



**2017-2018
Prescription Drug Monitoring Program
Annual Report**

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Governor

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Message from the Surgeon General and Secretary

It gives me great pleasure to present Florida's 2017-2018 Prescription Drug Monitoring Program (PDMP) Annual Report. The PDMP, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substances Evaluation), exemplifies the Department of Health's (Department) mission to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

This spring, CS/CS HB 21 was passed by the Florida Legislature and signed into law by Governor Rick Scott, expanding required use of the PDMP. The law now requires each prescriber or dispenser or his or her designee to consult the PDMP system to review a patient's controlled substance dispensing history each time a controlled substance is prescribed or dispensed to a patient age 16 or older unless a statutory exemption applies. In addition, the law expanded access to the PDMP to Medical Examiners and employees of the United States Department of Defense and Indian Health Service who provide health care services.

As of June 30, 2018, 62,475 health care practitioners and their designees have registered for access to the PDMP system and have queried their patient-specific information over 45.4 million times. During the report period, there was a 43.1 percent increase in health care practitioner registrations and a 26.6 percent increase in the number of reports requested.

The PDMP has entered into agreements to facilitate integration of PDMP information into electronic health records as well as interoperability between states. Additionally, the PDMP has launched system enhancements to include the release of the NarxCare™ clinical tool, prescriber reports and advanced analytics.

The 2018 Legislature also appropriated recurring funding to support the program's future.

The PDMP is an important resource for clinicians, allowing them to view patients' controlled substance dispensing history, leading to more responsible prescribing practices. We are confident we will begin seeing a positive impact on opioid overdoses and deaths in Florida.

Celeste Philip, MD, MPH
Surgeon General and Secretary



Executive Summary

2009

- 1 in 8 deaths attributable to prescription drug overdose
- June - Governor signed SB 462 into law creating the PDMP
- 2,488 overdose deaths

2010

- 90 of the top 100 physicians purchasing oxycodone were in Florida
- 2,710 overdose deaths

2011

- March- Governor created Statewide Drug Strike Force
- June- Governor signed HB 7095 into law impacting controlled substance distribution, prescribing, and dispensing
- July- Statewide public health emergency declared
- September- implementation of the PDMP
- 2,539 overdose deaths

2012

- CDC classified prescription drug abuse as an epidemic
- Reduction in MPEs
- Reduction in overdose deaths
- 2,090 overdose deaths

2013

- PDMP funded by General Revenue
- Reduction in MPEs
- Reduction in overdose deaths
- 1,916 overdose deaths

2014

- Reduction in MPEs
- Reduction in oxycodone overdose deaths
- 2,062 overdose deaths

As required by section 893.055(14), Florida Statutes, the 2017-2018 Prescription Drug Monitoring Program (PDMP) Annual Report highlights this year's accomplishments in achieving the following outcomes: reduction of the rate of inappropriate use of prescription drugs through education and safety efforts; reduction of the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit; increased coordination among interested parties participating in the PDMP; and involvement of stakeholders in achieving improved patient health care and safety and reduction of prescription drug diversion.

Report Highlights

Increase in Prescriber Enrollment and Utilization –

E-FORCSE staff have provided outreach and education to 64,029 health care practitioners and 667 individuals authorized to conduct investigations resulting in a 43.1 percent increase in registrations and 26.6 percent increase in the number of query requests.

Impact on Prescriber Behavior –

There has been a four percent decrease in the number of days' supply of controlled substances dispensed to patients and a 1.76 percent decrease in the Morphine Milligram Equivalents (MME) per prescription when compared to RY2017. Additionally, of the 35,614 prescribers who received a Prescriber Summary Report for the period of January to June 2018, 10.1 percent or 3,770 prescribers did not write any opioid prescriptions. The Prescriber Summary Report provides a summary of a prescribers' own prescribing history, including a comparison of their prescribing habits compared to the average prescriber of the same specialty, and a summary or graphical representation of their prescribing history.

Impact on Patient Behavior –

Through monitoring and analysis of multiple provider episodes (MPEs), an increase in health care practitioner utilization, and proactive notification to prescribers and law enforcement, Florida has seen a 76.1 percent reduction in the number of individuals having MPEs. One common definition of a multiple provider episode (MPE) is the patient's use of five or more prescribers and five or more pharmacies within three months. Data support that as registration and utilization of E-FORCSE by prescribers and dispensers increases, the number of MPEs decreases.

Introduction

Current Situation

Health care professionals have a crucial role in ensuring the best care for their patients and communities including optimal and safe prescribing for pain management. In the United States more than 115 people died each day in 2016 after overdosing on opioids.¹ In 2017, there were 6,932 individuals who died in Florida with one or more prescription drugs in their system, a four percent increase from the previous year.² Florida is among six states that declared opioid abuse a public health emergency in 2017.³ In response to this public health emergency, the 2018 Florida Legislature passed comprehensive legislation to address the opioid epidemic in Florida.

CS/CS HB 21 Passage

On March 19, 2018 Governor Scott signed the Comprehensive Controlled Substance Bill, CS/CS HB 21, into law increasing regulation on prescribers and dispensers, expanding use of the PDMP, amending criminal laws, and making appropriations.⁴ The law addresses opioid abuse by establishing prescribing limits for acute pain, requiring continuing education on controlled substance prescribing, expanding required use of Florida's Prescription Drug Monitoring Program (PDMP) and more. Under the new law, prescriptions for an opioid listed as a Schedule II controlled substance to treat acute pain are limited to a 3-day supply, and under certain circumstances up to a 7-day supply. However, these prescription limitations do not apply to prescriptions to treat nonacute or chronic nonmalignant pain.

PMP AWARe™ Platform – Launched April 18, 2018

The PDMP transitioned approximately 25,000 active users to a platform, known as PMP AWARe™. PMP AWARe™ provides several key features, including: ability to identify substance abuse earlier, proprietary patient-matching algorithms for improved data accuracy, easy logins, and faster search responses, flexibility and scalability to meet the states demands, and support for data metrics and reporting requirements. PMP AWARe™ also allows for the integration of PDMP information into an electronic recordkeeping system or pharmacy management system. Additionally, the PDMP implemented several system enhancements, including the NarxCare™ clinical tool, prescriber report summaries and advanced analytic capabilities.

NarxCare™ - Launched September 6, 2018

NarxCare™ is a comprehensive platform used to identify, prevent and manage substance use disorder. It aggregates and analyzes prescription information from providers and pharmacies and presents interactive, visual representations of that information, as well as advanced analytic insights, and complex risk scores to help physicians and pharmacists provide better patient safety and improve patient outcomes. NarxCare™ includes narcotic scores, predictive risk scores, prescription graphs, and PDMP data. The

Prescription Drug Abuse Epidemic: Florida Timeline (cont.)

2015

- June- Governor signed HB751 creating the Emergency Treatment & Recovery Act authorizing Naloxone use
- PDMP funded by General Revenue
- Reduction in MPEs
- 2,530 overdose deaths

2016

- March- CDC releases Guidelines for Prescribing Opioids for Pain
- April – Governor signed SB964 into law authorizing direct access by designees and indirect access by impaired practitioner consultants
- April – Governor signed SB1604 into law creating a written pamphlet regarding controlled substances including specific information
- Reduction in MPEs
- Reduction in MMEs
- PDMP funded by General Revenue
- 3,550 overdose deaths

2017

- May- Governor issued an Executive Order- Public Health Emergency
- June- Governor signed HB557 into law mandating dispensers report by the next business day; authorizes access by employees of VA
- 3,684 overdose deaths

2018

- March- Governor signed HB21 into law increasing regulation of prescribers and dispensers, expanding use of the PDMP, amending criminal laws, and making appropriations.
- Launched PMP AWARe platform, NarxCare clinical tool, advanced data analytics and prescriber summary reports.



primary purpose of providing NarxCare™ scores is to raise the health care practitioners' awareness to the associated PDMP data available for review. Concerning NarxCare™ scores are intended to trigger a discussion, not a decision. If a NarxCare™ score raises concern, the recommended course of action is to evaluate the PDMP data, review any additional pertinent data, and discuss any concerns with the patient.

Prescriber Report Solution Feature - Launched September 18, 2018

The prescriber report feature provides a summary of a prescribers' own prescribing history, including a comparison of their prescribing habits compared to the average prescriber of the same specialty, and a summary or graphical representation of their prescribing history. The report may include condensed descriptions of patient prescription records, risk status, and other relevant information. Reports are created and electronically delivered to prescribers automatically on a quarterly basis, providing information regarding current prescribing volumes, behaviors and PMP use, as well as the ability to track any changes in these metrics over time. Comparisons with peer groups are meant to give prescribers a point of reference. The PDMP recognizes that no two practice settings are identical. Additionally, the report is not intended to be an indication of prescriber or patient wrongdoing.

PMP Advanced Analytics - Launched September 28, 2018

The PMP Advanced Analytics product includes a robust and ever-expanding suite of interactive dashboards designed to provide PDMP staff easy access to answers for a multitude of stakeholder questions. The self-service function allows PDMP staff to build custom reports and the interactivity of the pre-built dashboards provides drill-down capabilities allowing further exploration of the data. The tool provides data visualizations, benchmarking and trend review. Examples of the dashboards and analysis include: dispensing detail by prescriber specialty, prescriber license type, county and drug schedule; PDMP registration and activity detail; daily and total MME distribution; buprenorphine activity; overprescribing thresholds and prescriber outliers; geo-analysis and mapping of patient, prescriber, and pharmacy; patient overutilization thresholds and outliers; and pharmacy compliance with data submission and error correction analysis.

Along with the implementation of CS/CS HB 21, these system enhancements will increase the Department's capacity to prevent and reduce opioid related morbidity and mortality and positively impact the health of Floridians.



Legal Framework

Summary of Statutory Changes

Section 893.055, Florida Statutes, requires the Department to maintain an electronic system to collect and store controlled substance dispensing information to release as authorized in section 893.0551, Florida Statutes. The system must not infringe upon the legitimate prescribing or dispensing of a controlled substance by a prescriber or dispenser. Below, Table 1 summarizes PDMP and related legislation passed from 2009 through 2018.

Table 1. History of legislation by year and bill number.

Year	Bill Number	Summary of Changes
2009	SB462	Created section 893.055, F.S., establishing the PDMP.
	SB440	Created section 893.0551, F.S., exempting information contained in the PDMP from public record requirements.
2010	SB2772	Amended sections 893.055 and 893.0551, F.S., establishing a definition for “program manager,” and requiring the program manager to work with certain stakeholders to promulgate rules setting forth indicators of controlled substance abuse. It also authorized the program manager to provide relevant information to law enforcement under certain circumstances.
2011	HB7095	Amended section 893.055, F.S., reassigning the duties of the Governor’s Office of Drug Control to the Department; to require reports be made to the PDMP within seven days of dispensing rather than 15 days; to prohibit the use of certain funds to implement the PDMP; and to require criminal background screening for all individuals who have direct access to the PDMP.
2013	HB1159	Appropriated \$500,000 of nonrecurring general revenue funds for the general administration of the PDMP for fiscal year 2013-2014.
2014	HB7177	Amended sections 893.055 and 893.0551, F.S., renewing the public record exemption and requiring law enforcement and investigative agencies to enter a user agreement with the Department. In addition, it limits the information shared with a criminal justice agency and requires the disclosing person or entity take steps to ensure the continued confidentiality of the information, redacting any non-relevant information at a minimum. Finally, any information related to a criminal case shared with a state attorney may only be released in response to a discovery demand and any unrelated information requires a court order to be released.
2015	SB2500A	Appropriated \$500,000 of general revenue funds for the general administration of the PDMP for fiscal year 2015-2016.
2015	HB751	Created section 381.887, F.S., establishing the Emergency Treatment and Recovery Act, authorizing certain health care practitioners to prescribe and dispense an emergency opioid antagonist to a patient or caregiver under certain

		conditions; authorizes storage, possession, and administration by a patient or caregiver and certain emergency responders; provides immunity from liability; and provides immunity from professional sanction or disciplinary action.
2016	SB964	Amended sections 893.055 and 893.0551, F.S., authorizing direct access to the information in the PDMP for designees of prescribers and dispensers and authorizing indirect access for impaired practitioner consultants.
2016	SB1604	Created section 893.30, F.S., establishing the "Victoria Siegel Controlled Substance Safety Education and Awareness Act" requiring the Department to develop a written pamphlet relating to controlled substances which includes specific educational information and make available to health care practitioners, and entities to disseminate and display. The Department shall also encourage consumers to discuss the risks of controlled substance abuse with their health care providers.
2017	HB557	Amended section 893.055, F.S., requiring dispensers of controlled substances in schedules II-IV, to report to the department dispensing information no later than the close of the next business day; clarifies the exemption from reporting of information for a rehabilitative hospital, assisted living facility, or nursing home dispensing certain dosage of controlled substance as needed; authorizes access to the database by an employee of the United States Department of Veteran Affairs under certain conditions.
2017	HB5203	Amended section 893.055, F.S., authorizing the department to use state funds appropriated through the General Appropriations Act to fund the administration of the Prescription Drug Monitoring Program
2017	HB7097	Amended section 893.055, F.S., extending the repeal of the Direct Support Organization for the Prescription Drug Monitoring Program until October 1, 2027.
2018	CS/CS HB21	Amended sections 893.055 and 893.0551, F.S., requiring mandatory consultation of the PDMP, expanded access by prescribers and dispensers at the US Department of Defense and Indian Health Service; expanded access to Medical Examiners; authorized the exchange of information between states and integration into an electronic recordkeeping system.

Rule Development

Section 893.055, F.S., directs the Department to adopt rules as necessary concerning reporting, accessing, evaluation, management, development, implementation, operation, and storage of information within the PDMP database. The Department collaborated with stakeholders, including licensure boards, professional membership organizations, and other state agencies to develop rules appropriate for implementation of the PDMP. The PDMP promulgated rules in



Chapter 64K, Florida Administrative Code, (F.A.C.), to provide a framework for the administration of the program.

The Department has engaged in rulemaking to implement the new requirements set forth in CS/CS HB 21. A notice of proposed rulemaking has been published and includes the following changes: (1) expands the definition of controlled substances to include schedule V and to conform with federal schedules; (2) expands information reported to the PDMP to include patient telephone number, pharmacy permit number and name of individual picking up prescription and type of identification provided; (3) updates forms; (4) outlines the registration process for an employee of the United States Department of Veterans Affairs, Department of Defense, Indian Health Service, medical examiners and patients to access information stored in the database; and (5) establishes the process for integration of information into the electronic health recordkeeping system.⁵

Regulatory boards are in the process of developing disciplinary guidelines for failure to consult the PDMP prior to prescribing or dispensing controlled substances.

Florida PDMP Funding

Since implementation of the PDMP in 2009, there have been four sources of funding for the administration of the program, as outlined below.

1. **General Revenue** – CS/CS HB21 was passed by the 2018 Florida Legislature and authorizes the Department to use state funds appropriated through the General Appropriations Act to fund the administration of the PDMP. The Florida Legislature has authorized general revenue appropriations of \$500,000 for administration of the PDMP for FY2013-14, FY2015-16, FY2016-17 and FY2017-18. CS/CS HB21 authorizes \$873,089 in recurring funds and \$117,000 in non-recurring funds for FY2018-19.
2. **Private Fundraising** – The Florida PDMP Foundation (Foundation), Inc., is a 501(c)(3), not-for-profit organization incorporated with the Florida Department of State. The Foundation operates as a direct support organization for the Department to provide funding and support for the PDMP. Since its formation, the Foundation has raised over \$2.2 million and has provided \$1,010,513 to fund the administration of the PDMP.
3. **Federal Grants** - The PDMP has been awarded seven federal grants totaling \$3,192,741, which are based on specific projects outlined in the grant application and only a limited portion (if any) may be used to offset infrastructure, personnel, and facility expenses. The PDMP has applied for and was awarded six Harold Rogers PDMP grants from the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and one grant from the Substance Abuse and Mental Health Services Administration.
4. **Private Grants** - The PDMP was awarded three grant awards from the National Association of State Controlled Substance Authorities totaling \$49,952. These private grant funds were used to create a website, to purchase office equipment, and to purchase promotional items.

Grant Funded Projects

The PDMP has relied on grant funding to offset system implementation enhancement costs to the system. The Department has received federal funding through seven grants to implement and enhance the PDMP. Each grant funds specific projects outlined in the grant application and below is a summary of our current project.

PDMP Implementation and Enhancement Project 2018-PM-BX-0003

Award Amount: \$749,270 over 24 months

Project: *Reducing Opioid Abuse and Overdose Deaths in Florida through Expanded Access to E-FORCSE Data.*

The Department was awarded the 2018 Comprehensive Opioid Abuse Site-based Program (competitive grant announcement number BJA-2018-13891) requesting funding under category 5, to enhance the Florida Prescription Drug Monitoring Program (PDMP) system, known as E-FORCSE.

Project Goals: The goals of this project are to: (1) reduce opioid abuse and the number of overdose deaths; and (2) support the proactive use of PDMP information by health care practitioners and public health policymakers to prevent the misuse and diversion of controlled substances.

Project Objectives: This will be achieved through the following objectives:

1. Expand integration of E-FORCSE information into clinical workflow;
2. Expand interstate data sharing;
3. Enhance the analytic capabilities of the E-FORCSE system; and
4. Expand existing outreach and education efforts.

Performance Measures

This report contains information on the operation of the program including basic program and system metrics, status of key operational objectives, and findings from various program evaluation activities. The overall goal of this report is to provide information to guide the operation of the PDMP program, assess PDMP utilization, answer questions about the impact of PDMP information on clinical practice and patient outcomes, and to evaluate the impact of the PDMP on community health.

Technical Notes

The current report year (RY) covers the period July 1, 2017 (Q3-Q4 2017) to June 30, 2018 (Q1-Q2 2018). Direct year-to-year comparisons in the report are based on report years. Trend analyses are based on calendar year (CY). In this report, controlled substance means any substance named or described in schedules II through IV of section 893.03, Florida Statutes. After July 1, 2018, controlled substance includes substances named or described in schedules II through V of section 893.03, Florida Statutes.

Performance measures need to be consistently measured during each performance period so that analysts can rule out any system-level changes that may lead to fluctuations in the data. For example, we have noted in prior years' annual reports when such system-level changes are



likely to impact data interpretation (e.g. incorporation of data from the U.S. Department of Veterans Affairs, tramadol reporting, hydrocodone rescheduling, etc.) and include a timeline of events in the report for the readers.

This year, the PDMP and the Department of Health have made many changes in their operations (e.g. change in database platform, legal requirements for mandatory use) during this reporting period that could lead to changes in the data used for performance measures. It is beyond the technical scope of this report to describe these changes in full detail but we urge caution and follow-up with PDMP staff before drawing conclusions from data presented herein. PDMP staff have worked diligently to account for such changes to avoid presenting information that might be misinterpreted as prescribing changes.

Outcomes

To assist in fulfilling program responsibilities, the Department has identified and is reporting outcomes related to its efforts to reduce the rate of inappropriate use of prescription drugs through education and safety efforts; reduce the quantities of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit; and to increase coordination among partners and stakeholders to achieve improved patient health care and safety and reduce prescription drug abuse and drug diversion.

1. OUTCOME: Reduction of the rate of inappropriate use of prescription drugs through Department education and safety efforts.

- A. PERFORMANCE MEASURE: The number of licensed prescribers, dispensers, and authorized law enforcement officers trained in the use of the state's PDMP.

All prescribers licensed in Florida, which includes advanced registered nurse practitioners, dentists, medical doctors, optometrists, osteopathic physicians, physician assistants, and podiatric physicians are authorized to access the PDMP, regardless of whether or not they prescribe controlled substances. There are 138,525 prescribers licensed in the state, of which 77,027 are registered with the Drug Enforcement Administration⁶ to prescribe controlled substances. PDMP staff have provided outreach and education to 64,696 prescribers, dispensers, and individuals authorized to conduct investigations. Outreach and education efforts for prescribers increased by 49.2 percent from 27,621 prescribers in RY17 to 41,217 in RY18. There were 439,982 individuals who visited the E-FORCSE website during RY18, a 1.19 percent decrease (Table 2).

Table 2. The number of individuals trained in the use of Florida's PDMP, RY17 to RY18.

Individuals Trained to Use E-FORCSE	RY17 (No.)	RY18 (No.)	Change (%)
Licensed prescribers in the state ⁷	131,144	138,795	5.6%
Licensed prescribers formally and informally trained in the use of E-FORCSE	27,621	41,217	49.2%
Licensed pharmacists in the state ⁸	30,247	31,606	4.5%
Licensed pharmacists formally and informally trained to use E-FORCSE	21,899	22,812	4.2%



Certified Law Enforcement Officers ⁹	51,205	46,830	-8.5%
Individuals authorized to conduct investigations formally and informally trained ¹⁰ to request & receive information	558	667	19.53%
Individuals visiting website www.e-forcse.com	445,300	439,982	-1.19%

B. PERFORMANCE MEASURE: Multiple provider episode rates based on number of individuals visiting 5/10 number of prescribers and 5/10 number of dispensers in a 90-day period.

Using the data in this performance measure demonstrates the value of the PDMP as a clinical decision-making tool to reduce prescription drug abuse, misuse and diversion. One common definition of a multiple provider episode (MPE) is patient use of five or more prescribers and five or more pharmacies within three months. Data support that as registration and utilization of E-FORCSE by prescribers and dispensers increases, the number of MPEs decreases.

During January 1, 2012 to March 31, 2012, E-FORCSE data indicated there were 2,864 individuals who had one or more controlled substance prescription drugs prescribed to them by more than five prescribers and dispensed at more than five pharmacies in a 90-day period. By the end of the second quarter of 2018 (April 1, 2018 to June 30, 2018), there was a 76.1 percent reduction or 684 individuals visiting more than five prescribers and more than five pharmacies within 90 days (Figure 1). During the same initial period, 105 individuals had one or more prescription drugs prescribed to them by more than 10 prescribers and dispensed at more than 10 pharmacies in a 90-day period. By the end of the second quarter of 2018 (April 1, 2018 to June 30, 2018), there was an 82.9 percent reduction or 18 individuals visiting more than 10 prescribers and more than 10 pharmacies within 90 days (Figure 1).

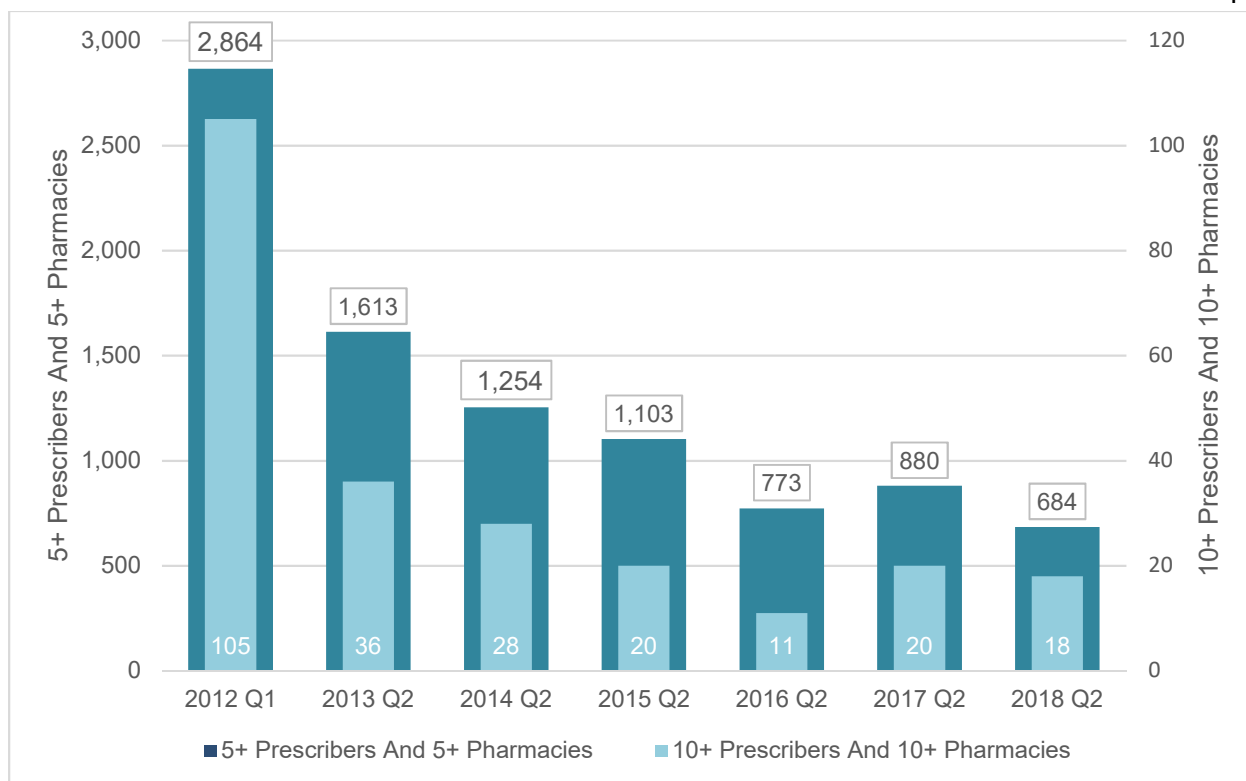


Figure 1. Number of individuals obtaining controlled substance prescriptions in schedules II-IV from 5/10 or more prescribers and 5/10 or more dispensers within a 90-day period, 2012 to 2018.

C. PERFORMANCE MEASURE: The number of prescriber summary reports generated in a six month period.

A new system feature launched in September provides a summary of a prescribers' own prescribing history, including their ranking compared to the average prescriber of the same specialty, and a summary or graphical representation of their prescribing history. Providing a prescriber with relevant and accurate information can positively influence his or her prescribing of controlled substances. Informing prescribers of their standing among their peers and providing insightful, concise data summaries of patients meeting risk criteria may also assist them with their treatment decisions. A prescriber can access the prescriber summary report from the PMP AWARxE™ website in the same manner as they would request a patient prescription history report.

During the initial reporting period, January 1 through June 30, 2018, of the 35,614 prescribers who received a Prescriber Summary Report, 10.1 percent or 3,770 prescribers did not write any opioid prescriptions. Of the reports generated, 16.3 percent or 5,788 prescribers wrote other controlled substance prescriptions. Additionally, 7,448 (20.9%) of prescribers wrote less than 7 days' supply of opioids for 95 percent or more of their patients and 8,723 (24.5%) prescribed less than 7 days' supply of opioids for 5 percent or less of their patients.

Table 3: Number of Prescriber Report Summaries made available during January to June 2018.

Summary of Prescriber Reports	January to June 2018 Total
Report Generated	35,614
Prescribers did not write any Opioid	3,770
Prescribers did not write any Opioid / Other CS Prescription	5,788
Prescribers prescribed less than 7 days of opioids for 95% or more of their patients	7,448
Prescribers prescribed less than 7 days of opioids for 5% or less of their patients	8,723

2. OUTCOME: Reduction of the quantity of pharmaceutical controlled substances obtained by individuals.

- A. PERFORMANCE MEASURE: The number of days' supply, prescription quantity, and total MME reported to the PDMS.

There are 20,984,400 residents in Florida, of whom 6.33 million have been prescribed one or more controlled substances in RY18, a decrease of 3.8 percent. Table 4 illustrates there were 33,024,567 controlled substance prescriptions dispensed to Florida patients during RY18, a 4.64 percent decline from the prior year. This represents a total days' supply of 837,485,829, a decrease of 4.00 percent and a total prescription quantity of 1,830,948,955, a 6.34 percent decrease from RY17. Also, there was a 1.76 percent decline in the total MMEs dispensed to Florida patients in RY18. The number of prescriptions per capita is 1.6, a 6.13 percent decline from RY17.

Table 4. The number of days' supply, prescription quantity, and total MME by report year and percentage of change.¹¹

Data Characteristics	RY17			RY18	
	RY16	RY17	RY16-17 Change (%)	RY18	RY17-18 Change (%)
Number of Patients	6,620,000	6,580,000	-0.060%	6,330,000	-3.80%
Days' Supply	890,262,558	872,382,267	-2.01%	837,485,829	-4.00%
Prescription Quantity	2,020,265,458	1,954,851,568	-3.24%	1,830,948,955	-6.34%
Prescriptions	35,790,629	34,632,577	-3.24%	33,024,567	-4.64%
Total MME	21,818,277,406	21,629,004,821	-0.87%	21,248,818,861	-1.76%
Days' Supply per Rx	24.9	25.2	1.27%	25.4	0.68%
Rx Quantity per Rx	56.4	56.4	0.00%	55.4	-1.78%
Total MME per Rx	609.6	624.6	2.46%	643.4	3.02%
Population	20,268,567	20,656,589	1.86%	20,984,400	1.91%
Days' Supply per Capita	43.9	42.2	-3.85%	39.9	-5.50%
Rx Quantity per Capita	99.7	94.6	-5.06%	87.3	-7.80%
Prescriptions per Capita	1.8	1.7	-5.05%	1.6	-6.13%
Total MME/Capita	1,076.5	1,047.1	-2.73%	1,012.6	-3.29%

B. PERFORMANCE MEASURE: The number of patients who have received one or more controlled substance prescriptions and the number of prescribers who have issued one or more controlled substance prescriptions

Figure 2 illustrates the number of patients who have received one or more controlled substance prescriptions and the number of prescribers who have issued one or more controlled substance prescriptions. On average, the number of patients who received one or more controlled substances each month decreased by 3.5% percent (67,146) from RY17 to RY18.

Prescriber counts fluctuate with regularity, there is a noticeable decline in the summer months (vertical line shows June of each report year) with an increase in the winter months. This is because out-of-state prescribers can write prescriptions for controlled substances for their patients that can be filled by a Florida dispenser.

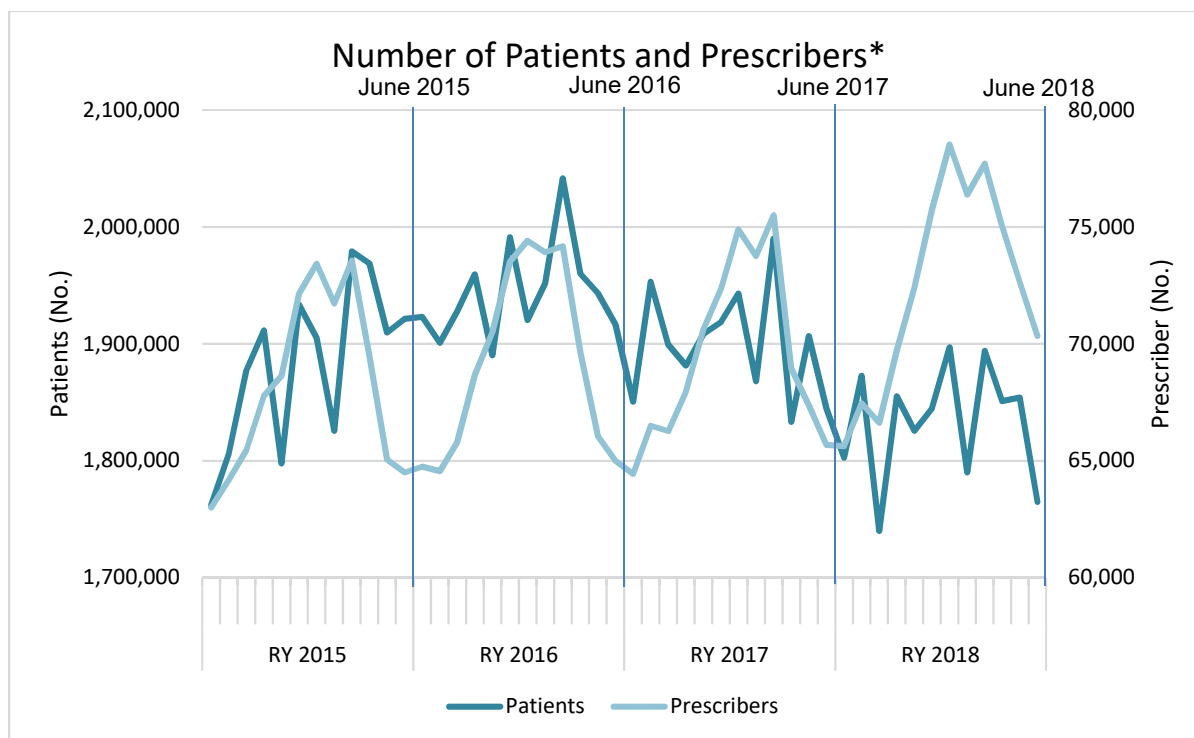


Figure 2. Number of patients and prescribers by report year. ¹²

C. PERFORMANCE MEASURE: Number of prescriptions and percentage of total prescriptions of the most commonly dispensed controlled substances.

Hydrocodone SA, oxycodone SA and alprazolam were ranked the top three most commonly dispensed controlled substances for a third year in a row, representing 38.71 percent of the total controlled substances dispensed in RY18. Amphetamine had the largest year-to-year increase of 9.29 percent. Drugs with the largest year-to-year decreases in dispensing were hydrocodone SA (-8.69 percent) and temazepam (-7.77 percent).

Table 5. The number of prescriptions and percentage of total prescriptions of the top 10 most commonly dispensed controlled substances to Florida residents.

Drug	Brand Example	Drug Class	RY17		RY18		RY17/18 Change* (%)
			No.	%	No.	%	
Hydrocodone SA	Vicodin	O	4,861,901	14.12	4,439,221	13.38	-8.69%
Oxycodone SA	Percocet	O	4,364,256	12.68	4,242,005	12.79	-2.80%
Alprazolam	Xanax	B	4,275,234	12.42	4,161,133	12.54	-2.67%
Tramadol SA	Ultram	O	2,888,578	8.39	2,778,497	8.38	-3.81%
Zolpidem	Ambien	M	2,248,537	6.53	2,139,415	6.45	-4.85%
Clonazepam	Klonopin	B	2,077,930	6.04	2,034,811	6.13	-2.08%
Lorazepam	Ativan	B	1,729,871	5.02	1,693,052	5.1	-2.13%
Amphetamine	Adderall	S	1,431,361	4.16	1,564,285	4.72	9.29%
Temazepam	Restoril	B	1,361,513	3.95	1,255,734	3.79	-7.77%
Phentermine	Lomaira	S	1,143,955	3.32	1,110,681	3.35	-2.91%

B=Benzodiazepine, O=Opioid, S=Stimulant, M=Miscellaneous, rank refers to the current reporting period. * Percent change may vary due to ability to identify new products and their associated national drug codes.



3. OUTCOME: Increased coordination among partners participating in the PDMP.

- A. PERFORMANCE MEASURE: The number of authorized users who have requested and received controlled substance dispensing information by user type.

The increased coordination among partners participating in the PDMP can be measured in terms of the number of authorized users who have requested and received controlled substance dispensing information. Overall, health care practitioner registrations increased 43.1 percent from 43,658 in RY17 to 62,475 in RY18. Health care practitioner queries increased 26.6 percent from 35,834,243 to 45,360,286, when compared to RY17 (Table 6).

Table 6 illustrates medical doctors have the highest registration (33.9 percent of total users), while pharmacists have the highest utilization rate (53.2 percent of total queries).

To increase utilization of the PDMS, direct access was expanded with passage of CS/CS HB21 authorizing health care practitioners employed by the Department of Veteran Affairs, Department of Defense and Indian Health Service who are not licensed in Florida to request information from the PDMS. Federally-employed practitioners are required to submit proof of licensure in another state and employment verification information to be granted access.

Table 6. Health care practitioner registration and utilization by license type, report year and percentage change.

License Type	RY18 Licensees (No.)	RY18 Users (No.)	RY18 Users (%)	RY17 Users (No.)	% Change Users RY17/18 (%)	RY18 Queries (No.)	RY17 Queries (No.)	% Change Queries Ry17/18 (%)
ARNP	25,740	4,538	17.6%	3,314	36.9%	1,454,361	993,302	46.4%
DN	14,283	2,461	17.2%	1,064	131.3%	42,017	27,962	50.3%
ME	75,729	21,154	27.9%	15,034	40.7%	14,751,979	11,653,724	26.6%
OPC	3,332	12	0.4%	15	-20.0%	58	18	222.2%
OS	9,120	3,291	36.1%	3,185	3.3%	3,318,423	2,607,733	27.3%
PA	8,687	2,475	28.5%	2,108	17.4%	994,627	699,277	42.2%
PO	1,904	406	21.3%	226	79.6%	31,713	19,748	60.6%
PS	31,606	12,427	39.3%	17,852	-30.4%	24,136,941	19,757,284	22.2%
DEL	N/A	15,618	N/A	860	1716.0%	629,978	75,195	737.8%
FEP*	N/A	93	N/A	N/A	N/A	189	N/A	N/A
TOTAL	170,401	62,475	36.7%	43,658	43.1%	45,360,286	35,834,243	26.6%

ARNP=Advanced Registered Nurse Practitioner; DN=Dentist; ME=Medical Doctor/Allopathic Physician; OPC=Certified Optometrist; OS=Osteopathic Physician; PA=Physician Assistant; PO=Podiatric Physician; PS=Pharmacist; DEL=Designee; FEP=Federally-Employed Practitioner - VA prescribers *FEP registration and access began on July 1, 2018.

Certain law enforcement and investigative agencies may request controlled substance prescription information from the program manager during an active investigation related to prescribed controlled substances. Active investigations may involve potential criminal activity, fraud, theft, and other specific crimes related to controlled substances. During the reporting



period, law enforcement and investigative agencies have appointed 275 authorized users to request information. There has been a 14.9 percent increase in the number of requests from 4,961 in RY17 to 5,698 (Table 7).

Indirect access to information in the PDMS was expanded with passage of CS/CS HB21 authorizing district medical examiners to request information to determine the cause of death of an individual.

Table 7. Investigative agency registration and utilization by agency type.

Agency	RY17 Users (No.)	RY18 Users (No.)	Change RY17/18 (%)	RY17 Requests (No.)	RY18 Requests	Change RY17/18 (%)
Law Enforcement	339	264	-22.1%	4,922	5,491	11.6%
Attorney General's Medicaid Fraud Unit	2	7	250.0%	9	121	1,244.4%
Department Investigative Services Unit	1	1	0.0%	21	15	-28.6%
Impaired Practitioner Consultant	2	3	50.0%	9	71	688.9%
TOTAL	344	275	-20.1%	4,961	5,698	14.9%

4. OUTCOME: Involvement of stakeholders in achieving improved patient health care, safety, and reduction of prescription drug abuse and prescription drug diversion.

- A. PERFORMANCE MEASURE: The number of proactive notification reports sent to prescribers and law enforcement.

To improve patient health and increase patient safety, PDMP staff developed and implemented a proactive reporting program encompassing prescribing practitioners and law enforcement. The goal of the program is to utilize MPE data to provide quarterly notifications for review by the appropriate professional.

Proactive prescriber notifications are designed to educate the prescriber that their patient has exceeded the threshold level of controlled substance prescriptions, as established by rule 64K-1.007, Florida Administrative Code. Notification allows the prescriber an opportunity to have a candid conversation with their patient about their chronic pain and treatment options. Proactive law enforcement notifications are designed to educate investigators on situations where individuals may be exploiting communication gaps in the health care environment to obtain multiple controlled substance prescriptions (i.e. MPEs).

To provide MPE information to practitioners at the point-of-care, patient-specific MPE risk factors have been incorporated into the summary section of the new patient history report. Additionally, the new quarterly Prescriber Report Summary provides the prescriber with an overview of the number of patients seen that quarter with potential MPE risk behaviors. The PDMP program staff will continue to evaluate other opportunities for separate patient-specific proactive MPE notifications.

During the period of July 1, 2017 to December 31, 2017, PDMP staff provided 104 prescriber proactive notifications and 21 law enforcement proactive notifications (Table 8). Proactive



notifications were suspended through the end of CY18 to support PMP AWAARx[™] platform migration and CS/CS HB21 implementation.

Table 8. Proactive notification reports by type, RY17 and RY18, percent change.

Proactive Notification	Reports RY17 (No.)	Reports RY18 (Q1&2 only) (No.)
Prescriber	217	104
Law Enforcement	39	21
TOTAL	256	125

B. PERFORMANCE MEASURE: The rate of deaths reported by medical examiners that indicate controlled prescription drug use as the primary or contributing cause of death.

The *Drugs Identified in Deceased Persons by Florida Medical Examiners 2017 Report*¹³ illustrates that the mortality rate of several commonly tracked substances has increased compared to prior years.

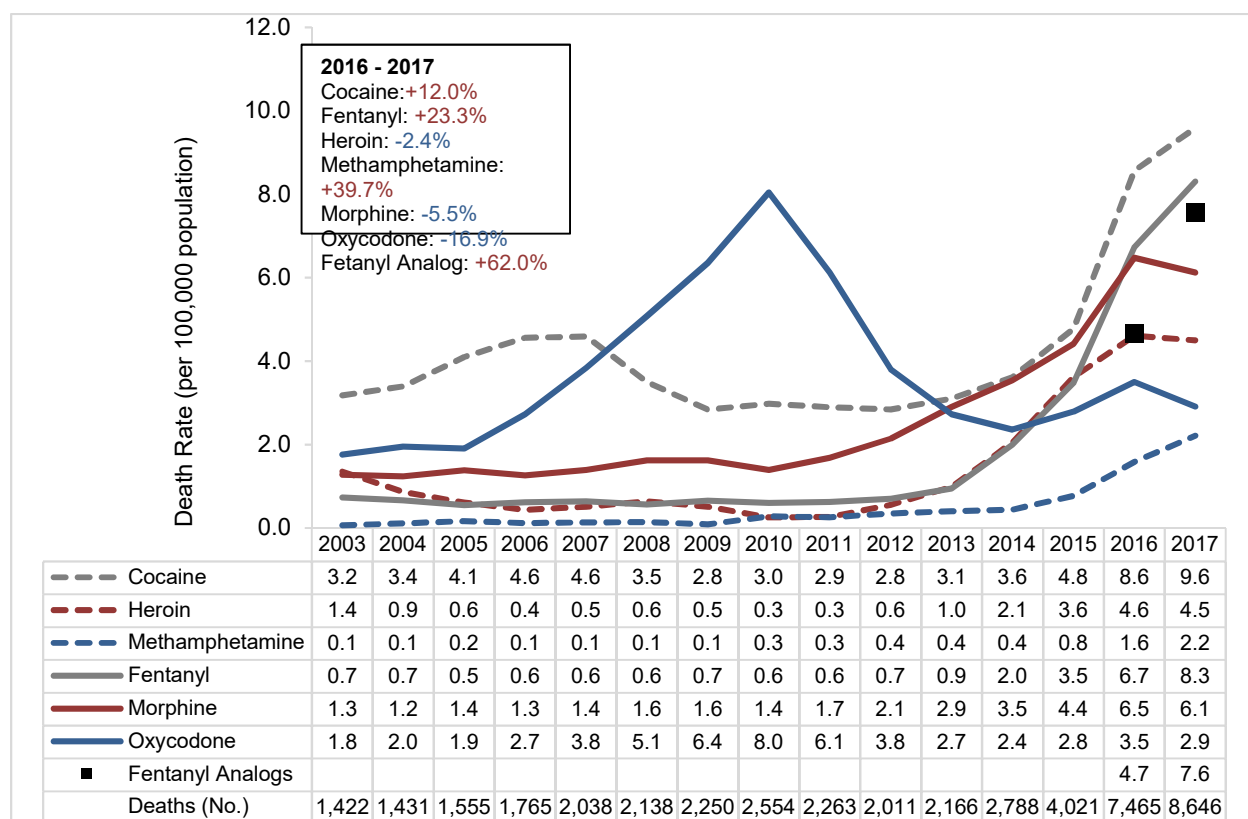


Figure 3. Mortality rate for select drugs from 2003 to 2017.

C. PERFORMANCE MEASURE: The number of Florida substance abuse treatment admissions by substance type.

The Treatment Episode Data Set (TEDS) is maintained by the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA). The TEDS system includes records for substance abuse treatment admissions annually. Data shown here are routinely collected by states to monitor their individual substance abuse treatment systems (Figure 4).¹⁴

The “other opiates” category includes admissions for non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects. Treatment admissions for other opiates increased from 5,657 in 2016 to 7,292 in 2017. Since 2012, heroin admissions have increased from 2,003 to 8,114 in 2017, a 305.1 percent increase. Alcohol treatment admissions are shown for reference.

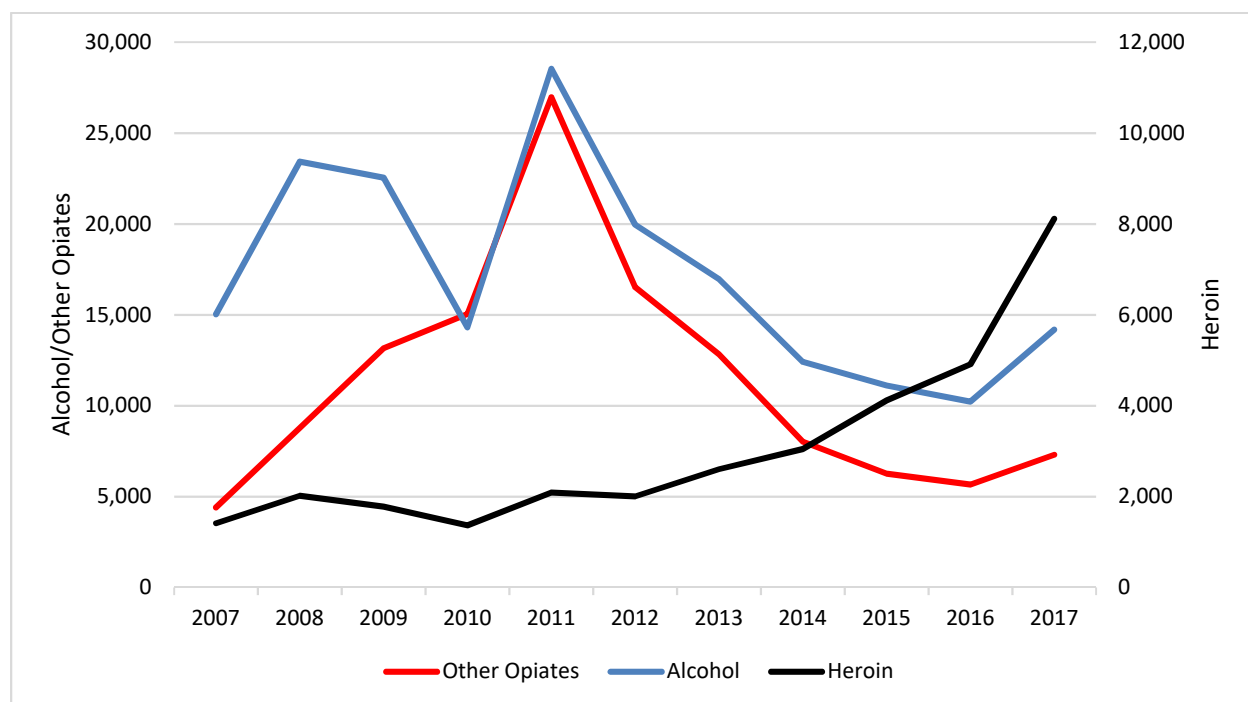


Figure 4. Florida substance abuse treatment admissions, TEDS, 2007-2017.

Conclusion

E-FORCSE continues to be a critical tool in the fight to protect the health and safety of Floridians by reducing misuse and abuse of controlled substances and controlled substance related deaths, while supporting sound clinical practice in the prescribing and dispensing of controlled substances.

With the passage of CS/CS HB 21, each prescriber or dispenser must consult the PDMP system to review a patient's controlled substance dispensing history each time before a controlled substance is prescribed or dispensed to a patient age 16 or older unless a statutory exemption applies. This includes any controlled substance in schedules II through V, except non-opioid schedule V.

With the integration of NarxCare™ into the clinical workflow through electronic health recordkeeping systems and pharmacy management systems, mandatory use of the PDMP should be seamless. The use of NarxCare™ should raise a health care practitioners' awareness to PDMP data available for review. The prescriber and dispenser will be provided narcotic scores, predictive risk scores, prescription graphs, along with PDMP data. If a NarxCare™ score raises concern the recommended course of action is to evaluate the PDMP data, review any additional pertinent data, and discuss any concerns with the patient. The scores are intended to trigger a discussion, not a decision.

An additional tool provided to prescribers this year is the Prescriber Summary Report. The prescriber report feature provides a summary of a prescribers' own prescribing history, including a comparison of their prescribing habits compared to the average prescriber of the same specialty, and a summary or graphical representation of their prescribing history. The reports are created and electronically delivered to prescribers automatically on a quarterly basis, providing information regarding current prescribing volumes, behaviors and PDMP use, as well as the ability to track any changes in these metrics over time. The report is not intended to be an indication of prescriber or patient wrongdoing.

The PMP Advanced Analytics tool is another product launched this year that includes a robust and ever-expanding suite of interactive dashboards allowing PDMP staff to build custom reports and the interactivity of the pre-built dashboards provides drill-down capabilities allowing further exploration of the data. The tool provides data visualizations, benchmarking and trend review. Examples of the dashboards and analysis include: dispensing detail by prescriber specialty, prescriber license type, county and drug schedule; PDMP registration and activity detail; daily and total MME distribution; buprenorphine activity; overprescribing thresholds and prescriber outliers; geo-analysis and mapping of patient, prescriber, and pharmacy; patient overutilization thresholds and outliers; and pharmacy compliance with data submission and error reports.

In the coming year, we look forward to adding a mobile application to allow access to patients' prescription data from a mobile device, thus enhancing ease of access.

Finally, Florida will focus on expanding interstate data sharing to include additional states.

References

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- ¹ CDC/NCHS, National Vital Statistics System, Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov>.
- ² Florida Medical Examiner's Commission. Drugs Identified in Deceased Persons, 2017 Report. Florida Department of Law Enforcement, Medical Examiner's Commission, November 2018.
- ³ Greg Allen, NPR, From Alaska to Florida, States Respond to Opioid Crisis with Emergency Declarations, August 11, 2017. <https://www.npr.org/sections/health-shots/2017/08/11/542836709/from-alaska-to-florida-states-respond-to-opioid-crisis-with-emergency-declaration> (last visited September 4, 2018).
- ⁴ Laws of Florida, 2018-13.
- ⁵ Notice of Proposed Rule, Florida Administrative Register Volume 44/153, published August 7, 2018, available at https://www.flrules.org/Gateway/View_notice.asp?id=20751324
- ⁶ November 9, 2018 email from James Graumlich, Group Supervisor Drug Enforcement Administration - Orlando.
- ⁷ Dep't of Health, Division of Medical Quality Assurance, Annual Report 2017-2018, p.14-18.
- ⁸ *Id.* 2.
- ⁹ Florida Dep't of Law Enforcement, Fusion Center, email correspondence, October 2018.
- ¹⁰ *Id.*
- ¹¹ Prescription Drug Monitoring Program, PMP Advanced Analytics Dashboard, (last accessed on 10/4/2018).
- ¹² *Id.*
- ¹³ *Supra* note 2.
- ¹⁴ Treatment Episodes Data Set. Substance Abuse and Mental Health Services Administration. <http://www.dasis.samhsa.gov/webt/information.htm>. Accessed October 2, 2018.)