email and postal service when a valid email address is not available.

Morphine Milligram Equivalent II

Providers receive the MME II notification if they prescribe opioids to a patient in a way that results in an average daily Morphine Milligram Equivalent (MME) of 500 or more. Per the 2022 CDC prescribing guidelines, an MME of 50 or more is associated with a higher risk of overdose or death. The TAC identified prescribers who wrote opioid prescriptions for patients who met or exceeded this threshold. These notifications are currently being sent via email and postal service when a valid email address is not available.

Opioid Naive

Providers who prescribed an extended-release/long-acting or transdermal opioid \geq 50 MME/day within the past month to a patient who was opioid naïve for a period of at least 30 days prior will receive an Opioid Naive notification.. This metric excludes buprenorphine. The TAC approved the Opioid Naive metric on January 23, 2024. These notifications will begin in September 2024 and will be sent via email and postal service when a valid email address is not available.

Table 7. Unsolicited Reporting Prescriber Notifications, through August 2024

Type of Unsolicited Reporting Notification	Number of Unsolicited Reporting Notifications Sent in Fiscal Year 2024	Total Number of Unsolicited Reporting Notifications Sent Since Activity Started Through August 2024
Multiple Provider Episodes	1,251	7,884
Fatal Overdose Notification	687	4,494
Dangerous Drug Combination I	75	562
Dangerous Drug Combination II	165	188
Morphine Milligram Equivalent I	17	72
Morphine Milligram Equivalent II	1,103	3,184

REFERRAL TO OCSA AND PROTENUS

HB025 (Chapter 531, Prescription Drug Monitoring Program – Revisions, 2019) allows proactive data sharing with an investigative entity, OCSA. Updated regulations in response to Chapter 531 were promulgated May 8, 2020. The Program continues to work with the TAC to determine when outreach and education through an unsolicited reporting notification would be inadequate to address possible violations of law or breach of professional standards identified in a review of PDMP data and set parameters for referrals to OCSA. The Program continues to expand educational outreach by increasing the types of unsolicited reporting notifications sent to providers.

The Office of Legislative Audits (OLA), a division within the Maryland General Assembly’s Department of Legislative Services, conducted an audit of OCSA in April 2024. Following the audit, OLA recommended that the Program implement a standard operating procedure for referrals to OCSA by the end of fiscal year 2025. In response, the PDMP is actively developing these procedures and remains on track to fulfill OLA’s recommendation within the

specified timeline.

The Program referred a case for investigation to OCSA in fiscal year 2024. In regards to the case, the Program found a prescriber who had been prescribing opioids at an alarmingly high number of Morphine Milligram Equivalents (MMEs). This case was presented to the Technical Advisory Committee (TAC) and it was recommended that we make a referral to OCSA.

The TAC addressed 12 cases identified through CRISP's Protenus tool in which credentialed users may have accessed the PDMP inappropriately. The CRISP Protenus tool is an auditing mechanism that flags users for suspicious activity. CRISP sets the logic for suspicious activity which includes, but is not limited to, searches for famous people, people with the same last name, and people with the same work address. In 2024, the Program will continue to collaborate with the TAC to develop policies and procedures to identify cases for referral to OCSA, with the goal of implementation by the end of fiscal year 2025.

Recommendations on Modification or Continuation of the Program

This section of the report is intended to address the following reporting requirement:

VIII. Any recommendation related to modification or continuation of the Program

In collaboration with the Program, Board members support continuation of the Program and its activities, continuing the proposed recommendations that were included in the 2023 report, while identifying several areas for possible focus in the future, as listed below:

- Agency collaboration for Public Facing Dashboard, which includes unified data, timely data updates, historical trend analysis, and demographic insights
- Pursue funding opportunities for PDMP enhancements
- Update the Statistical Analysis System
- Upgrade to American Society for Automation in Pharmacy (ASAP) 5.0
- Allow for credentialed providers to update his/her own medical specialty in the CRISP Portal
- Pursue the implementation of the Ad-Hoc Committee on Veterinary Dispensing recommendations regarding ASAP fields and veterinarian dispensing
- Make it easier for providers to identify Opioid Naive patients within the CRISP Portal
- Assess the feasibility of methadone treatment programs reporting to the PDMP

Conclusion

Over the past year, the Department has made substantial progress, including the introduction of new Program initiatives, enhanced visibility and increased participation. The Department remains dedicated to collaborating with the Board to further strengthen the Program's ability to meet the evolving responsibilities of the PDMP within the State's opioid response strategy. Accordingly, the Board urges the Governor and General Assembly to continue supporting the ongoing development of the PDMP. In the upcoming year, the Board will remain committed to advising the Department on emerging stakeholder needs and offering guidance on key priority areas to improve health and safety outcomes related to CDS prescriptions in Maryland. These priorities include expanding educational outreach to clinical users and other stakeholders, refining the referral protocols for investigations, distributing clinical tools to assist healthcare providers, and upgrading the Program's statistical analysis system.

Attachment A: Advisory Board on Prescription Drug Monitoring Membership

Chair

Richard A. DeBenedetto, PharmD, MS AAHIVP
Assistant Professor of Pharmacy Practice & Administration
University of Maryland Eastern Shore School of Pharmacy & Health Professions

Current Members (As of August 2024)

Deondra P. Asike, MD
Physician
Johns Hopkins Hospital

Thomas C. Bond, III
President & CEO
Summit Community Health, Inc.

Matthew Crisafulli
Worcester County Sheriff's Office

Tyler Cymet, DO, FACP, FACOFP
Board of Physicians Designee

Tosin David, PharmD
Pharmacist, Qlarant

Aparna Duggirala, DPM, FACFAS
President's Designee, Board of Podiatric Medical Examiners

Peggy Funk, CAE
Executive Director, Hospice & Palliative Care Network of Maryland

Leslie E. Grant, DDS, MSPA
President's Designee, Board of Dental Examiners
General Dentist

Justin Gross, Captain
Commander
Maryland State Police, Enforcement Division

Lenna Israbian-Jamgochian, PharmD, RPh
District of Compliance
Albertsons Safeway Inc-Eastern Division

Neil Leikach, RPh
President's Designee, Board of Pharmacy

Susan Knott Lyons, CRNP
President's Designee, Maryland Board of Nursing

Sirosh Masuood, MD
Medical Director
Excel Psychiatric Consultation Outpatient Clinic

Stephen A. Nichols, MD, FAAP, FAAPMR
Senior Attending Physician for Rehabilitation Services
Mt. Washington Pediatric Hospital

Marcia Parris, MD
Family Physician, Comprehensive Women's Health
Director, Maryland Academy of Family Physicians

Charles Peterson, MD, MBA
Consultant Medical Director
Hagerstown Opioid Use Disorder Clinic

Laurence Polsky, MD, MPH
President's Designee, Maryland Association of County Health Officers
Health Officer, Calvert County

Dixit Shah, RPh
Deputy Director, Office of Pharmacy Services
Maryland Department of Health

David Sharp, Ph.D.
Chairman's designee, Maryland Health Care Commission
Director, Center for Health Information Technology & Innovative Care Delivery

Diana Gail Shorter, DNP, CRNP
Nurse Practitioner, University of Maryland Shore Medical Group

Vacant Seat

- Researcher/Academic