Prescription Drug Monitoring Program

Fiscal Year 2025

Health General Article § 21-2A-05(f)(3)

Maryland Department of Health

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Introduction

Senate Bill (SB) 883, Chapter 166 of the Acts of 2011, under Title 21, Subtitle 2A of the Health-General Article 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 2025, 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. And, as always, we aim to build clinical tools to support safer 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, 95.7% of prescribers and 78.7% of pharmacists are registered. **Table 2** shows the number of total registrants by user type as of August 2025, 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 2024 and June 2025. 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	43,626	45,591	95.7%
Pharmacist	10,112	12,846	78.7%

Table 2. CRISP Registrants by User Category as of August 2025

Number of Registered Users	Prescriber	Prescriber Delegate	Pharmacist	Pharmacist Delegate
93,872	67,792	12,632	12,781	667

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 (# registered licensed pharmacists / # licensed pharmacists)
Allegany	**95.9%** (509/531)	**98.0%** (48/49)
Anne Arundel	**96.4%** (3,180/3,299)	**89.6%** (629/702)
Baltimore	**97.0%** (6,170/6,358)	**90.6%** (925/1,021)
Baltimore City	**95.3%** (8,892/9,330)	**78.0%** (393/504)
Calvert	**97.0%** (325/335)	**100.0%** (49/49)
Caroline	**92.6%** (63/68)	**100.0%** (13/13)
Carroll	**96.2%** (727/756)	**95.0%** (192/202)
Cecil	**92.9%** (681/733)	**92.5%** (37/40)
Charles	**95.9%** (704/734)	**92.9%** (79/85)
Dorchester	**96.0%** (97/101)	**88.5%** (23/26)
Frederick	**95.8%** (1,475/1,540)	**92.4%** (326/353)
Garrett	**94.5%** (189/200)	**96.0%** (24/25)
Harford	**96.0%** (1,137/1,184)	**94.7%** (301/318)
Howard	**96.3%** (2,212/2,296)	**89.7%** (1,077/1,201)
Kent	**95.3%** (81/85)	**88.9%** (8/9)
Montgomery	**95.6%** (8,001/8,371)	**86.6%** (1,339/1,546)
Prince George's	**95.8%** (4,123/4,302)	**85.0%** (664/781)
Queen Anne's	**95.6%** (109/114)	**94.9%** (37/39)
Saint Mary's	**96.4%** (427/443)	**91.8%** (45/49)
Somerset	**98.4%** (60/61)	**80.0%** (8/10)
Talbot	**96.2%** (434/451)	**97.6%** (41/42)
Washington	**94.4%** (1,039/1,101)	**92.9%** (78/84)
Wicomico	**95.6%** (888/929)	**94.2%** (130/138)
Worcester	**95.8%** (253/264)	**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]
2024					
January	1,814,534	69,873	57,149	47,684	2,618
February	1,551,745	73,463	52,031	45,927	2,385
March	1,755,379	70,433	53,270	48,513	2,910
April	1,528,166	72,853	54,137	50,566	2,578
May	81,510	81,510	55,789	44,410	1,952
June	1,700,661	61,560	50,720	35,313	1,962
July	1,601,873	72,801	55,798	37,136	2,115
August	1,710,047	69,292	53,302	37,392	2,154
September	1,564,093	65,687	52,887	30,962	1,811
October	1,771,747	85,132	60,055	30,420	1,498
November	1,591,725	69,521	49,220	26,039	1,243
December	1,688,272	68,693	50,476	28,116	1,345
2024 Total	**19,794,353**	**724,329**	**431,148**	**428,980**	**30,830**
2025					
January	1,814,534	77,396	53,818	27,253	1,282
February	1,724,123	83,081	46,790	27,469	1,271
March	1,384,175	79,435	51,287	29,668	1,414
April	1,587,500	79,200	51,984	29,684	1,366
May	1,827,704	71,272	45,338	27,510	875
June	1,688,785	75,630	45,961	25,115	1,962
2025 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 44 states (an increase from 20 states in 2020), Puerto Rico, Washington, D.C., Northern Mariana Islands, the Military Health System, and the Veterans Health Administration. Maryland shares data with: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, 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 939 healthcare facilities and 144 pharmacies have been approved to receive Maryland PDMP data.

Table 5. PDMP Total Integrations through Gateway

State: Gateway Integrations	Medical	Pharmacy	Total
MD	135	18	153
DC	67	9	76
DE	80	4	84
PA	69	5	74
VA	468	61	529
WV	61	38	99
Multi-State/Other States (generally includes bordering states)	59	9	68
Total	**939**	**144**	**1083**

Veterinarian Reporting of CDS dispensing

During the 2025 Legislative Session, the proposed bill to include veterinarians as dispensers was not introduced, but the Program plans to pursue future legislation. In the 2024 Legislative session, HB 0057/SB0235, which aimed to redefine "dispenser" to include veterinarians, failed to advance beyond the Health and Government Operations Committee. The bill would have required veterinarians dispensing controlled substances to report to the PDMP in the same manner as other dispensers in Maryland, while exempting the Program from disclosing PDMP data to veterinarians.

On June 28, 2021, the PDMP Advisory Board approved recommendations to enhance reporting requirements for consistent data elements to distinguish controlled dangerous substances (CDS) dispenses for pets, add a data visual in the PDMP to identify pet prescriptions, and mandate reporting of CDS dispenses from veterinarians' offices.

Following these recommendations, a paw print visual was added to the PDMP clinical interface in May 2022 to mark CDS prescriptions for pets filled at retail pharmacies or mailed into Maryland. On June 13, 2024, the Advisory Board voted to continue pursuing veterinary dispensing legislation in 2025.

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

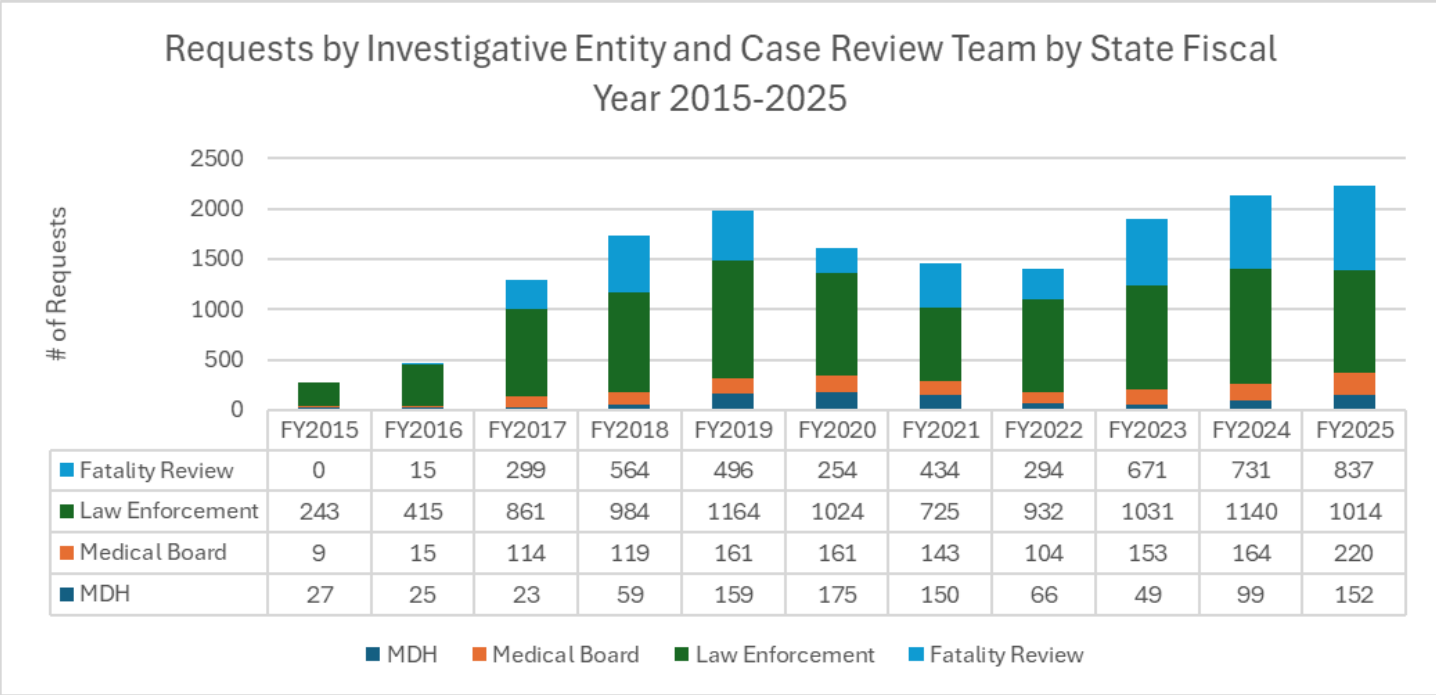
Under the PDMP law, the Program may disclose PDMP data to local, State, or Federal law enforcement agencies, certain Maryland health professional licensing boards, and four agencies within the Department (Office of the Inspector General, Office of Health Care Quality, Medicaid, and OCSA) to further the 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 2015 through 2025.

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

Investigative Agency and Case Review Type	Current Credentialed Users Aug 2025	# of Requests Total	
		Fiscal Year 2025	March 2014-June 2025
Federal, State, Local Law Enforcement	86	1014	9,590
Licensing Board	27	220	1,278
Departmental Agency	11	152	896
Overdose Fatality Review	134	244	3,311
Other Fatality Review (Including Suicide)	5	22	452
Total	**263**	**1,652**	**15,527**



	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
Fatality Review	0	15	299	564	496	254	434	294	671	731	837
Law Enforcement	243	415	861	984	1164	1024	725	932	1031	1140	1014
Medical Board	9	15	114	119	161	161	143	104	153	164	220
MDH	27	25	23	59	159	175	150	66	49	99	152

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 2021 – 2025 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 and include veterinary prescriptions dispensed from a pharmacy. Breakdowns of prescription fills by therapeutic classes can be found in **Figures 3-7** for fiscal years 2021 – 2025. 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.

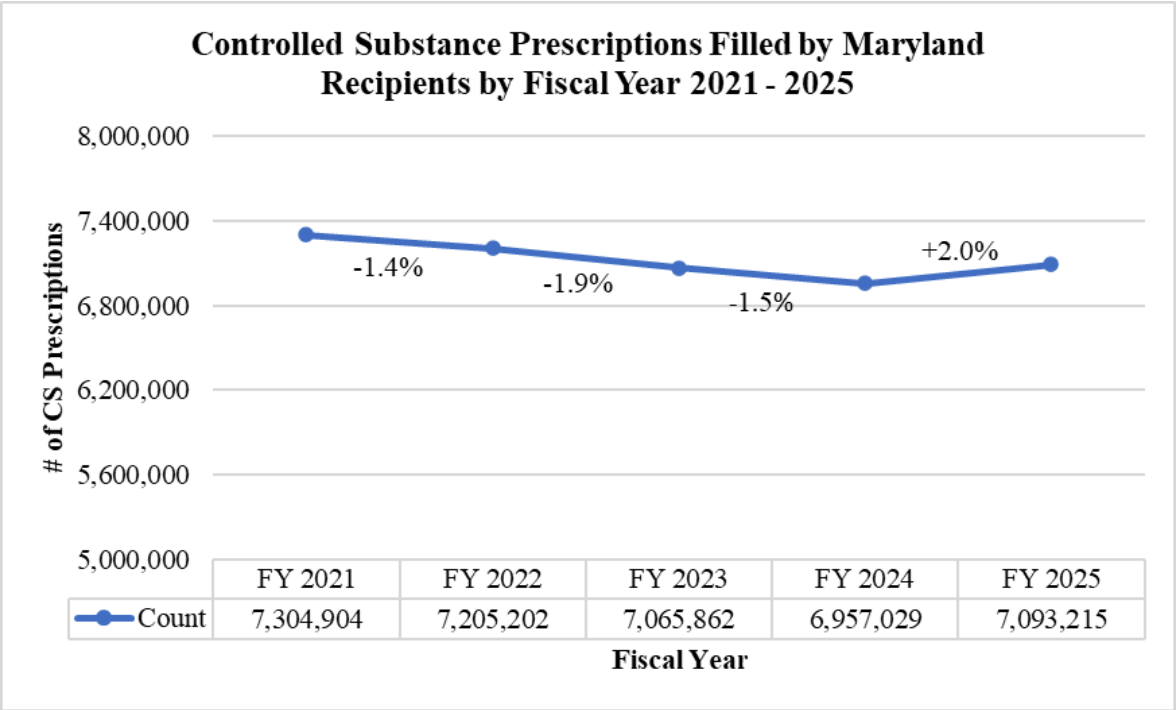


Figure 2. Controlled Substance Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

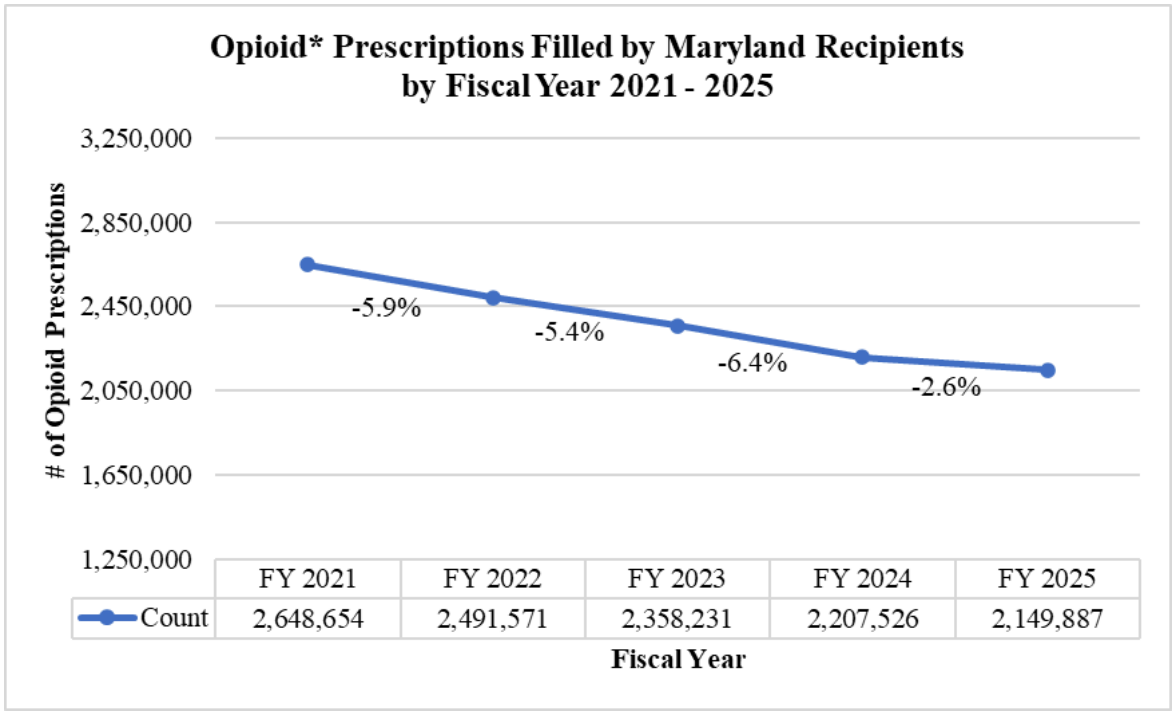


Figure 3. Opioid Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

* 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 (OUD). Indication was determined based on FDA indication for approved use for treatment of OUD. 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.

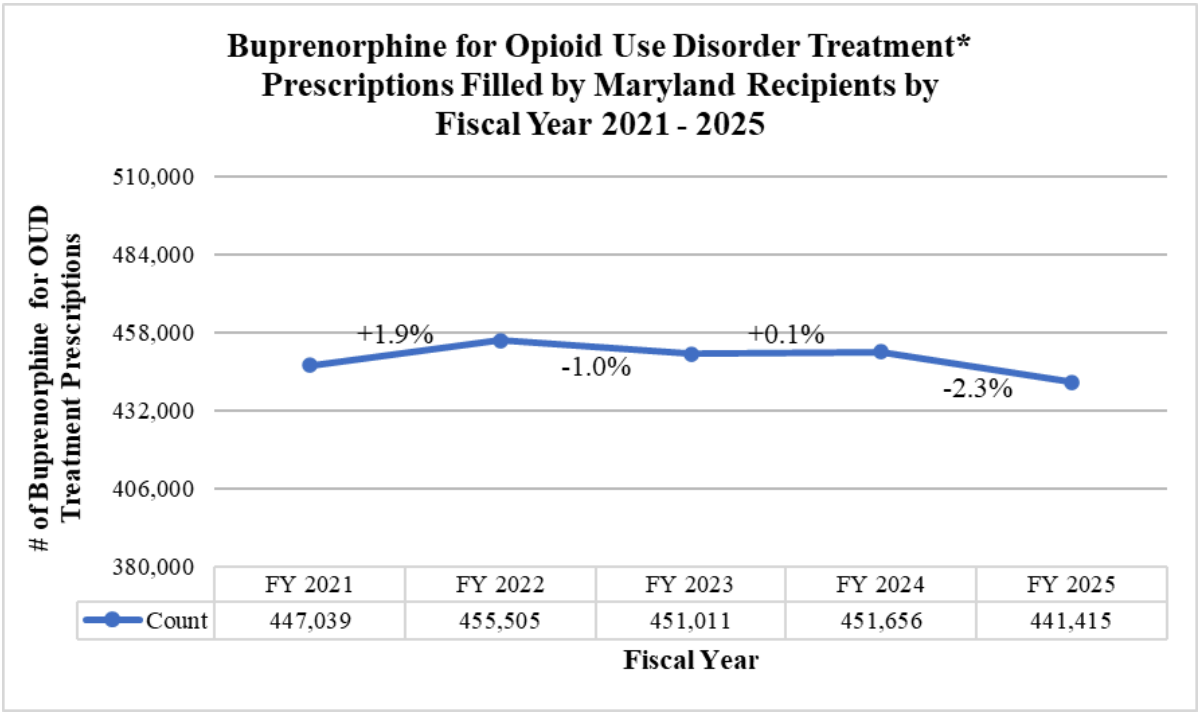


Figure 4. Buprenorphine for Opioid Use Disorder Treatment Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

* Buprenorphine is a medication within the opioid class of drugs and can be prescribed in specific formulations for the treatment of Opioid Use Disorder (OUD). Indication was determined based on FDA indication for approved use for the treatment of OUD. 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.

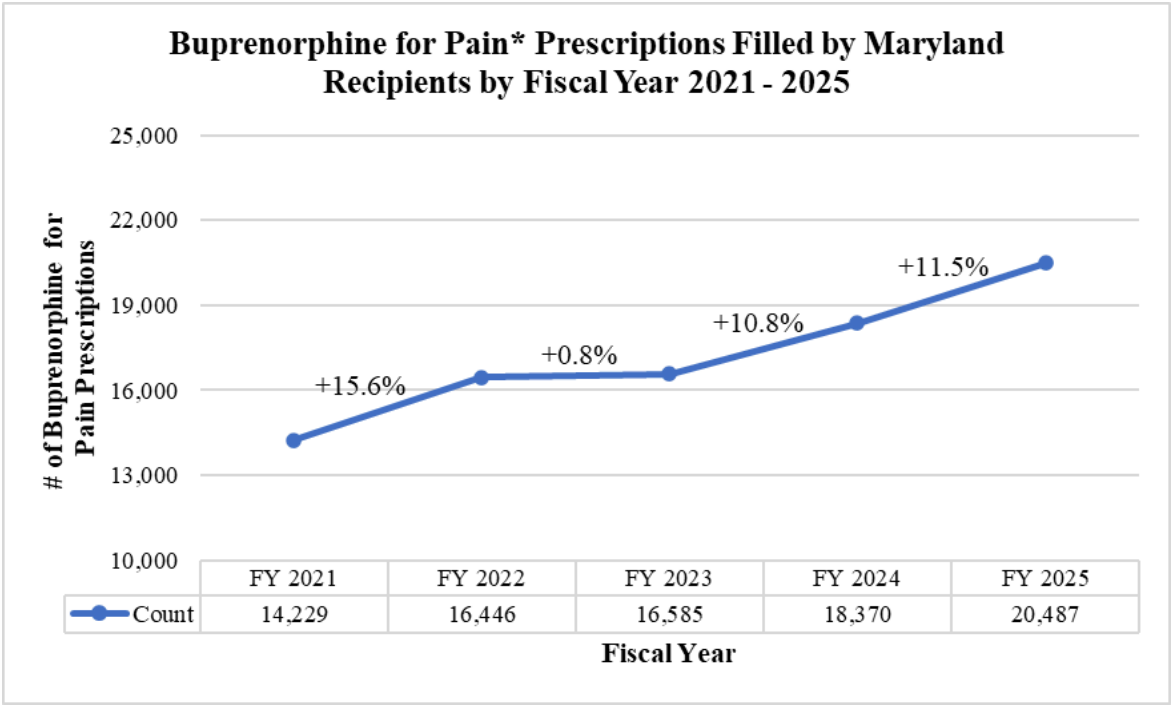


Figure 5. Buprenorphine for Pain Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

* Buprenorphine is a medication within the opioid class of drugs and can be prescribed in specific formulations for the treatment of pain. 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.

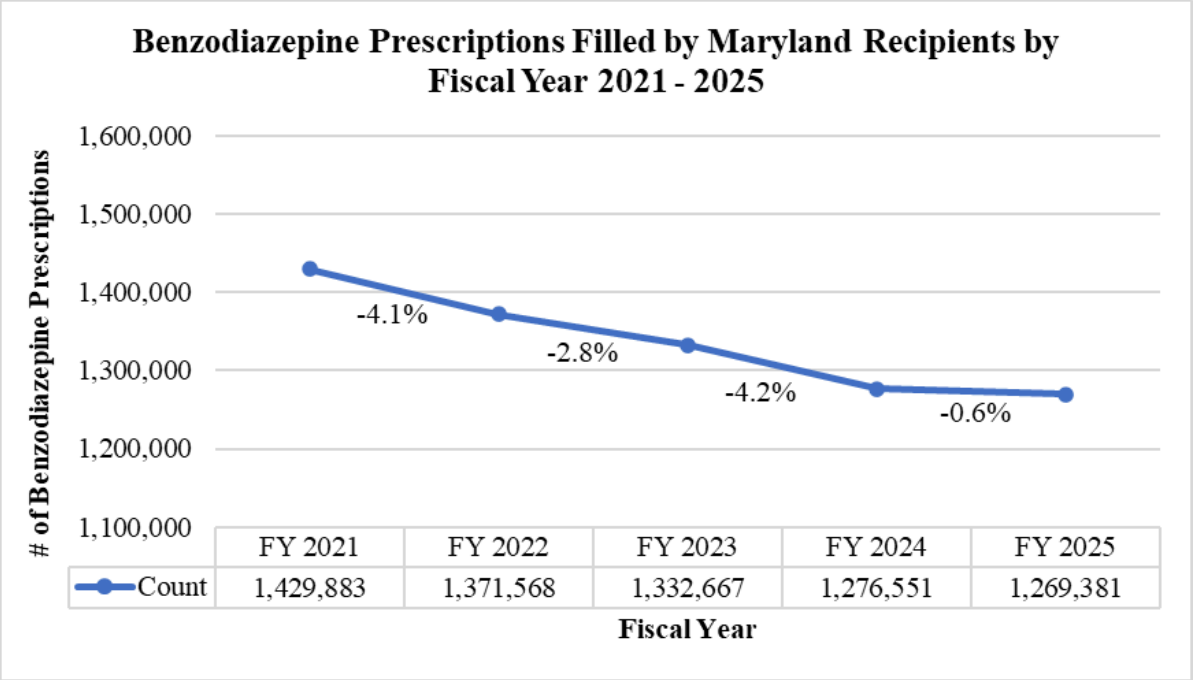


Figure 6. Benzodiazepine Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 – June 30).

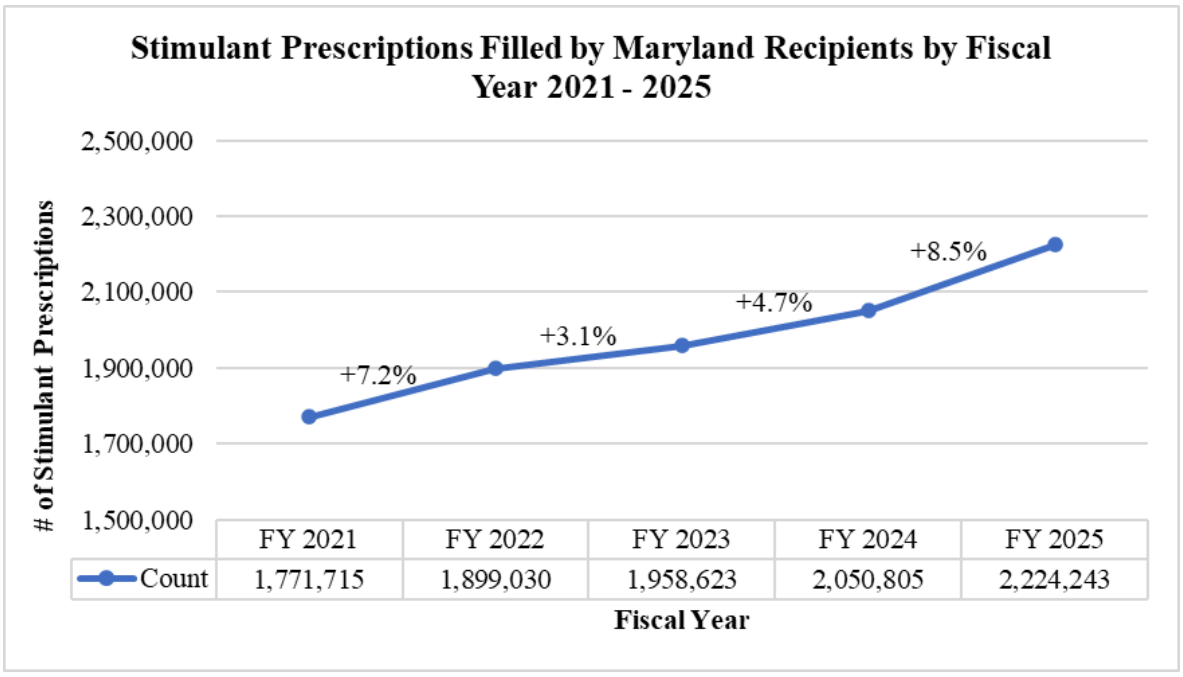


Figure 7. Stimulant Prescriptions Filled by Maryland Recipients by State Fiscal Year (July 1 - June 30).

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 the 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. However, states vary in the types of PDMP users who may receive notifications and in the types of patterns identified by the Program that are used to generate these 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. This statute originally established the discretionary authority of the Program to review the PDMP for indications of possible misuse or abuse of a monitored prescription drug and, if the review indicates possible misuse or abuse, to proactively report to the prescriber or dispenser of the prescription drug. 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, 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 the provision of 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 providers about their prescribing practices or patient-specific activities that could be addressed by a provider, and to 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 seven types of Unsolicited Reporting Notifications to providers: Multiple Provider Episodes, Fatal Overdose Notifications, two metrics specific to Dangerous Drug Combinations, two metrics specific to Morphine Milligram Equivalents, and Opioid Naive. **Table 7** shows a breakdown of the 2,888 Unsolicited Reporting Notifications sent during Fiscal Year 2025. 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 notifications 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 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; therefore these notifications may lack clinical context. On January 12, 2022, the Program began sending this type of notification via email in an effort to streamline processes.

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 of a patient's death 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 muscle relaxer (specifically carisoprodol) prescription to the same patient on the same day. This dangerous 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 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 where the opioid in the overlap was >=50 MME/Day. On October 16, 2023, the Program began sending this type of notification via email or 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, and 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 or 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 that contributed to 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 or postal service when a valid email address is not available.

Opioid Naive

The TAC approved the Opioid Naive metric on January 23, 2024. Providers who prescribed an extended-release/long-acting or transdermal opioid >= 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. These notifications are currently being sent via email or postal service when a valid email address is not available.

Table 7. Unsolicited Reporting Prescriber Notifications, through August 2025

Type of Unsolicited Reporting Notification	Number of Unsolicited Reporting Notifications Sent in Fiscal Year 2025	Total Number of Unsolicited Reporting Notifications Sent Since Activity Started Through August 2025
Multiple Provider Episodes	1,033	8,972
Fatal Overdose Notification	473	4,925
Dangerous Drug Combination I	55	622
Dangerous Drug Combination II	140	319
Morphine Milligram Equivalent I	11	83
Morphine Milligram Equivalent II	903	4,162
Opioid Naive	273	303

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 breaches of professional standards identified in a review of PDMP data, and to 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 collaborated with the TAC and policies and procedures to identify cases for referral to OCSA, which has been implemented.

The Program referred 4 cases for investigation to OCSA in fiscal year 2025. In regards to these cases, 2 prescribers were identified due to prescribing opioids at an alarmingly high rate, which contributed to a high number and type of URNs sent to those prescribers. A third prescriber was identified as prescribing Out of Scope of his/her profession, as determined by the Technical Advisory Committee (TAC). The fourth prescriber was identified because of the high number of benzodiazepine prescriptions, relative to his/her peers. .All cases were presented to the TAC and it was recommended that the Program make referrals to OCSA for all 4 cases.

The TAC addressed 4 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.

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 2024 report, while identifying several areas for possible focus in the future, as listed below:

- Complete a final Opioid Treatment Program Reporting Workgroup Report to MDH leadership
- Implement recommendations from the OTP Reporting Workgroup
- Continued expansion of Interstate Data Sharing
- Pursue additional funding for PDMP enhancements
- Continue to pursue legislative changes to veterinary reporting
- Restructure the Academic Detailing Program
- Regulation updates

Conclusion

Over the past year, the Department has achieved significant milestones, advancing the PDMP through innovative initiatives, heightened visibility, and increased stakeholder engagement. The Department remains steadfast in its commitment to partnering with the Board to enhance the PDMP's capacity to address the dynamic and evolving challenges of Maryland's opioid response strategy. To sustain this progress, the Board respectfully urges the Governor and General Assembly to continue supporting the PDMP's ongoing development and enhancement.

Looking ahead, the Board is dedicated to guiding the Department in addressing emerging stakeholder needs and advancing priority initiatives to improve health and safety outcomes related to CDS prescriptions in Maryland. Key priorities for the upcoming year include: presenting the Opioid Treatment Program (OTP) Reporting Workgroup report and implementing its recommendations, expanding interstate data sharing, securing additional funding for PDMP enhancements, pursuing legislative changes to veterinary reporting, restructuring the Academic Detailing Program, and updating relevant regulations. Through these efforts, the Department and the Board aim to further strengthen the PDMP's impact on public health and safety.

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 2025)

Deondra P. Asike, MD
Physician
Johns Hopkins Hospital

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

Gregory Malik Burnett, MD, MBA, MPH
Medical Director, REACH Health Services
Adjunct Assistant Professor, Center of Addiction Medicine UMD-MC

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

Aaron D. Greenblatt, MD
Associate Professor, Department of Family & Community Medicine UMD-SOM

Justin Gross, Captain
Commander
Maryland State Police, Enforcement Division

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

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

Akash Patel, PharmD
President's Designee, Board of Pharmacy

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

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