Prescription Monitoring Program Report

2024 Annual Report

01/01/24 to 12/31/24

Required by:

PL 2017, c. 460
22 §7258(8)

Submitted by:
Maine Department of Health and Human Services
Office of Behavioral Health
Prescription Drug Monitoring Program

Contents

Section 1: Background and 2024 Activities

1A: Requirements of the Annual Prescription Monitoring Program (PMP) Report

Pursuant to P.L. 2017, Ch. 460, the department shall provide to the joint standing committee of the Legislature having jurisdiction over health and human services matters at the beginning of each year and at such other times as the committee requests the following information:

- The aggregate number of prescriptions of each drug required to be included in the program [Section 2 and Appendix A],
- The number of prescribers participating in the program categorized by specialty [Section 3],
- Historical trends or patterns in prescribing practices within the State [Section 4],
- Progress in the implementation of information-sharing agreements authorized by subsection 4-A [Section 5], and
- Additional information, as requested by the committee.

1B: Functions of the PMP

The PMP utilizes a vendor-operated database platform that supports a wide range of activities, tools, and features to support the Maine PMP in achieving its goals and objectives. Currently, the PMP platform functions in the following ways.

Database	Provides a statewide database of all controlled substances (schedule II-V) dispensed to individuals in Maine by licensed pharmacies.
	Available via an online portal or embedded directly into electronic health records.
	Contains 5 years of controlled substance prescription history.
Clinical Tool	Provides information about individual patient risk factors to support informed decision-making by prescribers.
	Generates alerts for prescribers about medication combinations or higher-risk prescribing practices
	Deters misuse and diversion by maintaining a centralized record of prescriptions
Peer Comparison	Allows prescribers to view their prescribing practices compared to their peers and published state thresholds for higher-risk prescribing patterns.
Monitoring	Enables the development and monitoring of key metrics related to higher-risk prescribing patterns (i.e., high-dose opioids, opioid-benzodiazepine co-prescribing), trends over time, areas of concern, and opportunities for support.
Reporting Tool	Supports reporting and information sharing through its analytic platform to facilitate population analysis of prescribers, dispensers, and patients.

1C: Definitions

- Delegate: A staff member authorized by a prescriber or pharmacist to access PMP data on their behalf.
- Lorazepam Milligram Equivalents (LME): A standardized value that compares benzodiazepine doses and potency.
- Medications for the Treatment of Opioid Use Disorder (MOUD): The three FDA-approved prescription medications for OUD; the PMP tracks only one, buprenorphine, typically in the form of buprenorphine-naloxone.
- Morphine Milligram Equivalents (MME): A standardized value utilized to compare opioid doses and potency; doses greater than 100 MME per day require the use of an exemption code in Maine.
- Opioid full agonist: A drug that fully activates the opioid receptors in the brain; the term 'opiate' is frequently used instead of the more comprehensive 'opioid' (some opioid numbers do not include buprenorphine, a partial agonist).
- Opioid partial agonist: A drug that activates the opioid receptors in the brain differently than a full agonist and causes less respiratory depression.
- Patient report: A report that displays a specific patient's controlled substance prescription activity.
- Substance Use Disorder (SUD): A chronic disease of the brain with specific diagnostic criteria; also called addiction in certain medical settings.
- Total Quantity: The total number of doses for a specific medication (tablets, capsules, patches, or kits, not including liquids).

1D: PMP 2024 Focus Area--Pharmacy Compliance

Timely and accurate data are essential to the PMP's operation. To ensure the submission of high-quality data, the PMP has been enhancing its efforts to build a robust program to monitor, analyze, support, and correct pharmacy data submissions throughout 2024. By adding a new position, the Pharmacy Compliance Coordinator, the PMP has substantially improved pharmacy data submission, review, and maintenance.

Key accomplishments of the PMP Pharmacy Compliance Program in 2024 include:

- Completed a thorough audit of existing pharmacy data.
- Developed and maintained standard operating procedures (SOPs) aligned with state policy and departmental standards.
- Collected feedback from various community partners, organizations, and state offices.
- Developed and delivered pharmacy compliance training, including creating resources for pharmacies and their staff.

1E: PMP 2024 Activities Aligning with State Opioid Response Strategic Action Plan

Priority	2024 PMP Activity & Strategy
Priority A: Build a statewide infrastructure to support evidence-based and community-focused actions in response to Maine's opioid crisis	**Strategy 1**
	• Continued enhancing systems to ensure resource availability and access for individuals with substance use disorder through strategic and coordinated response efforts, collaboration among state offices, and regular feedback solicitation from community partners. • Ensured regular representation at meetings throughout DHHS, including but not limited to DHHS Opioid Coordinating Council, Opioid Data Sharing Committee, Director of Opioid Response Data Meetings, health leadership meetings, and others as requested. • Participated in quarterly meetings with the PMP Advisory Committee, sharing information and soliciting feedback from healthcare leaders, pharmacists, veterinarians, state staff, and other key partners within the state.
	Strategy 4
	• Expanded PMP monitoring to include a program for systematically reviewing pharmacy data to ensure timeliness and accuracy. Revised the data request workflow for authorized entities. • Ensured the PMP remained a robust and secure data system by purging inactive accounts and strengthening data access protocols.
Priority C: Reduce the number of prescribed, illegally trafficked, and unsafely stored opioids	**Strategy 13a**
	• Facilitated a webinar series on topics related to and adjacent to controlled substance prescribing in partnership and harm reduction with the SUD Learning Community. • Ensured access to academic detailing and technical support for providers who are seeking professional development to align with evidence-based practice guidelines.
	Strategy 13b
	• Prescribers with higher rates of controlled substance prescribing than their peers are identified and monitored. Additionally, providers are referred to participate in a voluntary academic detailing program when appropriate.
	Strategy 13c
	• Participated in a continuous quality improvement process to evaluate the algorithm to identify higher-risk prescribing behaviors and developed a tool to support longitudinal monitoring.

	• Developed a tool to monitor higher-risk prescribing over time. • Engaged with peers, other state leaders, and national partners through participation in national PMP committees such as the National Association of State Controlled Substance Authorities and the Prescription Monitoring Information eXchange. • Participated in professional development and networking by attending events such as the PDMP Transfer and Technology Assistance Center, the National Association of State Controlled Substance Authorities conference, and the Rx and Illicit Drug Summit conference.
	Strategy 15
	• Proposed LD 2139, which was enacted to mandate pharmacy reporting of Schedule V controlled substances in the Maine PMP.
Priority D: Build harm reduction skills and improve public understanding that everyone has a role to play in preventing overdoses and saving lives	**Strategy 18**
	• Engaged in outreach to prescribers and healthcare communities to share information and increase public awareness and utilization of harm reduction strategies, opioid overdose reversal medications, low-barrier MOUD, the dangers of co-prescribing opioid and benzodiazepines, and strategies to safely reduce high-dose opioids. • Shared valuable insights on pharmacy disruption responses as an invited speaker at the US CDC Opioid Rapid Response Convening.
Priority E: Reduce the number of fatal and non-fatal overdoses	**Strategy 21**
	• Provided information and consultation to the Maine Naloxone Distribution Initiative Program and the Maine Naloxone Steering Committee.
Priority F: Expand the availability of treatment that is local, immediate, affordable, and most appropriate for the patient	**Strategy 25**
	• Shared data on prescribing patterns of various formulations of buprenorphine, including prescriber types and volume with key partners. (Strategy 25)
Priority G: Increase the proportion of persons with SUD/OUD who seek or are in treatment	**Strategy 27**
	• Maintained a one-page resource for MOUD patients who need to locate a new prescriber on the Office of Behavioral Health webpage. (Strategy 27)

Section 2: Aggregate Numbers of Prescriptions

Table 1 presents the top 25 controlled prescriptions dispensed (or "filled") for persons in Maine during 2024. There was minimal movement in rankings of the top 25 most prescribed medications from 2023 to 2024 with pregabalin moving up 3 spaces, likely due to changes in reporting requirements.

Table 1: 25 Most Frequently Prescribed Controlled Medications in Maine, 2024

Rank	Generic Name	Example Brand Name	Drug Class	Prescription Count
1	buprenorphine products	Suboxone™	opioid partial agonist	298,582
2	dextroamphetamine/ amphetamine	Adderall™	stimulant	269,570
3	oxycodone	generic (immediate release), Oxycontin™ (extended-release)	opioid full agonist	208,553
4	methylphenidate	Concerta™, Ritalin™	stimulant	174,877
5	lorazepam	Ativan™	benzodiazepine	164,133
6	lisdexamfetamine	Vyvanse™	stimulant	147,727
7	hydrocodone/ acetaminophen	Lortab™, Vicodin™	opioid full agonist	129,679
8	clonazepam	Klonopin™	benzodiazepine	116,238
9	tramadol	Ultram™	opioid full agonist	112,866
10	zolpidem	Ambien™	sedative	83,342
11	alprazolam	Xanax™	benzodiazepine	80,146
12	pregabalin*	Lyrica™	anticonvulsant	65,180
13	diazepam	Valium™	benzodiazepine	51,647
14	morphine	generic, Avinza™, Kadian™, MS Contin™	opioid full agonist	50,392
15	testosterone	AndroGel™	hormone	49,997
16	dexmethylphenidate	Focalin™	stimulant	43,531
17	phentermine	Adipex™	stimulant	38,974
18	oxycodone/ acetaminophen	Percocet™	opioid full agonist	33,290
19	hydromorphone	Dilaudid™	opioid full agonist	22,911
20	codeine products	Tylenol™ #3, Robitussin AC™	opioid full agonist	16,826
21	phenobarbital	Luminal™	barbiturate/sedative	15,498
22	fentanyl	Duragesic™ (patch)	opioid full agonist	12,814
23	eszopiclone	Lunesta™	sedative	11,944
24	methadone (for pain)	Dolophine™	opioid full agonist	11,365
25	dextroamphetamine	Dexedrine™	stimulant	8,968

Source: *Maine Office of Behavioral Health*

Section 3: Number of Prescribers Participating

3A: PMP Registration Numbers

This section contains information on all prescribers registered with the Maine PMP.

Table 2: PMP Registrants by Prescriber Type, 2024

Prescriber Type	Distinct Registrants
Physician (MD, DO)	4,847
Nurse Practitioner	2,127
Physician Assistant	1,112
Medical Resident with Prescriptive Authority	478
Dentist	472
Veterinarian	296
Midwife with Prescriptive Authority	63
Podiatrist (DPM)	58
Optometrist	7
Total	**9,460**

***Source**: Maine Office of Behavioral Health*

In 2024, 42% of prescriber registrants did not prescribe a controlled substance. Table 3 displays the number of prescribers writing prescriptions for controlled substances by specialty group. We are only able to report on prescribers by specialty group for the last six months of 2024 due to the vendor's data collection structure.

Table 3: Active Controlled Substance Prescribers by Specialty Group, July-December 2024

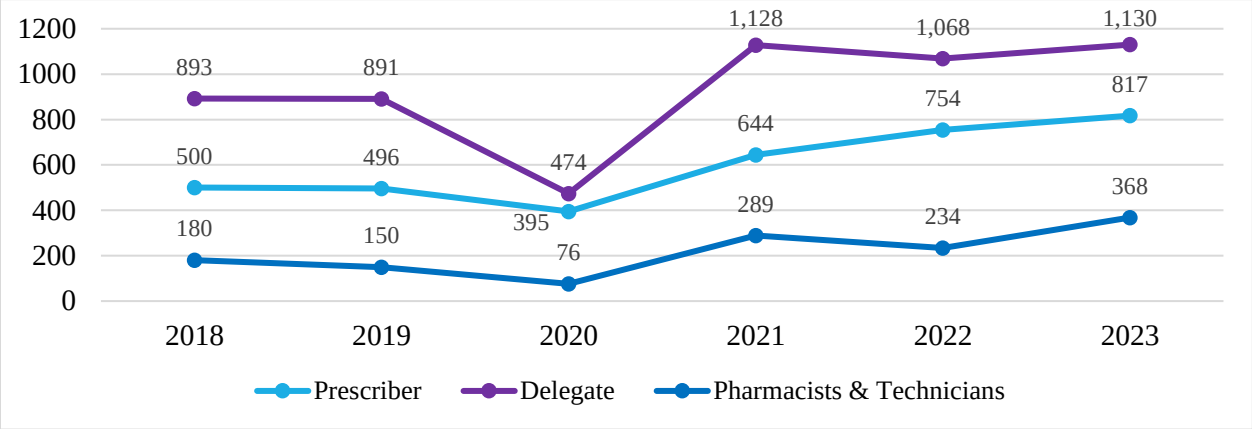
Specialty Group	Controlled Substance Prescribers
Medical (primary and subspecialty care)	2606
Emergency, Acute Care, Hospitalist	642
Psychiatry & Neurology	596
Surgical & Obstetric	553
Veterinary	198
Pediatric	192
Orthopedic	158
Hematology & Oncology	151
Addiction	103
Dental	97
Hospice & Palliative Care	87
Pain & Rehabilitation	76
Oral surgery	37
Podiatry	37
Total	**5,533**

***Source**: Maine Office of Behavioral Health*

3B: PMP Registrants

New registrations for the PMP vary from year to year. The surge of delegate registrations in 2017 was likely the result of the Chapter 488 law passed in 2016. This law had multiple opioid prescribing provisions, including 'Mandatory Use,' which requires checking of the PMP in certain prescribing circumstances. The decreases noted in 2020 are likely artifactual as a transition to a new PMP platform was initiated and subsequently reversed. For several months in 2020, both platforms were operational.

Figure 1: Yearly New PMP Registrants, 2018-2024

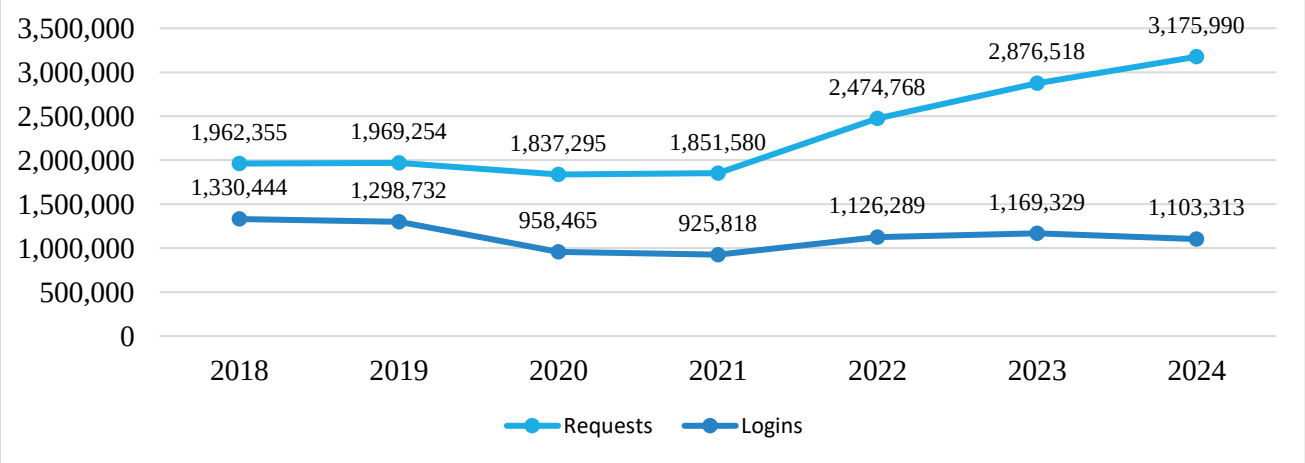


***Source**: Maine Office of Behavioral Health*

3C: Utilization of the PMP

While log-in episodes to the PMP have historically remained steady, the number of patient reports requested has steadily increased, with a 78% increase observed between 2021-2024. Additional information on historical context can be found in Appendix B.

Figure 2: PMP Patient Report Requests, 2018-2024



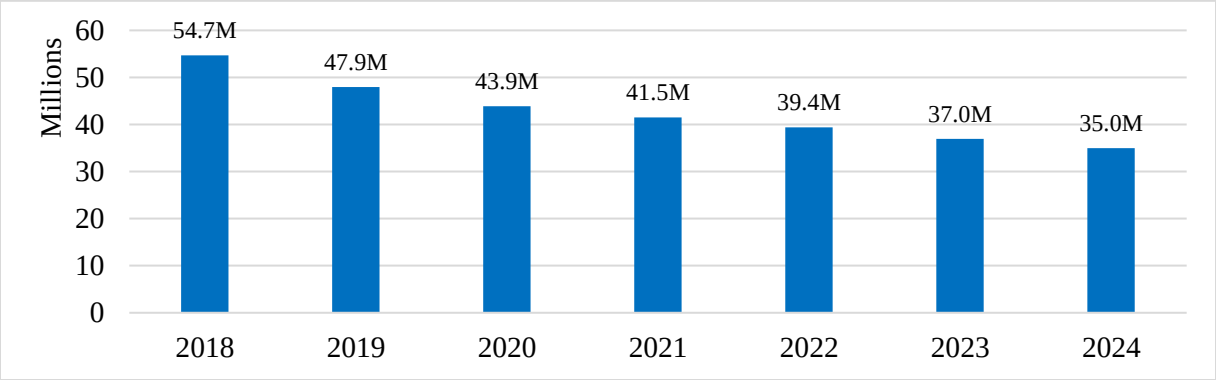
***Source**: Maine Office of Behavioral Health*

Section 4: Trends and Patterns in Prescribing Practices

4A: Opioids

The quantity of opioid doses dispensed in Maine has continued to decrease over the past 10 years after the record high in 2013. Mirroring national trends, the quantity of opioids dispensed decreased by 20%. See Appendix C for additional information regarding MMEs.

Figure 3: Quantity of Opioid Doses Dispensed, 2018-2024

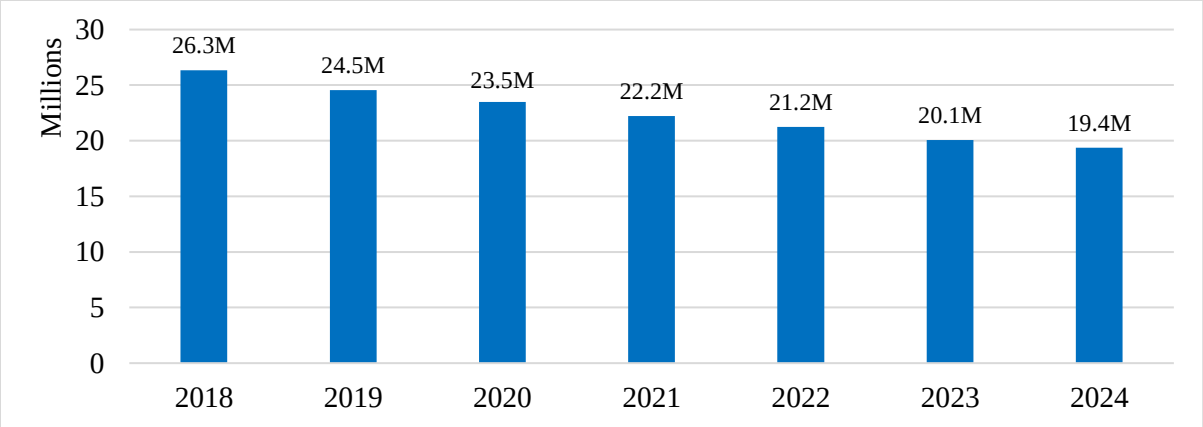


***Source**: Maine Office of Behavioral Health*

4B: Benzodiazepines

The quantity of benzodiazepines dispensed in Maine has decreased steadily in recent years mirroring national trends. Most recently, the quantity of benzodiazepines decreased by 17% from 2020-2024. See Appendix D for additional information regarding LMEs.

Figure 4: Quantity of Benzodiazepine Doses Dispensed, 2018-2024

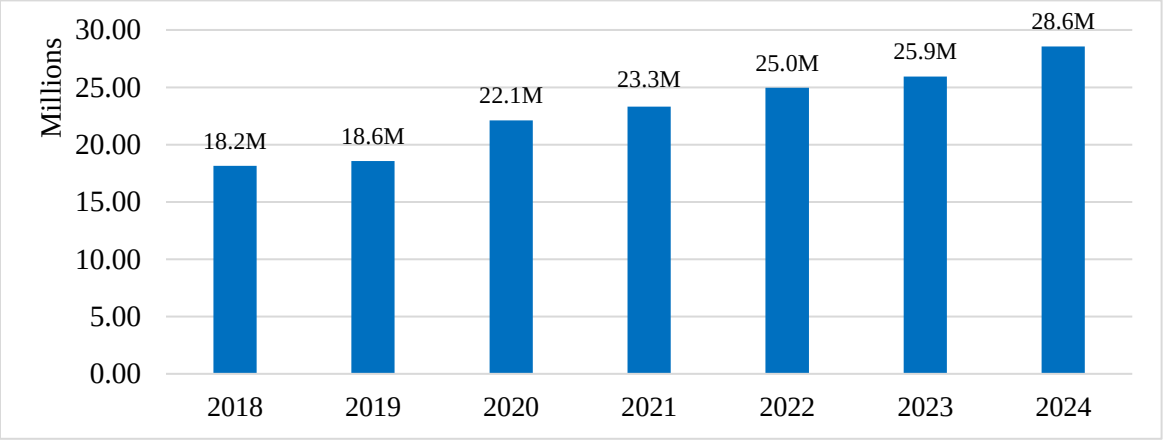


***Source**: Maine Office of Behavioral Health*

4C: Stimulants

Nationwide, the number of stimulant dispensations has increased noticeably in the last five years. In Maine, the number of stimulant dispensations increased from 2020-2024 by 29%.

Figure 5: Quantity of Stimulant Doses Dispensed, 2018-2024

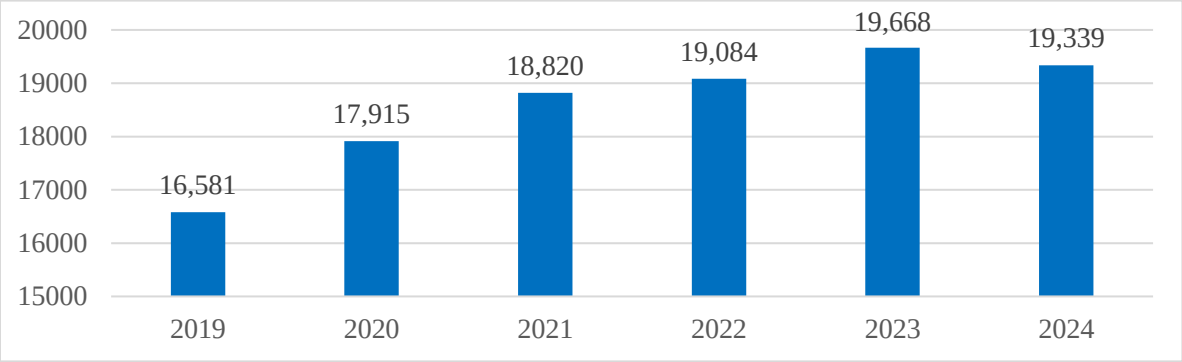


Source: *Maine Office of Behavioral Health*
Note: Due to changes in system functionality, these data should not be compared to prior reports

4D: Medications for Opioid Use Disorder (MOUD)

While three medications are FDA-approved for the treatment of opioid use disorder (OUD), oral/sublingual buprenorphine dispensed by outpatient pharmacies is the only form fully tracked in the PMP. The number of patients receiving at least one buprenorphine prescription each year in Maine has remained over 19,000 for the past 3 years. Due to a system purge, 2018 data is unavailable.

Figure 6: Number of Patients Receiving At Least One Buprenorphine Prescription Each Year, 2019-2024



Source: *Maine Office of Behavioral Health*

4E: Combination Opioid-Benzodiazepine Prescribing

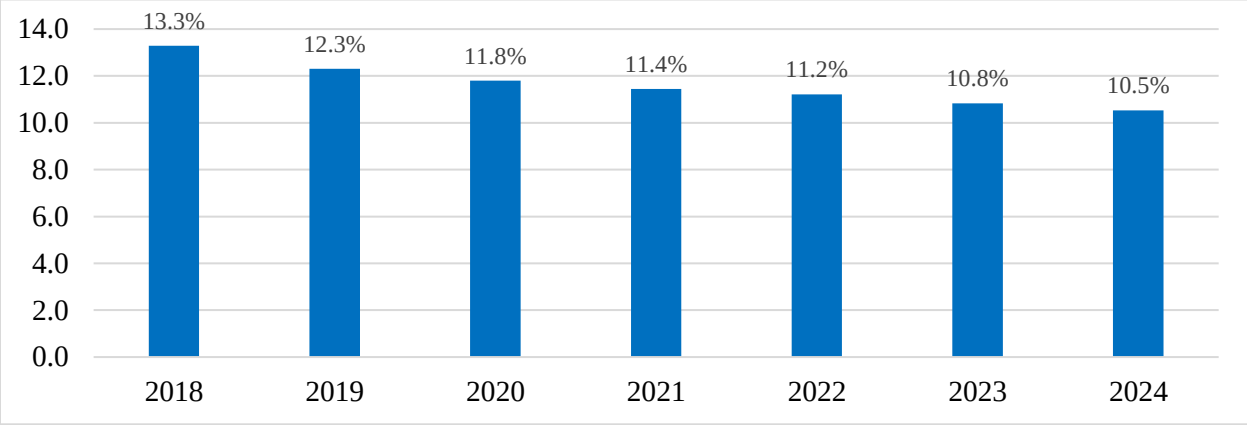
Patients who are prescribed both opioids and benzodiazepines are at a substantially increased risk of unintentional overdose compared to those who take opioids without benzodiazepines. As

such, understanding the number of days where an individual patient is prescribed both an opioid and a benzodiazepine assists in the assessment of this higher-risk practice.

One method to assess this risky practice is to evaluate the percentage of the time that a patient is prescribed both medications compared to those where they are prescribed only one (an opioid or a benzodiazepine).

Figure 7 below illustrates the average number of days each year when a patient was prescribed both an opioid and a benzodiazepine. As illustrated, co-prescribing in Maine has been steadily decreasing after reaching a high of 13.3% in 2018.

Figure 7: Average Percent of Co-Prescribing Days in Maine 2018-2024



Source: *Maine Office of Behavioral Health*

4F: High-Dose Opioid Prescribing

While the 2016 opioid prescribing law, Chapter 488, requires prescribers to use an exemption code on the prescription if prescribing a dose over 100 MMEs, Chapter 21 rules issued jointly by the Maine licensing boards governing prescribers require that patients on doses of greater than 90 MMEs, or who are considered high risk, have a thorough review documented every 1-3 months. The 2022 CDC Opioid Prescribing Guideline advises against setting absolute limits on opioid doses and recommends ongoing individual assessments of the risks and benefits of doses greater than 50 MME. In addition, the height of the opioid dose and the length of time taken are both associated with an increased risk of developing opioid use disorder originating from the use of prescription opioids. Patients on high-dose and/or long-term opioid treatment should not have doses abruptly decreased or rapidly tapered.

Table 4: Count of Patients Receiving over 100 MMEs by County of Patient Residence, 2018-2024

Patient County	2018	2019	2020	2021	2022	2023	2024	2018-2024 reduction
Androscoggin	339	296	207	213	168	171	168	50%
Aroostook	99	95	96	83	79	70	59	40%
Cumberland	749	646	577	484	441	464	467	38%
Franklin	120	110	75	69	51	41	44	63%
Hancock	125	123	105	85	63	73	52	58%
Kennebec	393	327	290	275	246	248	217	45%
Knox	118	80	91	87	66	47	54	54%
Lincoln	119	95	102	102	77	84	88	26%
Oxford	192	163	156	162	121	112	108	44%
Penobscot	465	350	288	272	246	198	187	60%
Piscataquis	50	41	36	27	26	22	19	62%
Sagadahoc	84	78	73	56	47	57	53	37%
Somerset	168	137	117	112	107	102	93	45%
Waldo	118	85	97	74	66	68	58	51%
Washington	79	67	64	49	47	54	43	46%
York	687	553	516	429	372	344	322	53%
State Total	**3,905**	**3,246**	**2,890**	**2,579**	**2,223**	**2,155**	**2,032**	**48%**

Note: *Comparisons with prior annual reports should not be attempted due to changes in measurement.*
Source: *Maine Office of Behavioral Health*

4G: PMP Outreach to Higher Risk Prescribers

Aligned with Governor Janet Mills's vision, the Maine PMP has been expanding its outreach and engagement with the prescribing community as a proactive public health tool to improve controlled substance prescribing. One key activity has been the launch of a program to systematically review prescribing behavior to identify prescribers engaged in dangerous, higher-risk prescribing practices.

Identifying prescribers engaged in higher-risk prescribing practices is done through a comparative process utilizing thresholds specific to medical specialty groups. The thresholds span five critical areas of safe prescribing practices, including:

Metric	Description
1	The number of patients who are prescribed more than 120 MME
2	The number of patients who are prescribed more than 90 MME
3	The number of patients who are prescribed a sedative medication
4	The number of patients who are prescribed an opioid medication
5	The number of patients who are prescribed both an opioid and a benzodiazepine at the same time

Once established, each prescriber within the specialty group is compared to these thresholds. If a prescriber is more than two standard deviations above the mean, the Maine PMP team conducts an initial review to determine the appropriate next steps.

As part of ongoing continuous improvement efforts, the PMP team has been reviewing data to explore the viability of a newer, more precise algorithm to detect higher-risk prescribing. It is important to note that such an exploration is possible because the most substantial outliers are no longer prescribing in Maine. As such, the narrowed pool of prescribing practices allows for a more granular exploration of prescribing patterns.

Higher Risk Prescribing Response & Support

Once identified, prescribers engaged in higher-risk prescribing practices are contacted and provided information on their prescribing compared to their same-specialty peers, as well as information on educational support and professional development.

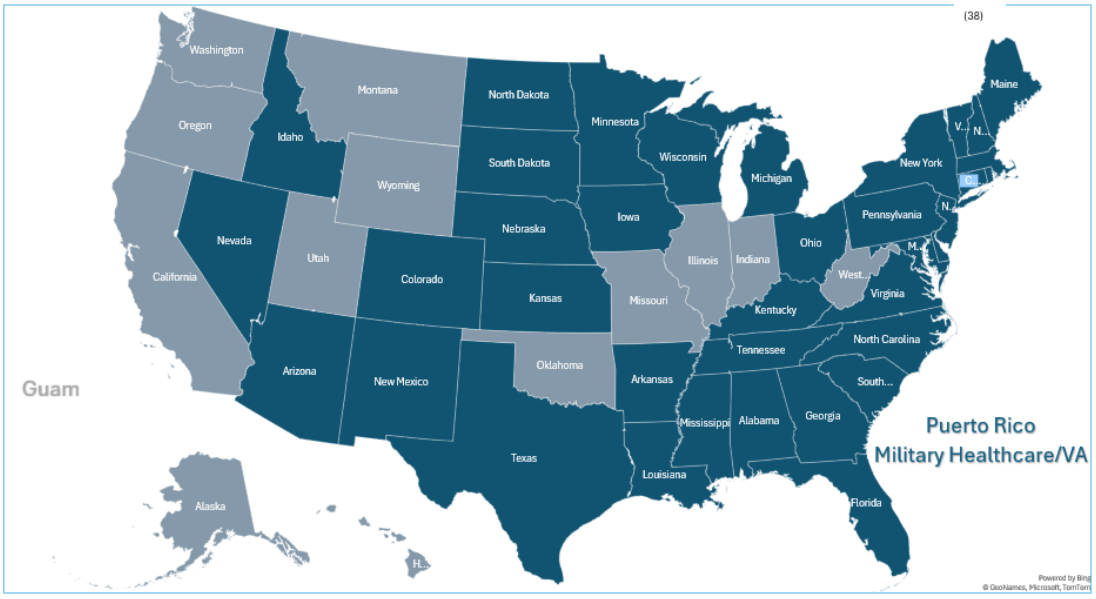
An educational pathway, which provides academic detailing and technical support, is the primary intervention available to individuals or practices engaging in higher-risk prescribing. There are several opportunities for support through this mechanism. The Community Care Partnership of Maine's Controlled Substance Stewardship Program provides a multi-disciplinary committee review of individual patient cases and personalized practice recommendations to prescribers. The PMP also partners with an Academic Detailing program to deliver evidence-based recommendations to individual prescribers one-on-one. Finally, the PMP works with the Maine Substance Use Disorder Learning Community to identify speakers for continuing medical education webinars on topics related to controlled substance prescribing and substance use prevention.

Additionally, when indicated, the PMP can refer a provider to their licensing board for additional investigation. This option is used only in instances where voluntary participation would impact the safety or well-being of many patients. To date, the PMP has referred 21 providers to their licensing board for further evaluation, representing roughly 0.4% of prescribers who prescribe controlled substances in Maine.

Section 5: Interstate Information Sharing

Maine shares PMP data with 39 states/territories/systems. Due to varying regulations in the different states, only registered prescribers (not delegates) have permission to access interstate data sharing. Maine participates in the Prescription Monitoring Information eXchange (PMIX) Standards Organization which maintains national architecture. Maine also follows the national standards of the American Society for Automation in Pharmacy (ASAP) for data reporting to state PMPs.

Figure 8: PMP Interstate Connectivity



Source: *Maine Office of Behavioral Health*

Dark Blue: States with a Maine PMP connection
Light Blue: States without a Maine PMP connection

Appendices

Appendix A: Aggregate Number of Prescriptions of Each Drug Required to be in the PMP

Table A1. Comprehensive Prescribing Numbers

Generic name	Prescription Count	Patient Count
acetaminophen with codeine phosphate	11,185	4,579
alprazolam	80,175	18,272
amphetamine	181	45
amphetamine sulfate	93	28
armodafinil	2,476	435
brivaracetam	2,530	443
buprenorphine	12,141	2,302
buprenorphine HCl	42,397	3,815
buprenorphine HCl/naloxone HCl	244,219	16,821
butalbital/acetaminophen*	91	26
butalbital/acetaminophen/caffeine*	4,729	1,294
butalbital/acetaminophen/caffeine/codeine phosphate*	1,142	229
butalbital/aspirin/caffeine*	1,782	438
butorphanol tartrate	316	36
carisoprodol	4,162	715
cenobamate	1,794	242
chlordiazepoxide HCl*	5,330	1,786
clobazam	4,000	491
clonazepam	116,275	16,905
clorazepate dipotassium	1,150	318
codeine phosphate/butalbital/aspirin/caffeine	497	93
codeine phosphate/guaifenesin	4,644	3,652
codeine sulfate	507	168
daridorexant HCl	399	123
dexmethylphenidate HCl	43,535	5,961
dextroamphetamine	46	16
dextroamphetamine sulfate	8,924	1,300
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate	269,683	32,664
diazepam	51,685	17,945
diethylpropion HCl	67	15
diphenoxylate HCl/atropine sulfate	4,458	1,680
dronabinol	673	284
eluxadoline	314	75
esketamine HCl	3,319	229
estazolam	137	30

estrogens,esterified/methyltestosterone	409	104
eszopiclone	11,948	2,368
fentanyl	12,650	1,875
fentanyl citrate	54	14
fentanyl citrate/PF	112	15
Generic Name	2024	2024
hydrocodone bitartrate	935	157
hydrocodone bitartrate/acetaminophen	123,609	36,498
hydrocodone bitartrate/homatropine methylbromide	2,185	929
hydrocodone polistirex/chlorpheniramine polistirex	2,787	2,034
hydrocodone/ibuprofen	208	48
hydromorphone HCl	22,271	6,718
hydromorphone HCl/PF	636	138
ketamine HCl	4,986	1,418
lacosamide	6,616	1,178
lasmiditan succinate	123	50
lemborexant	571	164
lisdexamfetamine dimesylate	147,801	22,069
lorazepam	164,190	49,088
methadone HCl	11,366	1,130
methylphenidate	892	207
methylphenidate HCl	174,068	23,666
midazolam	1,181	567
midazolam HCl	137	87
midazolam HCl/PF	326	183
modafinil	8,726	1,728
morphine sulfate	50,393	12,503
nandrolone decanoate	163	93
opium tincture	141	27
oxandrolone	38	35
oxazepam	855	140
oxycodone HCl	205,300	73,377
oxycodone HCl/acetaminophen	33,308	10,967
oxycodone myristate	3,291	430
oxymorphone HCl	426	32
perampanel	608	78
phendimetrazine tartrate	107	24
phenobarbital*	15,507	3,149
phenobarbital sodium*	197	84
phentermine HCl	36,622	9,156
phentermine HCl/topiramate	2,387	620

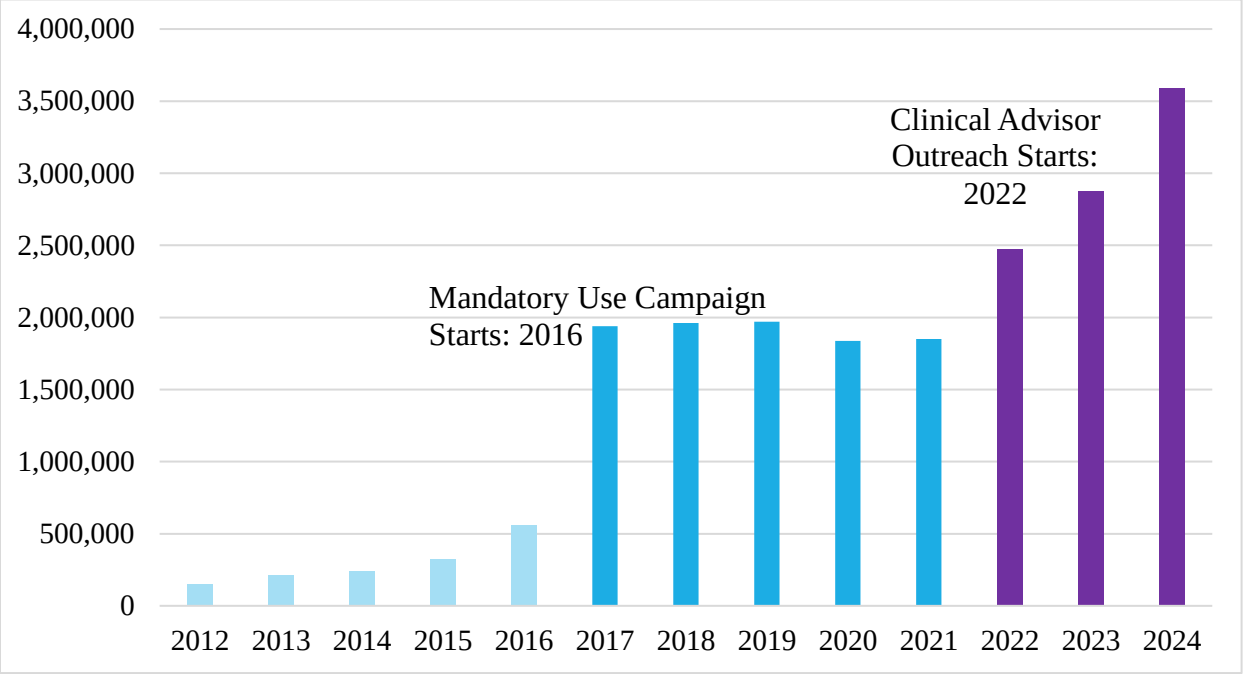
pregabalin	65,227	14,617
promethazine HCl/codeine	145	101
serdexmethylphenidate chloride/dexmethylphenidate HCl	1,150	231
sodium oxybate	337	44
sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate	453	67
solriamfetol HCl	580	114
stanozolol micronized	17	13
suvorexant	1,687	477
tapentadol HCl	565	54
temazepam	7,423	1,321
testosterone	13,727	3,149
testosterone cypionate	28,346	6,971
testosterone cypionate, micronized	267	178
testosterone enanthate	1,279	356
testosterone micronized	5,758	2,202
testosterone propionate	48	22
testosterone undecanoate	613	121
tramadol HCl	112,480	34,466
tramadol HCl/acetaminophen	437	113
triazolam	2,820	1,672
Unspecified	998	383
zaleplon	1,705	520
zolpidem tartrate	83,380	15,381
zuranolone	11	11
Total (prescriptions only)	**2,304,663**	**481,211**

***Some versions of combination medications containing these controlled substances are exempt from controlled substance status/reporting by the DEA*
***Note1**: Medications dispensed to less than 10 patients were redacted to maintain privacy.*
***Note2:** Schedule V medication reporting was voluntary until August 2024 when it became mandatory. Schedule V dispensations are therefore likely to be undercounted.*
***Source:** Maine Office of Behavioral Health*

Appendix B: Maine PMP Patient Report Requests, 2012-2024

Two substantial upticks in PMP patient report requests occurred in the past decade, starting in 2017 and 2022. The Chapter 488 law, passed in 2016, had multiple opioid prescribing provisions, including 'Mandatory Use,' which requires checking of the PMP in certain prescribing circumstances. In 2022, the PMP staff added a clinical advisor with grant funding and initiated a communication campaign to prescribers regarding the Mandatory Use provision. The additional funding and staff correlate with a second uptick in PMP checking.

Figure B1. Event Impacts on Patient Report Requests

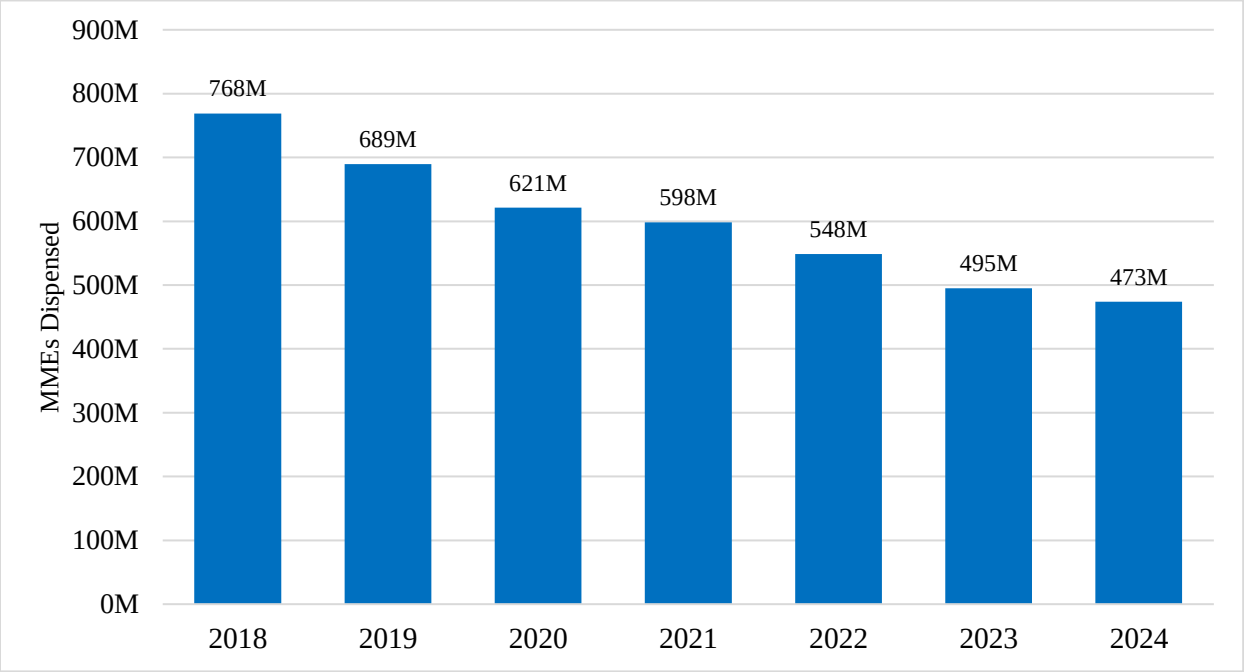


Source: *Maine Office of Behavioral Health*

Appendix C: Morphine Milligram Equivalents (MMEs) Dispensed, 2018-2024

Morphine milligram equivalents (MMEs) are a standardized measurement, equivalent to the amount of morphine in a prescription per day. The higher the MME of an opioid prescription, the higher the risk of nonfatal and fatal accidental overdose, development of opioid use disorder and other side effects.

Figure C1. MME Dispensations Over Time

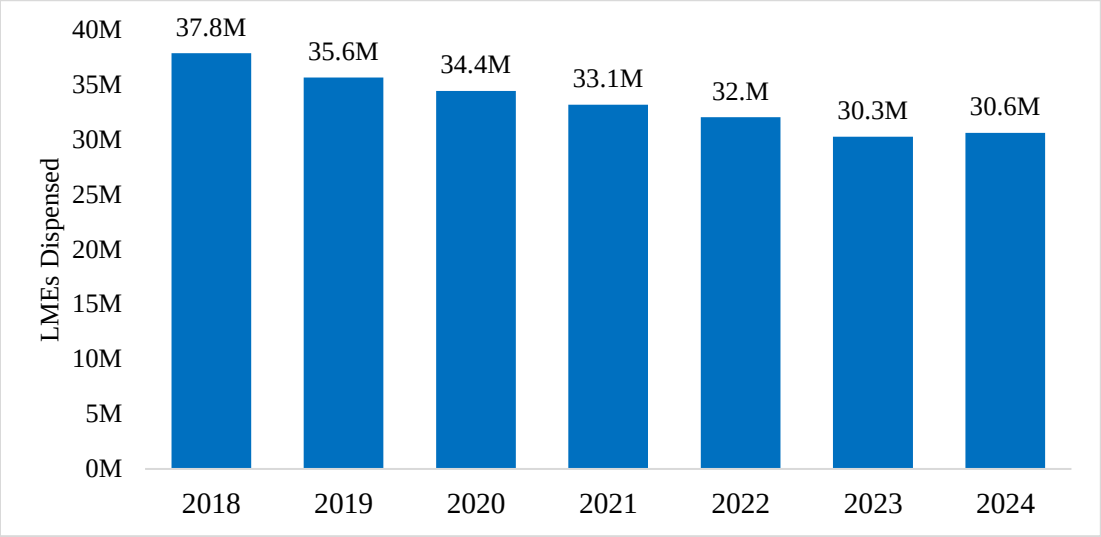


Note: *Excludes doses dispensed in either milliliter or gram form.*
Source: *Maine Office of Behavioral Health*

Appendix D: Average Lorazepam Milligram Equivalents (LMEs) Dispensed, 2018-2024

Lorazepam milligram equivalents (LMEs) are used to assist in standardizing benzodiazepine doses. The higher the LME, the higher the risk of side effects. Some patients are at risk of developing benzodiazepine use disorder from taking prescription drugs. In general, LME numbers have decreased slowly since 2018. Numbers in 2025 will need to be evaluated before making determinations about the slight increase in 2024.

Figure D1. LME Dispensations Over Time



Note: *Excludes doses dispensed in either milliliter or gram form.*
Source: *Maine Office of Behavioral Health*