Maine Prescription Monitoring Program 2020 Annual Report

February 2021

Prepared by the Office of Behavioral Health
Maine Department of Health and Human Services

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Purpose of the Annual PMP Report

Pursuant to Public Law Chapter 460, the Department of Health and Human Services ("Department") shall provide to the joint standing committee of the Legislature having jurisdiction over health and human services matters on or before January 15th of each year, and at such other times as the committee requests, data pertaining to the aggregate number of prescriptions of each drug required to be included in the program, the number of prescribers participating in the program categorized by specialty, any historical trends or patterns in prescribing practices within the State, any progress in the implementation of information sharing agreements authorized by subsection 4-A and any other information pertaining to the work of the program as requested by the committee that is reasonably available to the department, as long as all information reasonably likely to reveal the patient or the prescriber or other person who is the subject of the information has been removed.

Definitions

- **Delegate/Designee** – Any staff member duly authorized by a prescriber
- **Morphine Milligram Equivalents (MME)** – The standard value utilized to compare opioid doses and potency
- **Opiate Agonist** – A drug that activates the opioid receptors in the brain fully resulting in the full opioid effect (*Examples: oxycodone, hydrocodone, morphine*)
- **Opiate Partial Agonist** – A drug that activates the opioid receptors in the brain to a much lesser degree than a full agonist (*Examples: Subutex, Suboxone, Buprenorphine, LAMM*)
- **Patient Report –** A report that displays the prescription drug activity for a specific patient
- **Total Quantity** – The total number of doses for a specific medication (*Doses include tablets, kits, and capsules*)

History and Description of the Prescription Monitoring Program (PMP)

The use and functionality of the PMP database has evolved from a tool to prevent and monitor for doctor shopping and so-called "pill mills" to a tool for surveillance, education, prevention and intervention. Prior to the establishment of Maine's PMP database in 2003, it was extremely difficult for prescribers and pharmacists to identify drug-seeking behavior, as there was no centrally available record that contained patients' complete, up-to-date prescription history. As a result, many drug-seeking patients were not referred to appropriate medical care for help with prescription drug dependency or to law enforcement for an investigation if appropriate. When drug-seeking patients were detected by prescribers, most were dismissed from the medical practice or refused service, forcing the patient to move on to a different unsuspecting prescriber or pharmacy, or to seek medication from illicit sources.

The PMP presents a complete picture of a patient's prescribed controlled substance use history by providing a single point of collection and access to controlled substance prescriptions that have been dispensed to an individual patient. As a healthcare tool, the PMP is used to improve the quality of patient care and to reduce the potential for prescription misuse, abuse, and overdose. Providers gain insight into patients' histories and risk factors at the point of care, allowing for more informed treatment decisions and the opportunity to offer referral to treatment for substance use if appropriate. The PMP also allows

prescribers to better understand their own prescription patterns and evaluate themselves in relation to other medical professionals with similar practice patterns.

The Maine PMP serves multiple functions:

- Collects data regarding every controlled substance prescription for drugs Schedule II through V, as defined under Maine's Controlled Substance Act
- Improves patient care by providing prescribers and pharmacists with a complete, up-to-date record of patients' controlled substance dispensation history
- Assists health care providers in identifying potential medication interactions and/or drug therapy complications
- Improves communication between pharmacists and other prescribers to help prevent drug misuse and overdose
- Provides automated clinical alerts to prescribers and pharmacists in specific circumstances where additional attention may be warranted
    - Morphine Milligram Equivalent (MME) threshold
    - Concurrent opioid and benzodiazepine prescriptions
    - Prescriber/dispenser threshold
- Reduces potential for prescription drug diversion
- Assists law enforcement in conducting investigations where malfeasance is suspected

State Laws and Regulations Addressing the Opioid Crisis

The Maine Legislature established the Prescription Monitoring Program database under the auspices of the Office of Substance Abuse and Mental Health Services (SAMHS, now known as the Office of Behavioral Health or OBH) in 2003. Those who dispense schedule II, III and IV controlled substances are mandated to record them in the PMP by the next business day. The PMP database is available online at no cost to prescribers and dispensers of controlled substances. Any health care provider with a Drug Enforcement Agency (DEA) number may register to request reports for new and existing patients. Licensed pharmacists may also access the PMP to request patient data. Patients have access to their own information by requesting it from their healthcare provider or from OBH. In limited circumstances, PMP records can be available to law enforcement officers for ongoing investigations through approval of a grand jury subpoena.

Recent legislative mandates have been directed towards increased PMP utilization by both prescribers and dispensers, as well increased reporting requirements intended to limit prescription drug diversion or misuse. In 2017 Maine passed Public Law, Chapter 488, *An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program*. The Legislation made the following changes to address opioid prescribing and PMP use:

1. Mandated use of the State's Prescription Monitoring Program prior to the initial prescription and every 90 days after for chronic prescriptions, and expanded those who use it to include veterinarians
2. Imposed strict limits on the dosage size and supply of opioid prescriptions for acute and chronic pain and included several exemptions for certain provider types, *e.g.*, emergency rooms, long-term care facilities, and conditions, *e.g.*, active and aftercare cancer treatment, hospice care
3. Mandated frequency of education for opioid prescribers

4. Mandated electronic prescribing of opioids
5. Provided for a “Partial Fill” at a pharmacy, at the direction of the patient.

In the spring of 2017, the legislature made changes through Legislative Document (LD) 1363, as follows.

- Added language allowing dispensers to provide an early refill to individuals provided that early refills did not represent a pattern
- Allowed dispensers to contact providers by phone to verify and document information about prescriptions
- Added protocols for dispensers receiving out of state prescriptions
- Delayed implementation of ICD-10 code requiring the code on any prescription over 100 MME using the palliative care exemption until July 2018.

Further changes were introduced in the spring of 2017 through LD 1031:

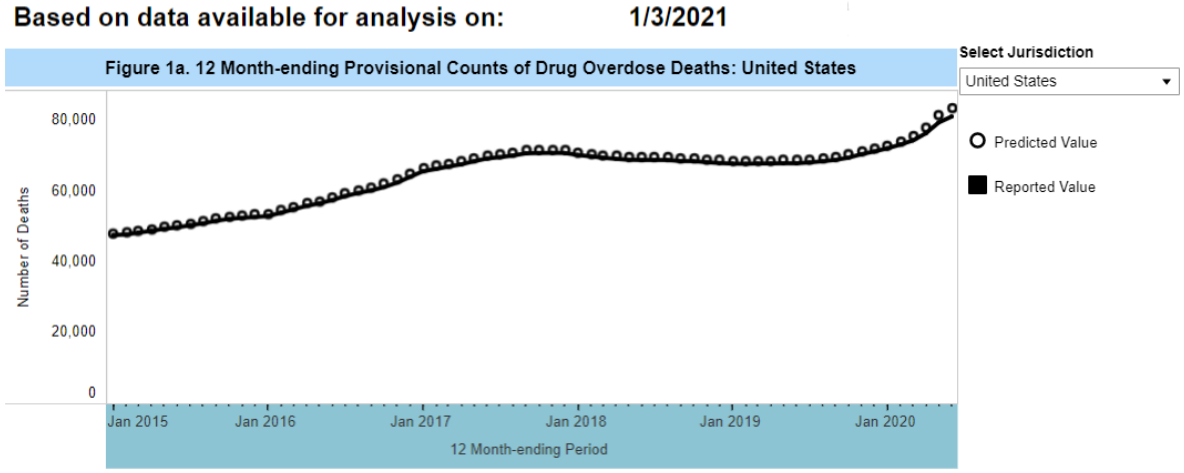
- Clarified the definition of palliative care
- Added a serious illness definition
- Altered the definition of dispenser to eliminate reference to health care professionals with authority to dispense
- Eliminated the requirement for emergency departments to submit dispensations of less than a 48-hour supply
- Removed the requirement for a PDMP check and the 100 MME limit if a prescription is directly related to a surgical procedure.

Pursuant to 22 M.R.S.A. § 7250, Chief Medical Officers (CMO), Medical Directors, or Administrative Prescribers employed by a licensed hospital in the State of Maine, may access the prescribing history of their employed prescribers through the PMP.

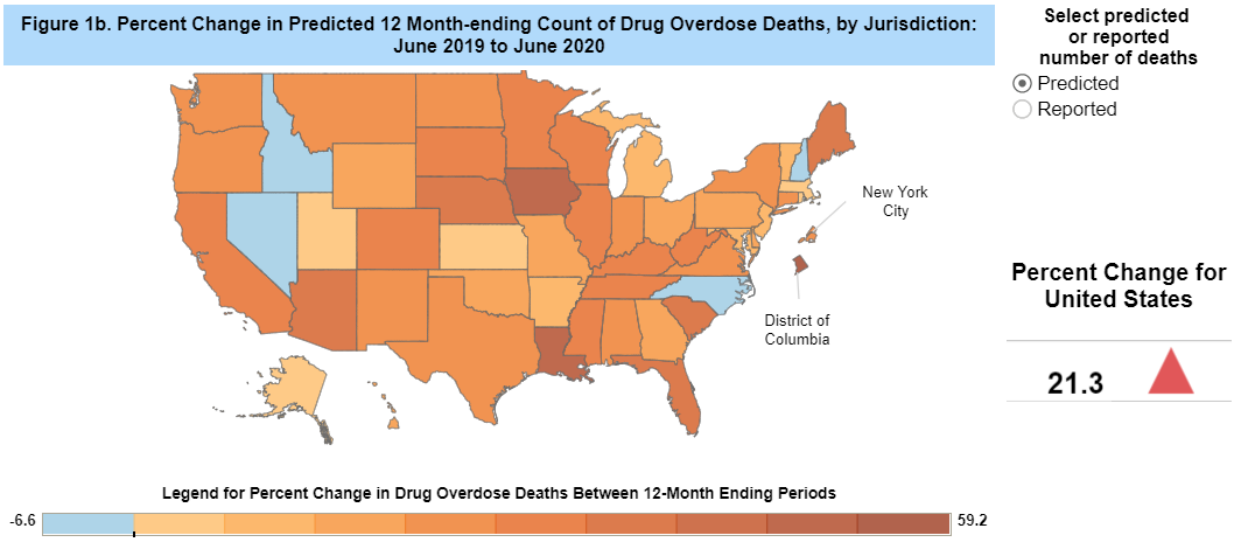
CMO access may be granted upon submission of completed registration, user acknowledgement form, and employed physician list. Failure to submit any of these forms may result in delay of access.

Background: A Nationwide Drug Overdose Epidemic

Drug misuse and overdose continue to constitute a national public health crisis in the United States. The epidemic of substance use-related morbidity and mortality has been exacerbated by the COVID-19 pandemic: isolation, avoidance or difficulty accessing medical care, and a disrupted and unpredictable illicit supply has led to a sharp increase in both fatal and non-fatal overdoses across the country.



Source: US CDC National Center for Health Statistics: Provisional Drug Overdose Death Counts



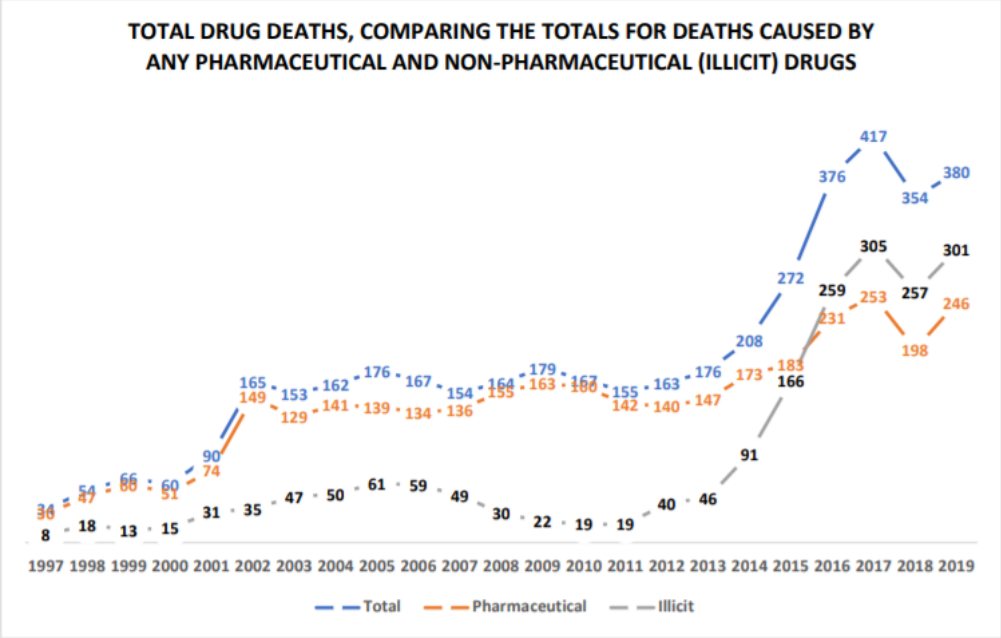
NOTES: *Reported* provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. *Predicted* provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see **Technical notes**).
Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD–10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.

The Overdose Crisis in Maine

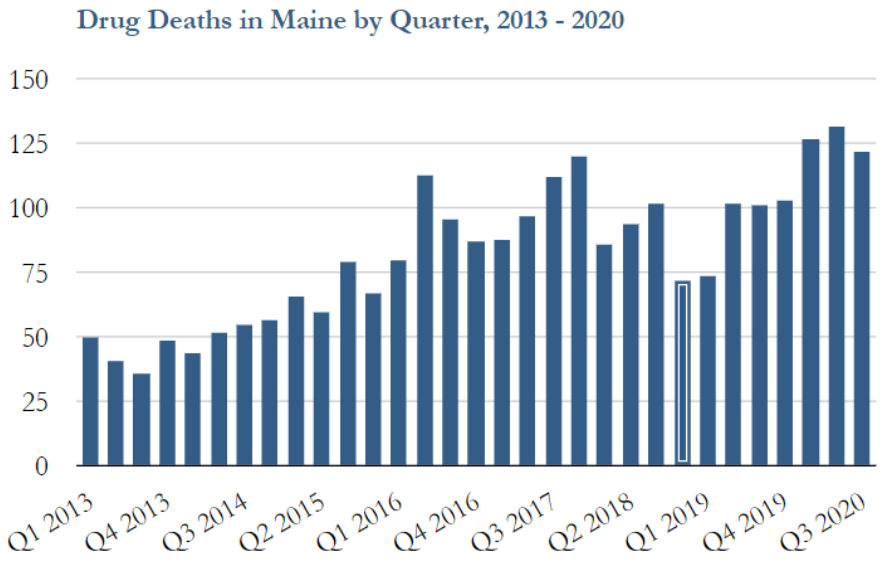
Along with the rest of the nation, Maine's opioid crisis began in the late 1990s, when pharmaceutical companies began promoting prescription opioid medications as safe, low-risk treatments for acute and chronic pain. This marketing campaign coincided with a shift in thought among physicians towards treating a patient's pain as the "fifth vital sign." Within a few years, prescriptions for opioid medications like OxyContin and hydrocodone skyrocketed.

Once it became clear that prescription opioid medications are highly addictive, most states (including Maine) imposed restrictions on how these medications and other controlled substances could be prescribed. Although the restrictions had the desired effect of reducing the number of prescriptions for opioid medications, the abrupt reduction in prescription opioid availability caused a spike in demand for illicit pharmaceutical and non-pharmaceutical opioids to fill the gap. People who had become addicted to prescription opioid medications increasingly turned to less expensive illicit opioids such as heroin and, in recent years, the even more potent and deadly fentanyl.

In Maine, drug overdose deaths have been trending upward since 2014, when toxicology reports conducted by the Office of the Chief Medical Examiner (OCME) first identified decedents with non-pharmaceutical fentanyl and fentanyl analogues in their bloodstreams at the time of death. Drug overdose deaths peaked in 2018 and decreased slightly in 2019. However, the recently released Q3 2020 Maine Drug Death Report from the Office of the Attorney General (OAG) revealed that Maine saw a 34% increase in drug overdose deaths in the first three quarters of 2020 compared to the same time period in 2019. From January 1, 2020 to September 30, 2020, 380 Maine residents died from overdose – equal to the total number of overdose deaths for all of 2019.



Source: Maine Office of the Attorney General, Annual Drug Overdose Death Report 2020



Source: Maine Office of the Attorney General, Drug Overdose Death Report Q1-Q3 2020

The Role of Maine's PMP in Addressing the Overdose Crisis

In Maine, substance use is a leading cause of injury, morbidity, and mortality across demographic groups. As part of a comprehensive drug overdose prevention strategy, PMPs can be instrumental in reducing the availability of prescription opioids and other controlled substances, as well as fostering safer prescribing practices. The PMP also provides valuable information regarding prescriptions for Medication Assisted Treatment (MAT) of opioid use disorder (OUD).

Prescription Drug Misuse Among Maine Youth and Adults

Indicator Title	Source	Population	Baseline Rate/ count	Baseline Year	Current Rate/ count	Current Year	Target
Consumption							
Lifetime misuse of prescription pain medicine among high school students	MIYHS	High School	9.8%	2017	11.7%	2019	7.9%
Past month misuse of prescription drugs among high school students	MIYHS	High School	4.8%	2015	5.0%	2019	3.9%
Past month misuse of prescription drugs among adults	BRFSS	18+	1.0%	2014	1.0%	2017	0.8%
Past year nonmedical use of pain relievers among adults	NSDUH	18+	7% (18-25) 4% (26+)	2015-2016	7% (18-25) 3% (26+)	2017–18	5.6% (18–25) 3.2% (26+)
Lifetime misuse of prescription drugs among adults	BRFSS	18+	4.5%	2014	4.0%	2017	3.7%

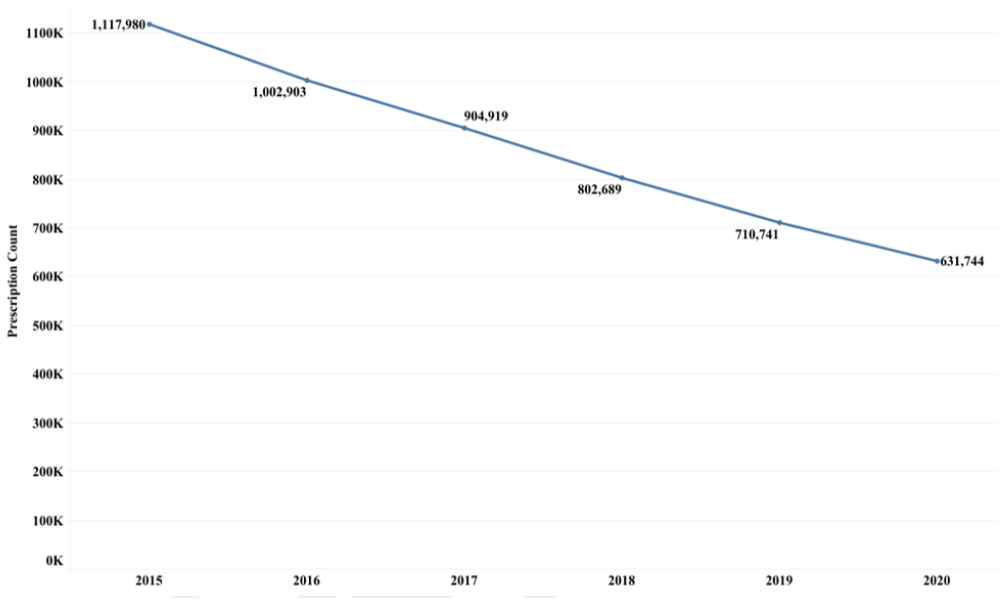
Source: Maine CDC, Office of Alcohol, Tobacco and Substance Use Prevention

Maine has seen a significant reduction in the prescription of opiate medications over the last five years.

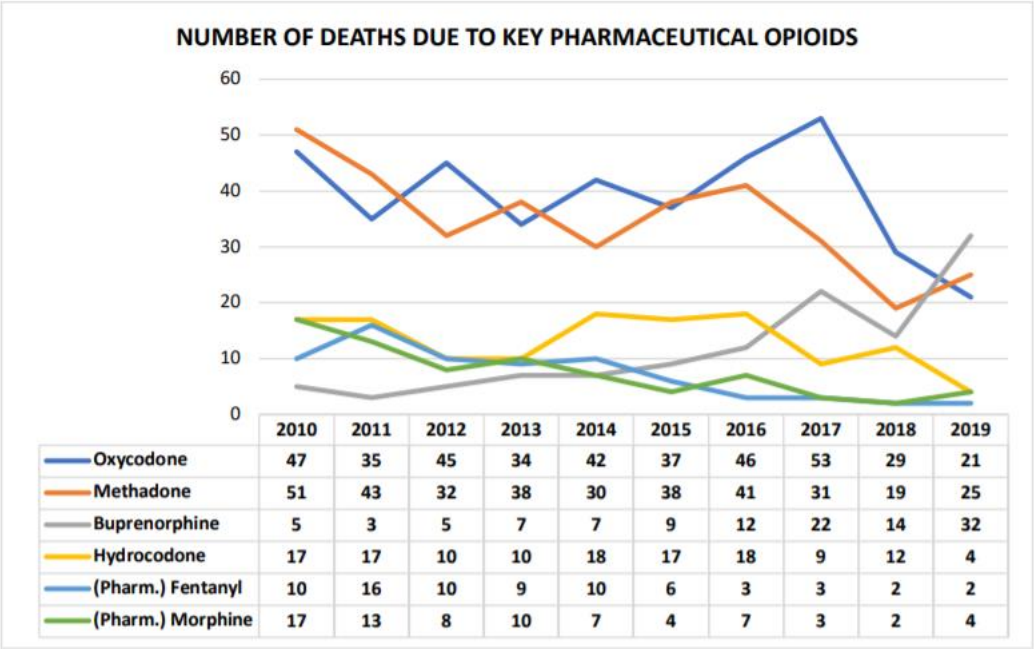
Prescription Opioid Agonist Access and Availability

Indicator Title	Source	Population	Baseline Rate/count	Baseline Year	Current Rate/count	Current Year
Annual number of opioid agonist prescriptions dispensed in-state	PMP	All ages	1,070,682	2015	631,744	2020
Number of opioid agonist prescriptions dispensed (in-state) *per capita*	PMP	All ages	0.79 Rx/person	2015	0.47 Rx/person	2020
Annual number of narcotic doses dispensed *per capita*	PMP	All ages	60 doses/person	2015	31 doses/person	2020
Annual number of clinical alerts (in-state)	PMP	All ages	235,005	2015	233,385	2020

Trend in Total Number of Opiate Agonist Prescriptions Dispensed



Though overdose deaths are an imperfect measure of the impact of substance use disorder on individuals, families, and Maine as a whole, it is one of the most straightforward metrics available to understand trends and programmatic outcomes, including those related to the PMP. Trends in overdose deaths due to the most commonly prescribed pharmaceutical opioids are down overall, though it is important to note that most deaths due to pharmaceutical opioids also involve one or more illicit substances, such as non-pharmaceutical (illicitly produced) fentanyl, cocaine, or methamphetamine.



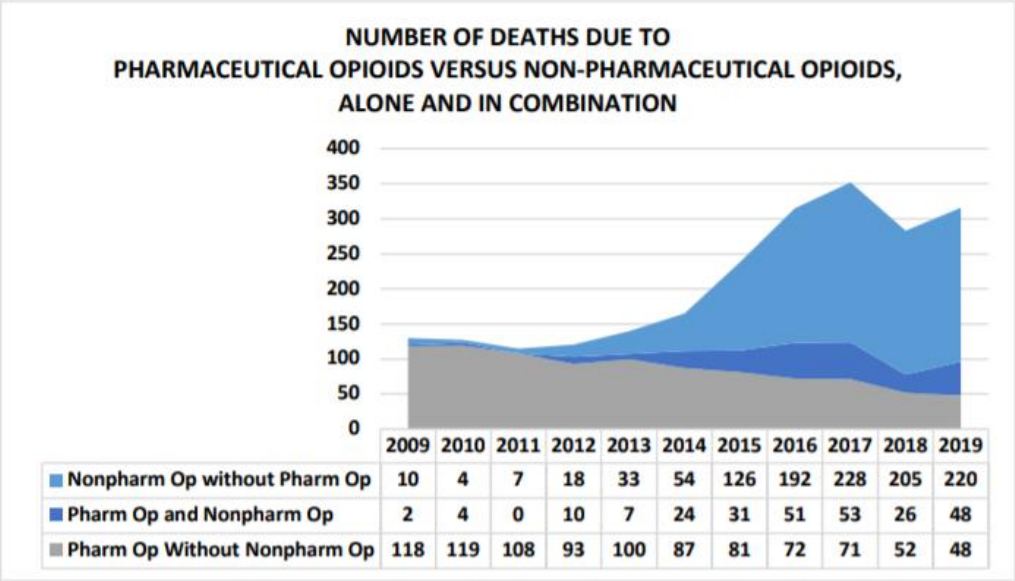
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Oxycodone	47	35	45	34	42	37	46	53	29	21
Methadone	51	43	32	38	30	38	41	31	19	25
Buprenorphine	5	3	5	7	7	9	12	22	14	32
Hydrocodone	17	17	10	10	18	17	18	9	12	4
(Pharm.) Fentanyl	10	16	10	9	10	6	3	3	2	2
(Pharm.) Morphine	17	13	8	10	7	4	7	3	2	4

Maine Drug Overdose Deaths by Substance Involved In 2019

Specific drug or drug category causing the death (alone or in combination with other drugs and/or alcohol)	Number of Deaths	Percent of 380 drug deaths
Number of deaths caused by more than one drug	322	85%
Any pharmaceutical drug	246	68%
Any opioid (pharmaceutical or non-pharmaceutical)	318	84%
Naloxone present in the toxicology report*	110	29%
Any illicitly manufactured drug (includes heroin/morphine, non-pharmaceutical fentanyl, fentanyl analogs, other illicitly-manufactured opioids, cocaine, methamphetamine, and MDMA)	301	79%
Any non-pharmaceutical opioid drugs (heroin/morphine, fentanyl, fentanyl analogs, U-47700, mitragynine).	268	71%
Heroin/morphine and/or fentanyl or fentanyl analogs	268	71%
Fentanyl and/or fentanyl analogs (known pharmaceutical fentanyl removed)	259	68%
Heroin/morphine (known pharmaceutical morphine removed)	61	16%
Any pharmaceutical opioid (highest frequency opioids itemized below)	96	25%
Buprenorphine (8 decedents had current prescription)	32	8%
Methadone (1 decedent had current prescription-tablets)	25	7%
Oxycodone (9 decedents had current prescription)	21	6%
Any benzodiazepine	84	22%
Cocaine	110	29%
Methamphetamine	47	12%

*Excludes cases with buprenorphine in toxicology.

Source: Maine Office of the Attorney General, Annual Drug Overdose Death Report 2020

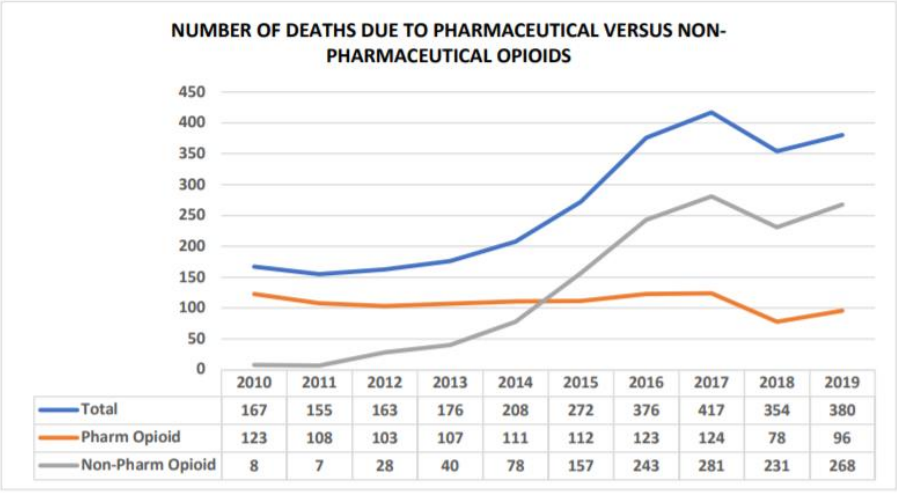


	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Nonpharm Op without Pharm Op	10	4	7	18	33	54	126	192	228	205	220
Pharm Op and Nonpharm Op	2	4	0	10	7	24	31	51	53	26	48
Pharm Op Without Nonpharm Op	118	119	108	93	100	87	81	72	71	52	48

Source: Maine Office of the Attorney General, Annual Drug Overdose Death Report 2020; Deaths involving pharmaceutical and non-pharmaceutical (illicit) drugs are not mutually exclusive.

The substance use epidemic extends well beyond overprescribing and includes both pharmaceutical and non-pharmaceutical (illicit) substances. In recent years, non-pharmaceutical opioids (largely fentanyl and fentanyl analogues) have been key drivers for emergency room visits, hospitalizations and overdose deaths.

Though data for Q4 2020 has not yet been finalized at the time of this report, the Office of the Attorney General / Office of the Chief Medical Examiner have released findings on drug overdose deaths through Q3 2020. Pharmaceutical opioids were the cause of death in 26% of cases during Q1-Q3 2020, nearly always in combination with other drugs. This proportion is similar to 2019, during which 25% of overdose deaths were caused by pharmaceutical opioids.



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total	167	155	163	176	208	272	376	417	354	380
Pharm Opioid	123	108	103	107	111	112	123	124	78	96
Non-Pharm Opioid	8	7	28	40	78	157	243	281	231	268

Source: Maine Office of the Attorney General, Annual Drug Overdose Death Report 2020

Future Directions for the PMP in Maine

The Department is committed to pursuing evidence-based best practices and promising approaches for the use of the PMP to improve public health and help providers deliver high-quality care to their patients.

- Integrate PMP data with other datasets to improve understanding of interrelated factors that contribute to the risk of prescription misuse, addiction and overdose
- Increase outreach and educational opportunities for PMP users to help maximize participation and optimal use of the system
- Utilize aggregated, deidentified PMP data to define prescribing patterns by county and/or public health district in order to better target provider education and prevention efforts
- Invest in PMP system enhancements that will encourage provider uptake and provide greater functionality and clinical decision-making support at the point of care
- Further develop advanced analytics capabilities within the PMP as a means to identify emerging public health concerns, including concurrent prescription of benzodiazepines, opiates, and stimulants

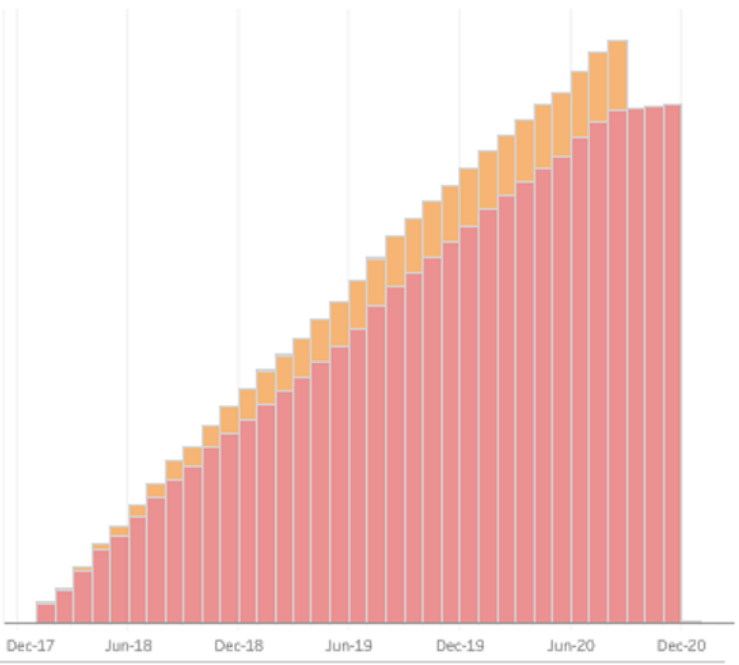
Prescription Monitoring Program Metrics

Registration of Prescribers and Dispensers With the PMP

As of December 31, 2020, there were **13,732** active prescribers and **1,970** active dispensers registered in Maine's PMP database.

Registered PMP Users by User Type

Category	User Role	Distinct Users	% of Total Disti..
Grand Total		6,235	100.00%
Prescriber	Total	5,479	87.87%
	Prescriber Delegate - Unlice..	2,041	32.73%
	Physician (MD, DO)	1,325	21.25%
	Prescriber Delegate - Licens..	902	14.47%
	Nurse Practitioner / Clinical ..	506	8.12%
	Physician Assistant	251	4.03%
	Medical Resident with Presc..	247	3.96%
	Dentist	124	1.99%
	Veterinarian	56	0.90%
	Midwife with Prescriptive A..	10	0.16%
	Podiatrist (DPM)	5	0.08%
	VA Prescriber	4	0.06%
	Optometrist	3	0.05%
	Medical Resident	2	0.03%
	Military Prescriber	2	0.03%
	Dispensing Physician	1	0.02%
Pharmacist	Total	748	12.00%
	Pharmacist	464	7.44%
	Pharmacy Technician	209	3.35%
	Pharmacist's Delegate - Lice..	45	0.72%
	Pharmacist's Delegate - Unli..	30	0.48%
Other	Total	8	0.13%



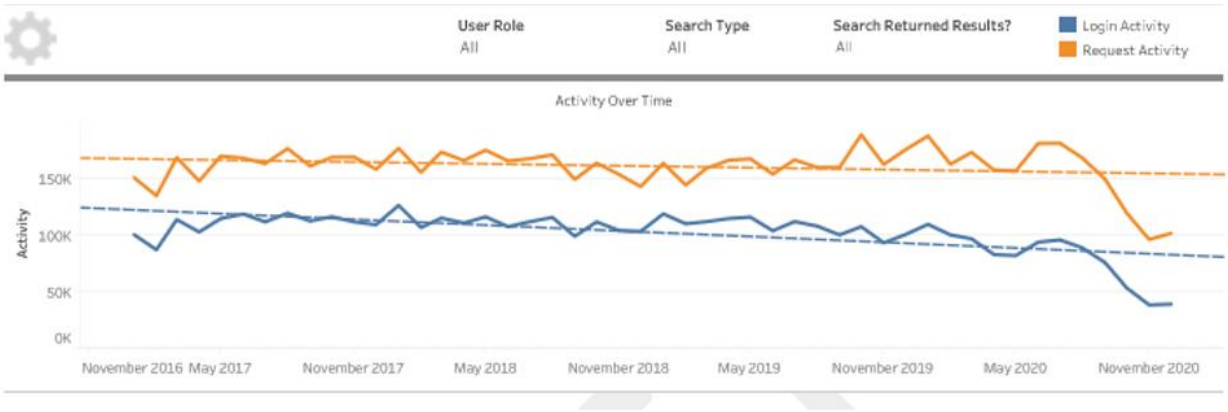
Note: The absence of registered Pharmacist users in the PMP beginning in October 2020 is due to the planned transition to a new PMP system. Prescribers and dispensers (pharmacists and their delegates) began transitioning to the new system beginning on October 1.

Utilization of the PMP

The following data represents the utilization of Maine's Prescription Monitoring Program database by prescribers (clinicians) and pharmacists; administrators and investigators are excluded from this metric.

There were a total of **1,837,295** PMP record checks by prescribers and pharmacists in 2020.

Number of PMP Record Checks and Number of PMP Logins*



**Note: The downward trend in login and request activity beginning in October 2020 is due to the planned transition to a new PMP system. Prescribers and dispensers began transitioning to the new system beginning on October 1.*

Utilization of Pharmacy Waivers

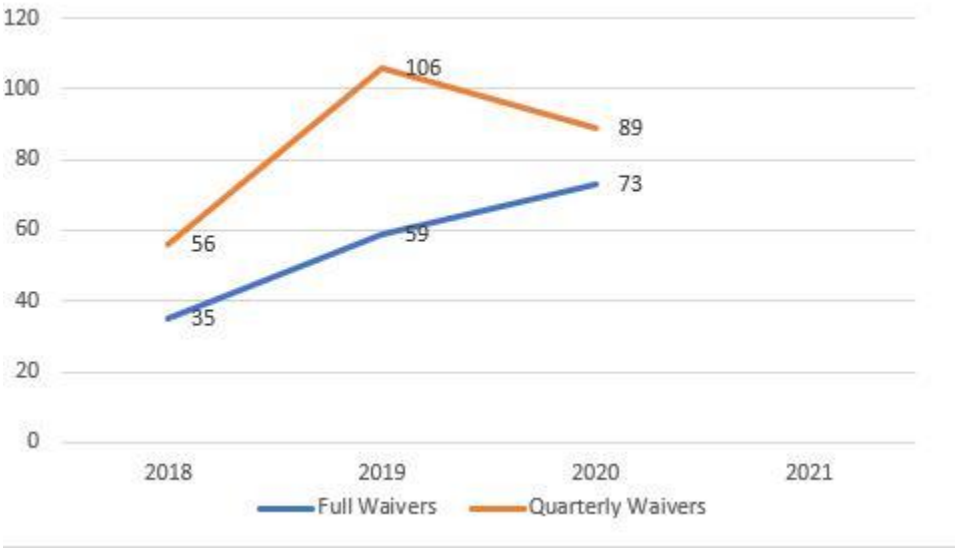
PMP Pharmacy Waivers allow pharmacies to request exemption from the 24-hour dispensation reporting requirement if any of the following criteria apply:

- The volume of controlled substances dispensed is so low that financial hardship will result from being required to make electronic submissions of prescription monitoring information,
- The pharmacy does not currently deliver and/or dispense any drugs covered by the PMP (scheduled II, III and/or IV controlled substances or any other drugs added by the Board of Pharmacy or Maine Office of Behavioral Health) to ultimate users who have a Maine address,

Or

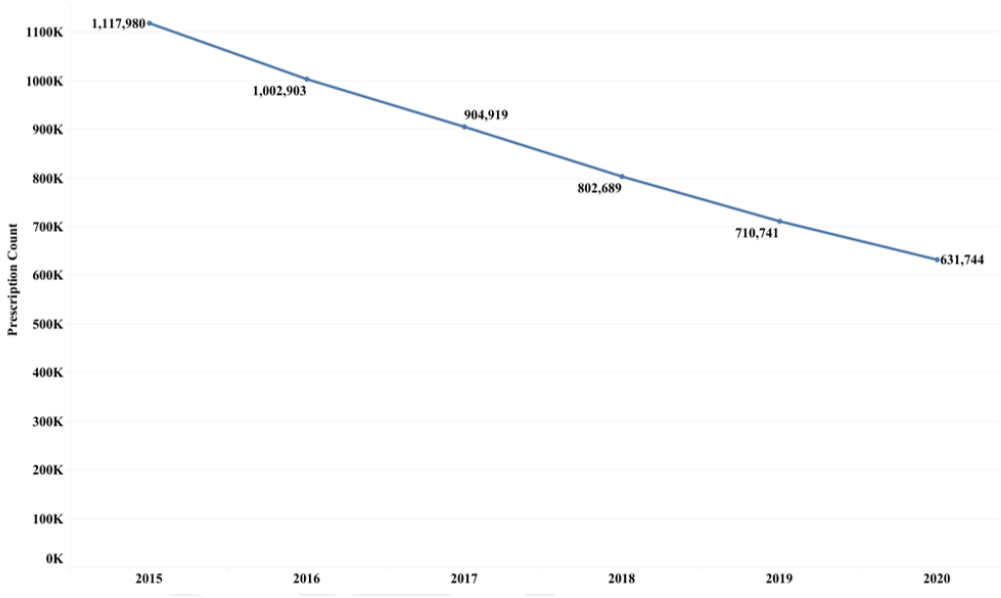
- Any other good cause provided (i.e. pharmacy management system has not been updated to using the correct ASAP data standard)

Number of 24-hour Reporting Waivers Granted to Maine Pharmacies

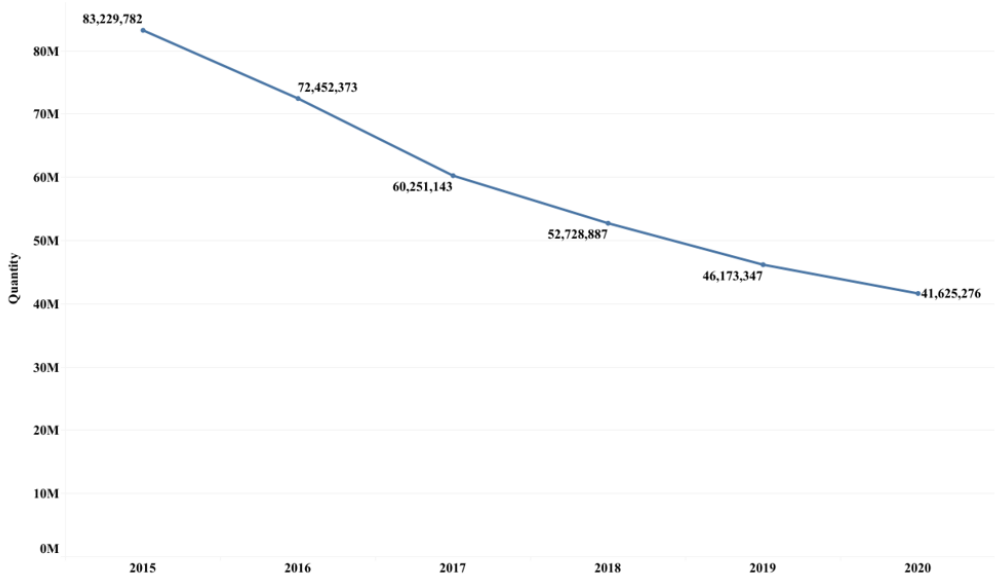


Prescription Opiate Medication Dispensation Trends

Total Number of Opiate Agonist Prescriptions Dispensed



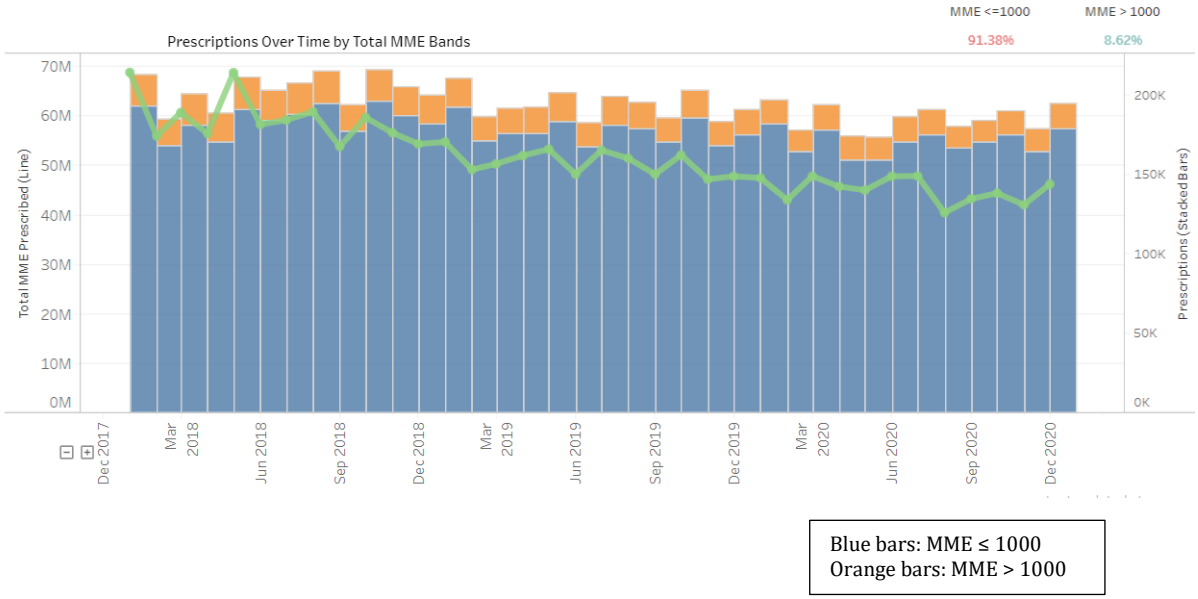
Total Number of Opiate Agonist Doses Dispensed



Average Morphine Milligram Equivalents (MME) Prescribed

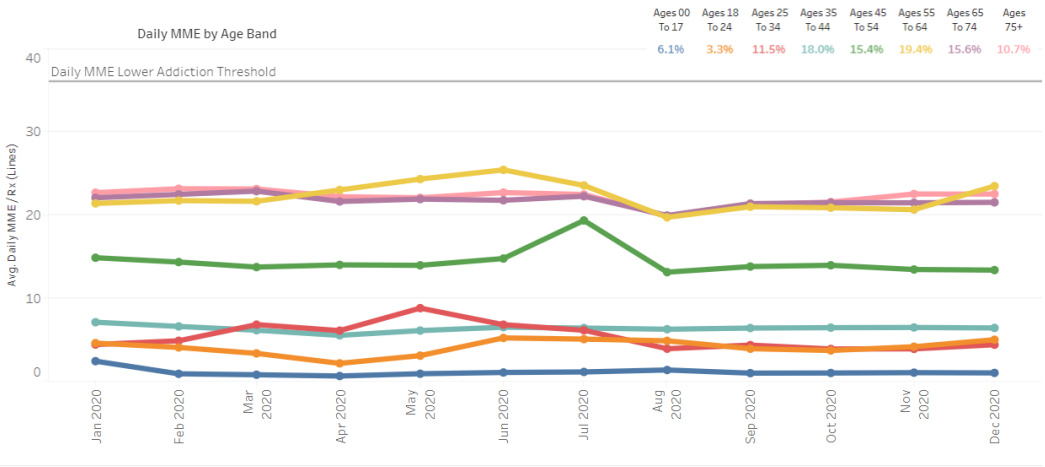
Morphine milligram equivalent (MME) is the amount of morphine an opiate medication dose is equal to when prescribed. This measure is often used as a gauge to measure the potential for misuse or overdose, with higher MME dispensations considered more risky in terms of misuse/overdose potential.

Trend in Average MME Dispensed Per Patient



Note: This chart represents the average MME dispensed per patient for opiate agonists only and excludes doses dispensed in either milliliter or gram form.

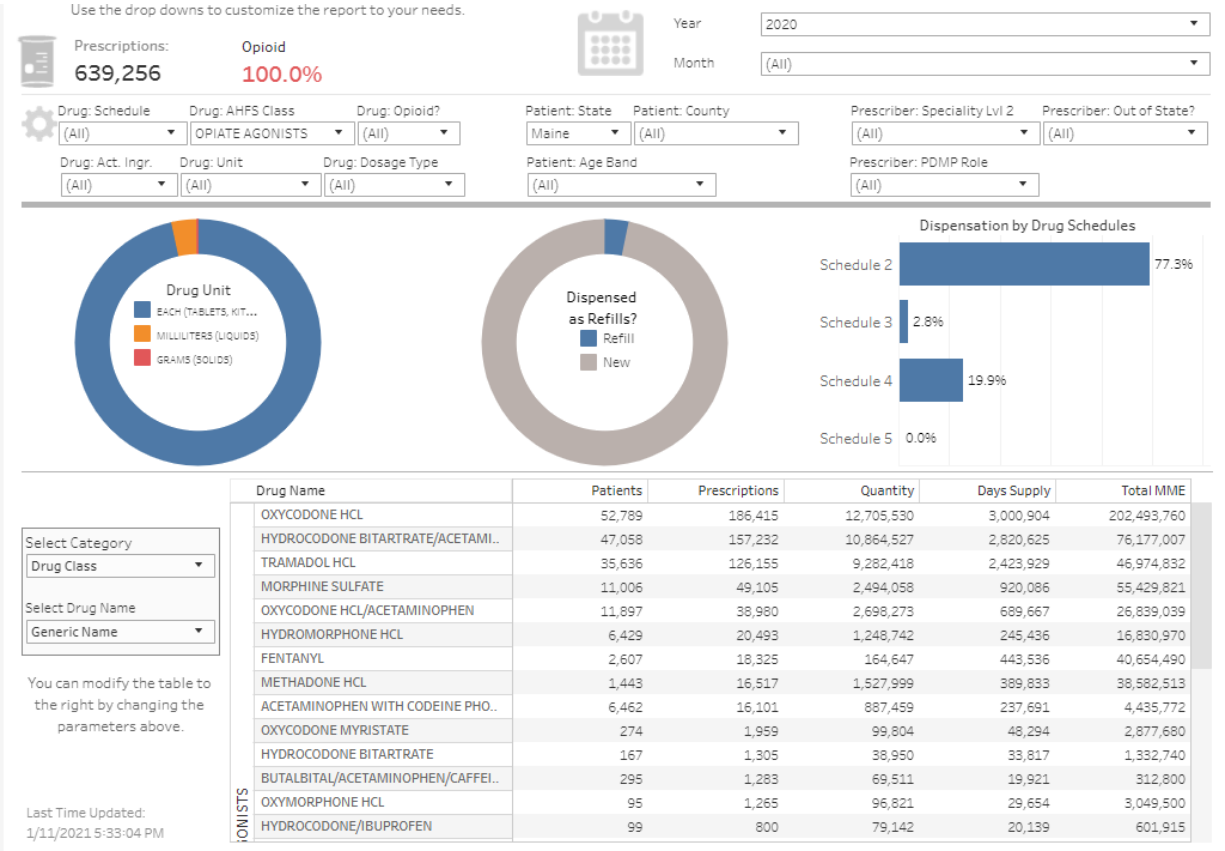
Average Daily MME Per Month by Patient Age Band In 2020



Most Frequently Prescribed Opiate Agonist Medications In 2020

This dashboard represents the most frequently prescribed opiate agonist medications in 2020 by number of patients receiving prescriptions for each medication, number of prescriptions dispensed, quantity of doses dispensed, days supply, and daily MME equivalent. The dashboard also includes information regarding the drug form/unit (tablet, liquid, or gram), whether the prescriptions issued were new prescriptions or refills, and the drug schedule distribution (Schedule II through IV). Oxycodone was the most frequently prescribed opiate agonist medication in 2020, with 52,789 unique patients filling 186,415 prescriptions; hydrocodone bitartrate/acetaminophen (Vicodin ES) was the second most commonly prescribed, with 47,058 patients filling 157,232 prescriptions; and Tramadol HCL was the third most commonly prescribed, with 35,636 patients filling 126,155 prescriptions.

Most Frequently Dispensed Opiate Agonist Medications In 2020



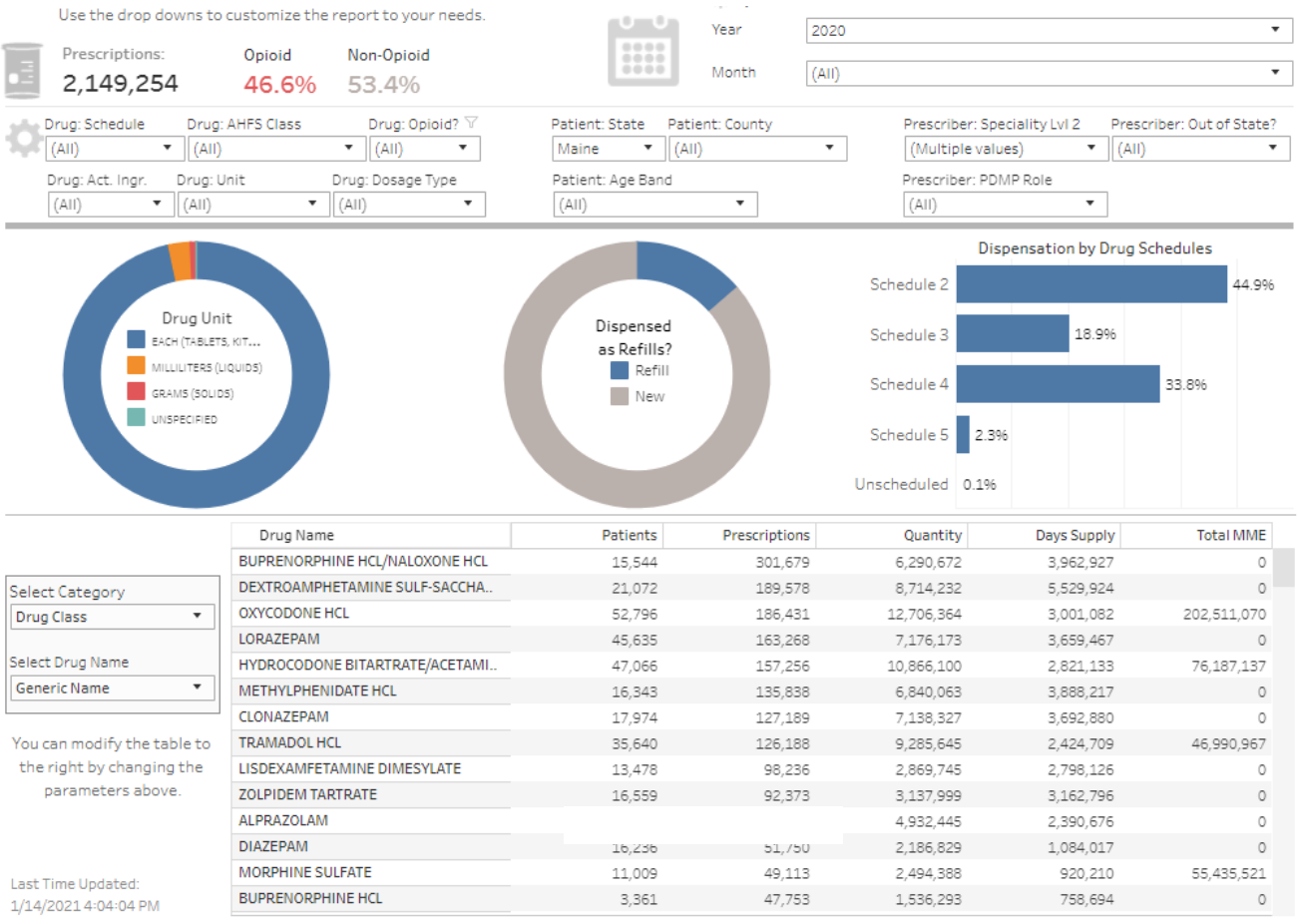
Prescriptions Exceeding 100 MME Per Day Limit By Treatment Type

Treatment Type	Treatment Type Description	2018	2019	2020
1	Not used for opioid dependency treatment	62,472	76,933	7,537
99	Individuals prescribed a second opioid after proving unable to tolerate the first opioid	821	3,018	3,599
2	Used for opioid dependency treatment	1,566	20,674	2,467
9	Patient is participating in a pain management contract	424	1,123	1,105
4	Palliative care in conjunction with a serious illness	3,628	6,334	1,031
3	Pain associated with active & aftercare cancer treatment	895	1,396	356
5	End-of-life and hospice care	135	163	89
7	Acute pain for an individual with a nexisting opioid prescription for chronic pain	367	369	86
8	Individuals pursuing an active taper of opioid medications	205	283	39
6	A pregnant individual with a pre-existing prescription for opioids exceeding 100 MME	7	1	1

Prescription of Controlled Substances

This dashboard represents the most frequently prescribed controlled substances in 2020 by number of prescriptions dispensed. The dashboard also includes information regarding the unique number of patients receiving prescriptions for each medication, number of prescriptions dispensed, quantity of doses dispensed, days supply, and daily MME equivalent (if applicable), the drug form/unit (tablet, liquid, or gram), whether the prescriptions issued were new prescriptions or refills, and the drug schedule distribution (Schedule II through IV). Buprenorphine was the most frequently dispensed controlled substance in 2020, with 15,444 unique patients filling 301,679 prescriptions; dextroamphetamine sulfate was the second most commonly dispensed, with 21,072 patients filling 189,578 prescriptions; and Oxycodone HCL was the third most commonly dispensed, with 52,796 patients filling 186,431 prescriptions.

Most Frequently Prescribed Controlled Substances In 2020



Drug Name	Patients	Prescriptions	Quantity	Days Supply	Total MME
BUPRENORPHINE HCL/NALOXONE HCL	15,544	301,679	6,290,672	3,962,927	0
DEXTROAMPHETAMINE SULF-SACCHA..	21,072	189,578	8,714,232	5,529,924	0
OXYCODONE HCL	52,796	186,431	12,706,364	3,001,082	202,511,070
LORAZEPAM	45,635	163,268	7,176,173	3,659,467	0
HYDROCODONE BITARTRATE/ACETAMI..	47,066	157,256	10,866,100	2,821,133	76,187,137
METHYLPHENIDATE HCL	16,343	135,838	6,840,063	3,888,217	0
CLONAZEPAM	17,974	127,189	7,138,327	3,692,880	0
TRAMADOL HCL	35,640	126,188	9,285,645	2,424,709	46,990,967
LISDEXAMFETAMINE DIMESYLATE	13,478	98,236	2,869,745	2,798,126	0
ZOLPIDEM TARTRATE	16,559	92,373	3,137,999	3,162,796	0
ALPRAZOLAM			4,932,445	2,390,676	0
DIAZEPAM	16,236	51,750	2,186,829	1,084,017	0
MORPHINE SULFATE	11,009	49,113	2,494,388	920,210	55,435,521
BUPRENORPHINE HCL	3,361	47,753	1,536,293	758,694	0

Total Count of Prescriptions Per Stimulant Medication Drug Name

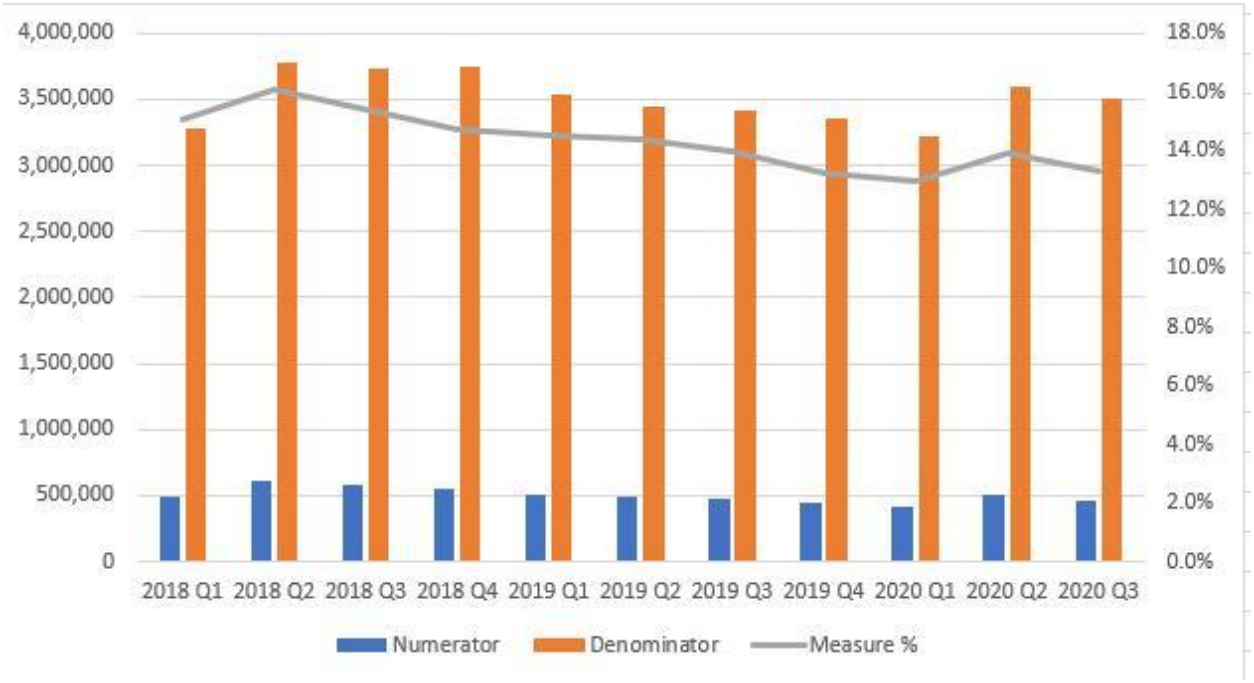
		Year					
Generic Name	Dosage Type	2015	2016	2017	2018	2019	2020
AMPHETAMINE	SUSPENSION,IMMED,EXT..		1	10	5	14	4
	TABLET,DISINTEGRATING..		3	2	4	72	68
AMPHETAMINE SULFATE	TABLET		5	25	14	14	4
DEXMETHYLPHENIDATE HCL	CAPSULE,EXTENDED RELE..	25,578	25,599	26,785	26,099	24,666	22,396
	TABLET	8,313	8,312	8,807	9,255	9,125	8,815
DEXTROAMPHETAMINE SULF-SACCHARATE/ AMPHETAMINE SULF-ASP..	CAPSULE, EXT RELEASE 2..	54,393	56,356	60,446	64,925	69,721	67,465
	CAPSULE, EXTENDED REL..			77	652	879	862
	TABLET	72,214	76,254	85,959	91,529	87,268	58,119
DEXTROAMPHETAMINE SULFATE	CAPSULE, EXTENDED REL..	2,935	2,737	2,681	2,542	2,527	2,364
	SOLUTION, ORAL	24	28	2	9	17	28
	TABLET	2,543	2,685	2,775	2,769	2,679	2,638
LISDEXAMFETAMINE DIMESYLATE	CAPSULE	77,857	82,922	87,489	88,725	91,085	93,947
	TABLET,CHEWABLE			179	739	1,259	1,652
METHYLPHENIDATE	PATCH, TRANSDERMAL 2..	2,187	1,299	858	864	975	829
	TABLET,DISINTEGRATING..				13	22	12
METHYLPHENIDATE HCL	CAPSULE, ER SPRINKLE, B..		3	3	52	72	73
	CAPSULE,EXTENDED RELE..	3,035	3,438	4,619	4,045	1,314	565
	CAPSULE,EXTENDED RELE..	4,321	4,678	3,371	2,996	2,438	1,147
	SOLUTION, ORAL	540	509	454	540	557	496
	SUSPENSION,EXTENDED ..	307	562	861	198	8	
	TABLET	60,934	61,146	62,568	64,241	62,463	62,531
	TABLET, EXTENDED RELE..	7,863	7,435	6,608	4,773	4,187	2,892
	TABLET, EXTENDED RELE..	53,065	50,020	49,149	47,166	44,904	25,826
	TABLET,CHEW,IR AND ER ..		21	378	1,260	93	7
	TABLET,CHEWABLE	30	139	372	545	684	451

Risky Prescribing Practices

Nationwide, over 30 percent of overdoses involving opioids also involve benzodiazepines, a type of prescription sedative commonly prescribed for anxiety or insomnia. Common benzodiazepines include diazepam (Valium), alprazolam (Xanax), and clonazepam (Klonopin). Combining opioids and benzodiazepines can be unsafe because both types of drug sedate users and suppress breathing – the underlying cause of overdose fatality – in addition to impairing cognitive functions. Maine's PMP provides clinical alerts to prescribers when a patient has overlapping prescriptions for these two types of medications, and also allows public health officials to track the prevalence of this co-prescribing practice.

The following graph depicts the number of days for which patients have overlapping prescriptions for an opiate medication and a benzodiazepine medication. By examining the percentage of patient days for which there was overlap between these two medications ("concurrent prescriptions"), public health officials gain a better understanding of the prevalence of this risky prescribing practice in Maine. In Q3 2020, there were 3,498,776 patient prescription days for opiate medications (orange bar) for which 465,067 patient prescription days overlapped with a prescription for a benzodiazepine medication (blue bar). Thus, the prevalence rate for concurrent prescriptions for Q3 2020 was 13.3%.

Patient Days With Concurrent Prescriptions for Opiates and Benzodiazepines

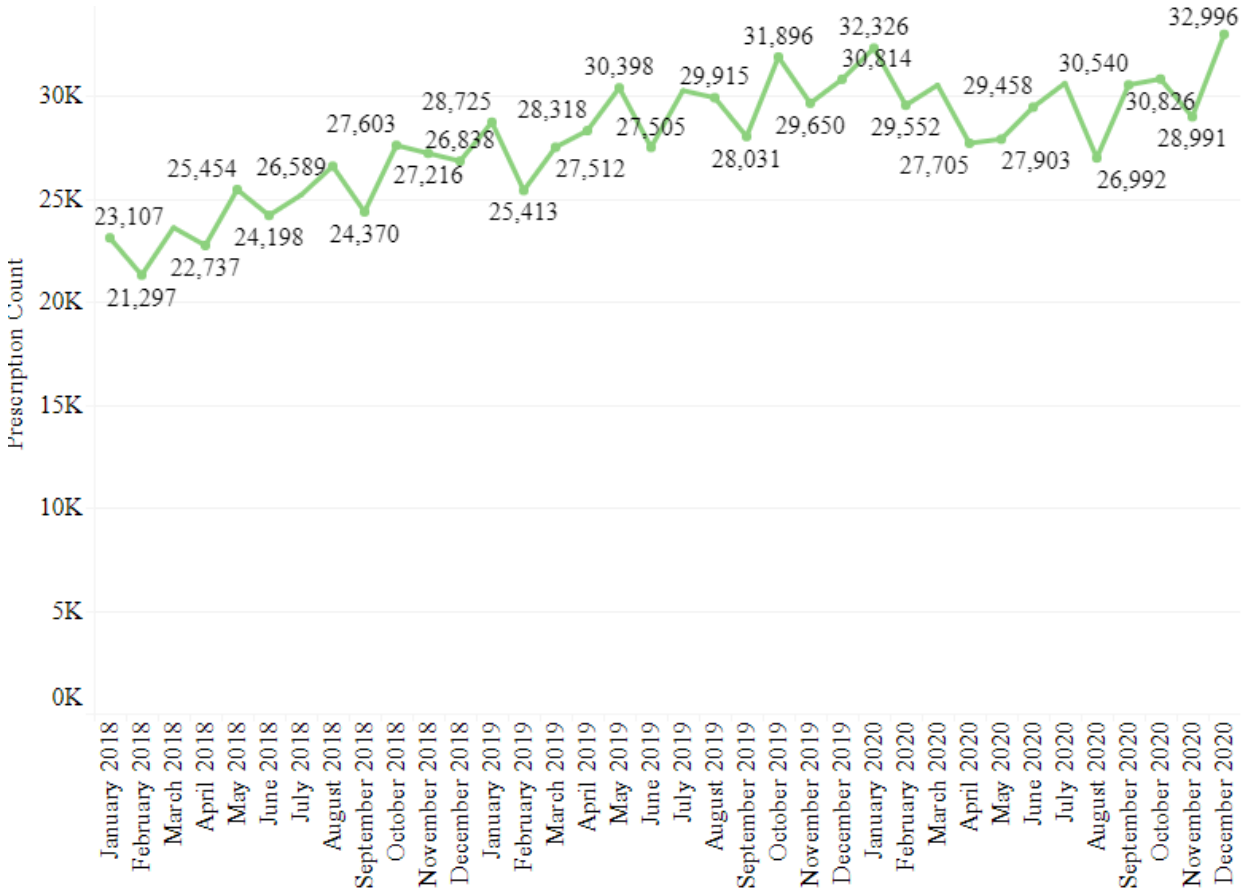


The numerator (blue bar) depicts the number of patient days for which there were overlapping prescriptions for a benzodiazepine and an opiate medication; the denominator (orange bar) represents the total number of opiate prescription days, and the measure % represents the percentage of patient prescription days for which there is overlap (the measure of prevalence.)

Prescription of Buprenorphine for Medication Assisted Treatment (MAT) of Opioid Use Disorder

Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat opioid use disorder (OUD) as a medication-assisted treatment (MAT) method. As with all medications used in MAT, buprenorphine is meant to be prescribed as part of a comprehensive treatment plan that includes counseling and other behavioral therapies to provide patients with a whole-person approach.

Number of Buprenorphine Prescriptions Dispensed by Month

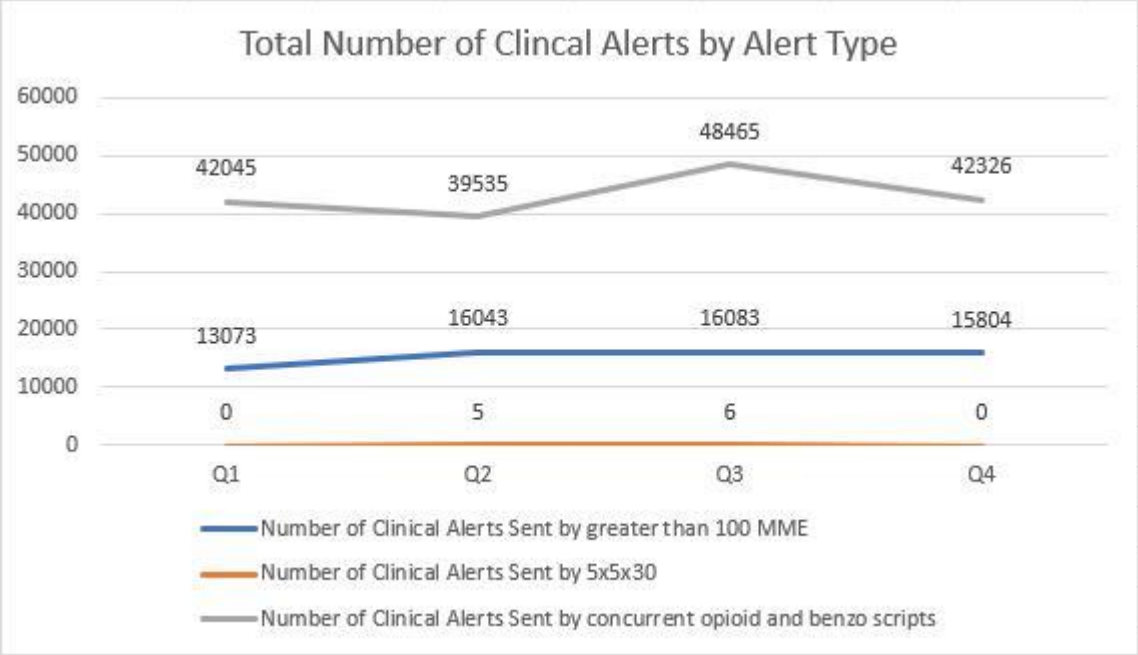


Note: Only prescriptions for buprenorphine that are filled at a retail pharmacy are entered into Maine's PMP. Prescriptions dispensed at hospital clinics are not required to be reported to the PMP.

Clinical Alerts

Maine's PMP provides automatically generated alerts to clinicians under certain circumstances where additional clinical attention may be warranted due to increased risk for abuse or overdose:

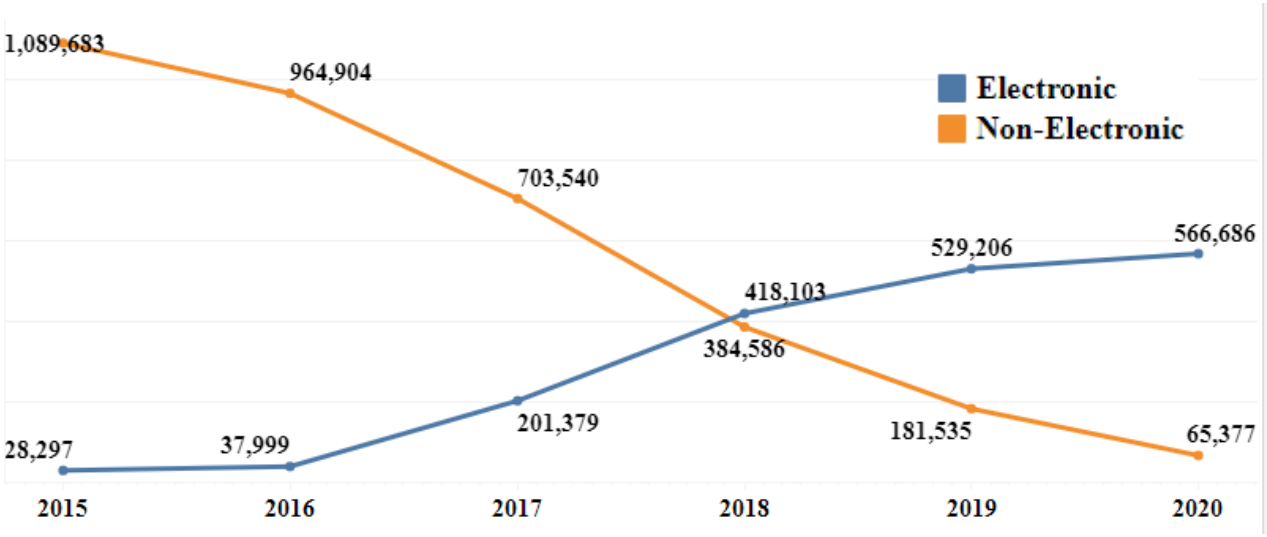
- Prescription of an opiate medication that exceeds 100 MME/day
- Patient with five or more controlled substance prescriptions from different providers dispensed at five or more pharmacies within 30 days
- Patient with concurrent prescriptions for opiate and benzodiazepine medications



Electronic Prescribing

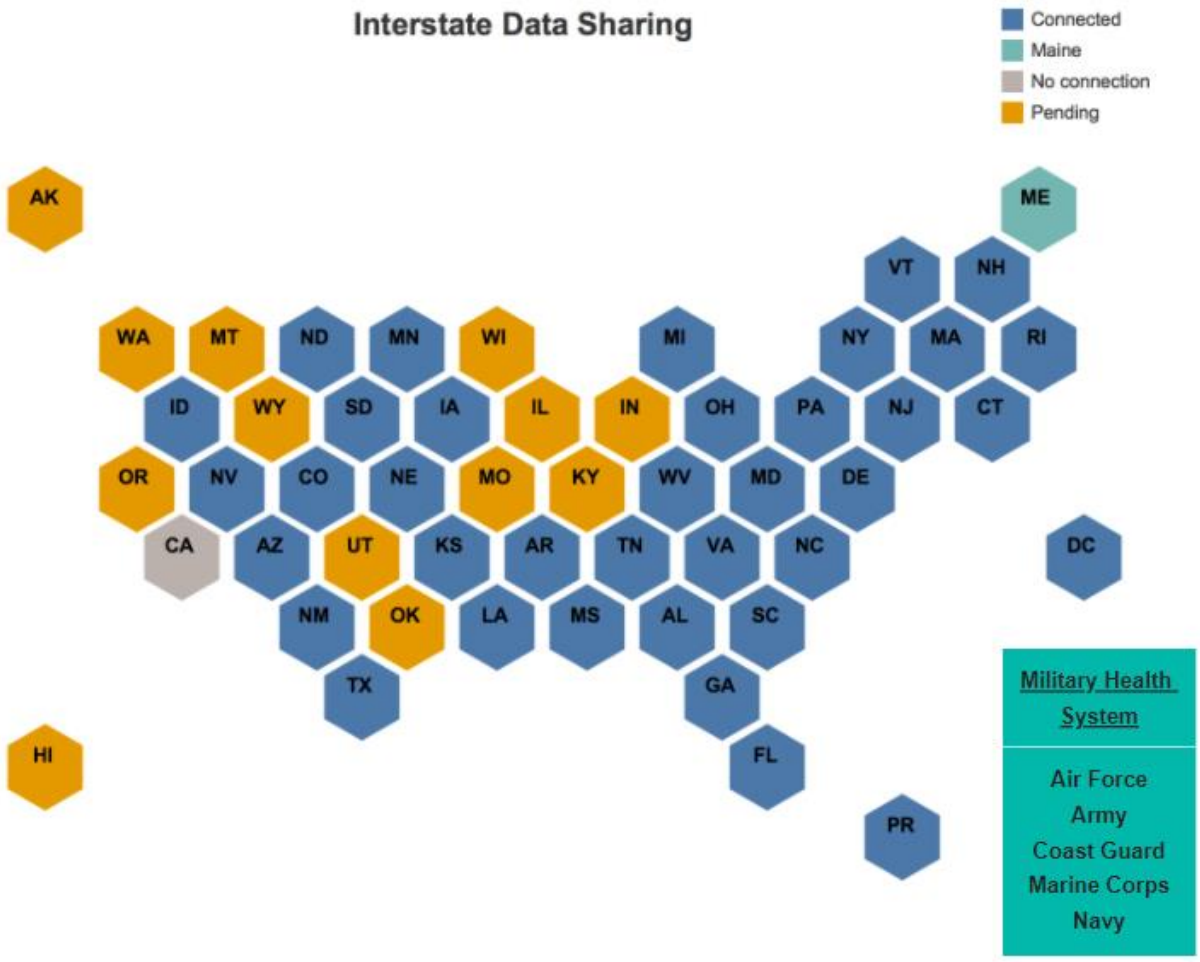
As of August 1, 2017, prescribing clinicians in Maine are required to prescribe any opiate medication by electronic means. This measure is intended to enhance the ability of the State to electronically track prescriptions of opiate medications and avert potential abuse, misuse and diversion.

Opiate Prescriptions Issued Electronically vs. Non-Electronically



Sharing PMP Data With Other States

The following map represents the implementation of PMP data-sharing agreements with other states and federal health systems. Maine is currently connected to and sharing data with 34 other PDMPs, and an additional 13 data sharing relationships are pending at this time. Each state entity that is enabled to share data through the PMP data sharing module utilized by Maine has been contacted and regular follow ups will continue to be scheduled until a connection is established.



New Brunswick, Canada is currently engaged in an RFP process to procure a PMP system vendor. Maine's Office of Behavioral Health has bimonthly calls with New Brunswick to facilitate sharing of prescription data monitoring data.