

# Maryland's Prescription Drug Monitoring Program



Maryland's Prescription Drug Monitoring Program (PDMP) is a statewide electronic database that tracks all controlled substance prescriptions. Authorized users can access prescription data such as medications dispensed and doses.

**CS prescribers and pharmacists in Maryland are required to register with and use the Maryland PDMP. Registration and PDMP access are implemented through the Chesapeake Region Information System for our Patients (CRISP).**

For more information, visit [www.MarylandPDMP.org](http://www.MarylandPDMP.org)

## ■ PDMP IMPROVES PATIENT SAFETY BY ALLOWING CLINICIANS TO:

- View close to real-time, electronic access at the point-of-care to prescription histories of their patients, including prescriptions from other states.
- Identify patients who are obtaining opioids from multiple providers.
- Review the average MME/day for their patients.
- Identify patients who are being prescribed concurrent medications that may increase risk of overdose—such as benzodiazepines and opioids.
- Identify possible diversion, substance use disorder, or needed care coordination.
- View PDMP data directly from CRISP's Unified Landing Page (ULP) or through an Electronic Health Record (EHR) system.
- Increase confidence in safely prescribing and dispensing

## ■ PRESCRIBER USE MANDATE

- Prescribers must access and evaluate at least the last 4 months of PDMP data before beginning a new course of treatment with opioids or benzodiazepines.
- If a course of treatment extends beyond 90 days, the PDMP must be checked every 90 days thereafter.
- Prescribers must document in the patient's chart that PDMP data was accessed and evaluated before a prescribing decision was made.
- Exceptions to this mandate exist for certain clinical and technical situations. Refer to full use mandate description and FAQs online: [www.MarylandPDMP.org](http://www.MarylandPDMP.org)



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## PHARMACIST USE MANDATE

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When dispensing any Schedule II-V CS prescription, if a pharmacist has a reasonable belief that a patient may be seeking a CS prescription for any purpose other than the treatment of an existing medical condition, the pharmacist must access PDMP data to determine if the patient has received other prescriptions indicating misuse, abuse, or diversion.



## WHAT SHOULD I CONSIDER WHEN PRESCRIBING OPIOIDS?

### HIGH DOSAGE



Talk to your patient about the risks for respiratory depression and overdose. Partner with patients who are on more than 50 MME/day to confirm that the benefits of opioid therapy continue to outweigh the risks. If dosage is continued, co-prescribe naloxone.

### MULTIPLE PROVIDERS



Counsel your patient and coordinate care with their other prescribers to improve safety and discuss the need to obtain opioids from a single provider.

Check the PDMP regularly and consider the risks & benefits of tapering medication for the patient. Assess for possible misuse or abuse.

### DRUG INTERACTIONS



Whenever possible, avoid prescribing opioids and benzodiazepines concurrently. Communicate with other prescribers to prioritize patient goals and weigh risks of concurrent opioid and benzodiazepine use.

## WHAT SHOULD I DO IF I FIND INFORMATION ABOUT A PATIENT IN THE PDMP THAT CONCERNS ME?

### 1 Confirm that the information in the PDMP is correct.

- Avoid making assumptions about patients, providers or pharmacists.
- Check for potential data entry errors, use of a nickname or maiden name, or possible identity theft to obtain prescriptions.
- If you are concerned about another provider's prescribing history, discuss concerns with the provider.

Whenever concerns persist, follow up with the appropriate health licensing board or submit an anonymous tip to the pill mill tip line: (888)-829-1115.

If there is inaccurate information in the PDMP: contact the pharmacy to confirm what was actually dispensed. If it differs from the PDMP, the pharmacist should contact the PDMP at [mdh.pdmp@maryland.gov](mailto:mdh.pdmp@maryland.gov).

### Be aware that red flags may show up that are not specific to drug misuse:

- Changing providers because of insurance coverage
- Misunderstanding/miscommunication regarding pain management agreements or limited health literacy
- Transportation issues makes it difficult to access a pharmacist
- Other providers didn't check the PDMP before prescribing
- Underlying mental health issues that makes pain difficult to manage
- Medication has been stolen or diverted

### 2 Assess for possible misuse or abuse.

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based comprehensive, integrated, public health approach to the delivery of providing early intervention and treatment services to patients who have risky alcohol or drug use. For more information on SBIRT, and to find out more about reimbursement and trainings, please visit: [www.MarylandSBIRT.org](http://www.MarylandSBIRT.org).

Offer or arrange evidence-based treatment (usually medication for opioid use disorder with buprenorphine or methadone in combination with behavioral therapies) for patients who meet criteria for opioid use disorder. If you suspect diversion, urine drug testing can assist in determining whether opioids can be discontinued without causing withdrawal.

### 3 Discuss any area of concern with your patient and emphasize your interest in their safety.

Listen to your patient and let them know that you take their pain seriously. Assess side effects they may be experiencing and risks and ensure they understand how to properly take medications to minimize possible complications. Talk to them about alternative treatments if appropriate (medications, physical therapy, etc.). Work with the patient to find a treatment regimen that works well with their lifestyle and meets treatment goals.



Register Now at [crisphealth.org](http://crisphealth.org)

For technical and registration support, contact CRISP:

[support@crisphealth.org](mailto:support@crisphealth.org)

or call 877.952.7477

