

Florida Department of Health
Division of Medical Quality Assurance
Prescription Drug Monitoring Program

Annual Report

Fiscal Year 2020-2021

Table of Contents

List of Figures	1
List of Tables	2
Acknowledgments	2
Message from the State Surgeon General	3
Executive Summary	4
Legal Framework	5
Grant Funded Projects	6
Performance Measures	7
Technical Notes	7
Outcomes	7
1. OUTCOME: Reduction of the rate of inappropriate use of prescription drugs through Department education and safety efforts.	7
2. OUTCOME: Reduction of the quantity of pharmaceutical controlled substances obtained by individuals.	10
3. OUTCOME: Increased coordination among partners participating in the PDMP.	12
4. OUTCOME: Involvement of stakeholders in improving patient health care, safety, and reducing prescription drug abuse and drug diversion.	16
Conclusion	17
References	18

List of Figures

Figure 1. Number of individuals obtaining controlled substance prescriptions from 5(10) or more prescribers and 5(10) or more dispensers by quarter, January 2012 – June 2021.	8
Figure 2. Prescribing characteristics of prescribers receiving prescriber summary report, January 2021 – June 2021.	9
Figure 3. Number of schedule II opioid prescriptions dispensed to Florida residents 18 years of age and older by prescription days' supply.	11
Figure 4. Average daily Morphine Milligram Equivalent per schedule II opioid prescriptions.	12
Figure 5. Number of Florida prescribers who have prescribed and searched the PDMS via PMP Gateway, January 2020 – June 2021.	15

List of Tables

Table 1. History of legislation by year and bill number.	5
Table 2. Characteristics of schedules II through V prescriptions dispensed to Florida residents 18 years of age and older.	10
Table 3. The number and percent of prescriptions of the top 10 most commonly dispensed controlled substances in schedules II through schedule V.	11
Table 4. User registration by user role type, report year, and percentage of change.	14
Table 5. Indirect user requests by user type.	16

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Message from the State Surgeon General

I am pleased to present the 2020-2021 Prescription Drug Monitoring Program (PDMP) Annual Report. This report contains information on the program's operation and system metrics, vital operational activities, and findings from various program evaluation activities.

The PDMP administers the Prescription Drug Monitoring System (PDMS), a web-based system known as E-FORCSE® (Electronic Florida Online Reporting of Controlled Substances Evaluation). The PDMS facilitates the collection, storage, maintenance, and analysis of controlled substance dispensing data reported by pharmacies and dispensing health care practitioners. Section 893.055(8), Florida Statutes, requires those who prescribe and dispense controlled substances to consult the patient's controlled substance prescription history before prescribing or dispensing such substances unless a statutory exemption exists. By law, the PDMP may integrate information into an electronic health recordkeeping system (EHR) and share data with other states compatible with Florida's system. Also, the PDMP may release confidential and exempt information under Florida law.

The following pages describe the trends identified in Florida's PDMS. According to the most recent data, pharmacists and dispensing health care practitioners dispensed over 30 million controlled substance prescriptions to Florida residents during the review period. They queried the data over 120 million times. There was a decrease in the number of schedule II opioid prescriptions and a reduction in the average daily morphine milligram equivalents (MMEs). Oxycodone, alprazolam, and hydrocodone were ranked the three most commonly dispensed controlled substances for the sixth consecutive year.

While Florida has seen an increase in registration and utilization, one of the Department of Health's (Department's) primary goals is to minimize any practitioner workflow disruption by providing near-instant and seamless access to critical prescription history information at the point of care. The PDMP approved 1968 EHR and prescription dispensing system (PDS) integrations across the state so that prescribers and dispensers may access PDMP information within their existing clinical workflows. In addition, Florida continues to share its data with 35 states and the Military Health Service (MHS).

As we look to the future, we will continue to make the PDMP as timely and accessible as possible. We will continue to expand our engagement with Florida licensed health care professionals with new reports about users' prescribing and dispensing histories.

This report highlights the benefits of the PDMP and illustrates the future path of the program. We look forward to engaging with health care professionals across Florida to protect and improve the health of our residents.

Joseph A. Ladapo, MD, PhD
State Surgeon General

Executive Summary

As required by section 893.055(14), Florida Statutes, the 2020-2021 (RY21) PDMP Annual Report highlights this year's accomplishments.

Report Highlights

Increase in Enrollment and Utilization –

Overall, including all user role types, enrollment increased 12.2 percent from 131,880 to 147,925 registrants. There was a 12.1 and 12.3 percent increase in prescriber and dispenser enrollment, respectively, compared to RY20 (Table 4). Prescribers, dispensers, and designees made 120.5 million queries through the web portal and EHR integrations.

Reduction of Opioid Prescriptions Dispensed –

There has been a 1.7 percent decrease in the number of schedules II through V opioid prescriptions dispensed to patients from 12.8 million in RY20 to 12.6 million in RY21 (Table 2).

Reduction in Morphine Milligram Equivalents per Prescription –

There has been a 5.4 percent decrease in the average daily MMEs per prescription compared to the report year 2020 (RY20) (Table 2). MMEs per prescription for schedule II opioids decreased 7.2 percent compared to RY20 (Figure 4).

Reduction in Multiple Provider Episodes –

Since implementation, through monitoring, analysis, and proactive notification of multiple provider episodes (MPEs) along with recent mandatory consultation requirements for prescribers and dispensers, Florida has seen an 84.1 percent reduction in the number of individuals having MPEs (Figure 1).

Most Prescribed Controlled Substances –

For the sixth consecutive year, oxycodone sustained action (SA), alprazolam, and hydrocodone SA were ranked the three most commonly dispensed controlled substances, representing 35.6 percent of the total controlled substances in schedules II through V dispensed in RY21 (Table 3).

Increase in Electronic Health Recordkeeping Integration –

The PDMP has approved 1968 EHR and PDS integrations across the state allowing prescribers and dispensers to access PDMP information within their existing clinical workflows. During RY21, prescribers and dispensers completed 94.3 million queries through EHR integrations. Analysis of integration data for the past 18 months indicates that 49.9 percent of prescribers have queried through EHR integration (Figure 5).

As part of the Department's Overdose Data to Action grant (OD2A), the Department contracted with the Florida PDMP Foundation, Inc. (Foundation) to provide sub-awards to small physician practices and independent pharmacies to facilitate their integration with the PDMS.

Increase in Data Sharing –

The PDMP is currently sharing data with 35 state PDMPs and the Military Health Service. During RY21, there were 7.9 million interstate queries. In June 2021, out-of-state practitioners made 842,810 requests.

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 and release the information as authorized in section 893.0551, Florida Statutes. Table 1 summarizes PDMP and related legislation passed from 2009 through 2021.

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

Year	Bill Number	Summary of Changes
2009	SB 462	Created section 893.055, Florida Statutes, establishing the PDMP.
2009	SB 440	Created section 893.0551, Florida Statutes, exempting information contained in the PDMP from public record requirements.
2010	SB 2772	Amended sections 893.055 and 893.0551, Florida Statutes, establishing a definition for “program manager” and requiring the program manager to work with specific stakeholders to promulgate rules setting forth controlled substance abuse indicators. It also authorized the program manager to provide relevant information to law enforcement under certain circumstances.
2011	HB 7095	Amended section 893.055, Florida Statutes, to require dispensers to upload dispensing data 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	HB 1159	Appropriated \$500,000 of nonrecurring general revenue funds for the general administration of the PDMP for the fiscal year 2013-2014.
2014	HB 7177	Amended sections 893.055 and 893.0551, Florida Statutes, renewing the public record exemption and requiring law enforcement and investigative agencies to enter a user agreement with the Department. Also, it limits the information shared with a criminal justice agency and requires the disclosing person or entity to take steps to ensure the continued confidentiality of the information, redacting any non-relevant information at a minimum. Finally, a criminal justice agency may only release information related to a criminal case to a state attorney in response to a discovery demand; and unrelated information requires a court order to be released.
2015	SB 2500A	Appropriated \$500,000 of general revenue funds for the general administration of the PDMP for the fiscal year 2015-2016.
2016	SB 964	Amended sections 893.055 and 893.0551, Florida Statutes, authorizing direct access to the information in the PDMP for designees of prescribers and dispensers and authorizing indirect access for impaired practitioner consultants.
2016	SB 1604	Created section 893.30, Florida Statutes, establishing the “Victoria Siegel Controlled Substance Safety Education and Awareness Act,” requiring the Department to develop a written pamphlet relating to controlled substances, including specific educational information and made available to health care practitioners and entities to disseminate and display. The Department shall also encourage consumers to discuss controlled substance abuse risks with their health care providers.
2017	HB 557	Amended section 893.055, Florida Statutes, 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 a certain dosage of a controlled substance as needed; authorizes access to the database by an employee of the United States Department of Veteran Affairs under certain conditions.
2017	HB 5203	Amended section 893.055, Florida Statutes, authorizing the Department to use state funds appropriated through the General Appropriations Act to fund the PDMP’s administration.
2017	HB 7097	Amended section 893.055, F.S., extending the Direct Support Organization’s repeal for the PDMP until October 1, 2027.

Year	Bill Number	Summary of Changes - Continued
2018	HB 21	Amended sections 893.055 and 893.0551, Florida Statutes, 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 EHR.
2019	HB 375	Amended section 893.055, Florida Statutes, defining an electronic health recordkeeping system and authorizes the Department to enter into one or more reciprocal agreements or contracts with the US Department of Veterans Affairs, the US Department of Defense, or the Indian Health Service; and exempts prescribers or dispensers from consulting the PDMP for hospice patients.
2019	HB 1253	Amended sections 893.055 and 893.0551, Florida Statutes, defining an EHR and requiring the Department to assign a unique patient identifier to protect patient identity; expand access to Attorney General for active investigations or pending civil or criminal cases litigation involving prescribed controlled substances.
2019	HB 23	Created 456.47, Florida Statutes, establishing standards of practice for telehealth providers; authorizing certain telehealth providers to use telehealth to prescribe certain controlled substances under specified circumstances; providing registration requirements for out-of-state telehealth providers, etc. A telehealth provider prescribing a controlled substance to a patient in Florida is required to consult the PDMS as required by HB 21 (2018).
2020	HB 5001	Legislature transferred the PDMP budget appropriation of \$1,585,478 from General Revenue to the Department of Health, Division of Medical Quality Assurance Trust Fund.

Grant Funded Projects

The PDMP has relied on grant funding to offset system implementation and enhancement costs to the PDMS. The PDMP is currently working on two-grant funded projects summarized below.

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

Award Amount: \$749,270 over 48 months.

The Department received the 2018 Comprehensive Opioid Abuse Site-based Program (competitive grant announcement number BJA-2018-13891) category 5 funding to enhance the PDMS. Funds from this award expanded outreach and education, analytic capabilities, interstate data sharing and interoperability, and enhanced reporting in compliance with House Bill (HB) 21 (2018). Additionally, through a contract with the Foundation, providers in small physician practices and independent pharmacies are offered sub-awards to enhance their EHR or PDS to integrate with the PDMS within clinical workflows.

Overdose Data to Action FAIN NU17CE925020

Award Amount: \$2,044,578 over 36 months.

The Department received the 2019 OD2A grant from the Centers for Disease Control and Prevention (CDC). The Department was allocated funding to encourage universal use of the PDMS among providers within Florida, collect and disseminate data, provide automated reports, expand intrastate and interstate interoperability, and create a data warehouse. The E-FORCSE® Insight Enterprise Data Warehouse (EFI) will allow the Department to integrate PDMP data with other data sources. EFI will be agile, adaptable, and scalable, allowing for metrics and analytical growth with trends prediction. Additionally, through a contract with the Foundation, funds from the award were used to develop an online and live peer-to-peer course on the best practices for using the PDMP database.

Performance Measures

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

Technical Notes

The current report year (RY21) covers the period July 1, 2020 (Q3-Q4 2020) to June 30, 2021 (Q1-Q2 2021). Direct year-to-year comparisons are based on report years. After July 1, 2018, controlled substances include substances named or described in schedules II through V of section 893.03, Florida Statutes.

Data downloaded from PMP Advanced Analytics™ between June 30, 2021, to September 14, 2021, summarizes the characteristics and prescribing patterns of the controlled substances reported to the PDMS. In this report, "patient" refers to Florida residents 18 years of age and older unless specified otherwise.

Performance measures are consistently measured during each performance period to rule out any system-level changes that may lead to fluctuations in the data. For example, prior years' annual reports have noted system-level changes likely to impact data interpretation (e.g., incorporation of data from the U.S. Department of Veterans Affairs, tramadol reporting, hydrocodone rescheduling, mandatory consultation, etc.).

This report's population estimates are Annual Estimates of the Resident Population for Selected Age Groups by Sex for Florida: April 1, 2010, to July 1, 2019; April 1, 2020; and July 1, 2020 (Source: U.S. Census Bureau, Population Division. Release Date: June 2021. Updated July 2021 with April 1, 2020 Estimate).

Outcomes

Annually the Department reports on performance measures to the Governor, the President of the Senate, and the Speaker of the House of Representatives as required in section 893.055(14), Florida Statutes.

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

- A. PERFORMANCE MEASURE: Multiple provider episodes (MPE) rates based on the number of individuals visiting 5(10) prescribers and 5(10) dispensers each quarter.

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 standard definition of 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 the PDMS by prescribers and dispensers increases, the number of MPEs decreases.

Proactive reporting of MPEs to registered prescribers and law enforcement agencies and education and outreach activity contributed to initial successes in lowering MPE occurrences. Even though data appear to have plateaued, further decreases have occurred in response to

recent program changes, including the implementation of mandatory utilization, EHR integration, enhanced PDMS reports, and prescriber summary reports.

From January 1, 2012, to March 31, 2012, PDMS data indicate 2,864 individuals had one or more controlled substance prescription drugs prescribed to them by more than five prescribers and dispensed at more than five pharmacies within the quarter. By the end of the second quarter of 2021 (April 1, 2021, to June 30, 2021), there was an 84.1 percent reduction or 456 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 by more than 10 prescribers and dispensed at more than 10 pharmacies. During the end of the second quarter of 2021 (April 1, 2021, to June 30, 2021), the number of individuals meeting this threshold reduced from 105 in the first quarter of 2012 (January 1, 2012, to March 31, 2012) to 0 (Figure 1).

The number of individuals that had one or more controlled substance prescription drugs prescribed by more than five prescribers and dispensed at more than five pharmacies fell to 370 during the COVID-19 Public Health Emergency¹ but returned to previous levels in 2021 (Figure 1).

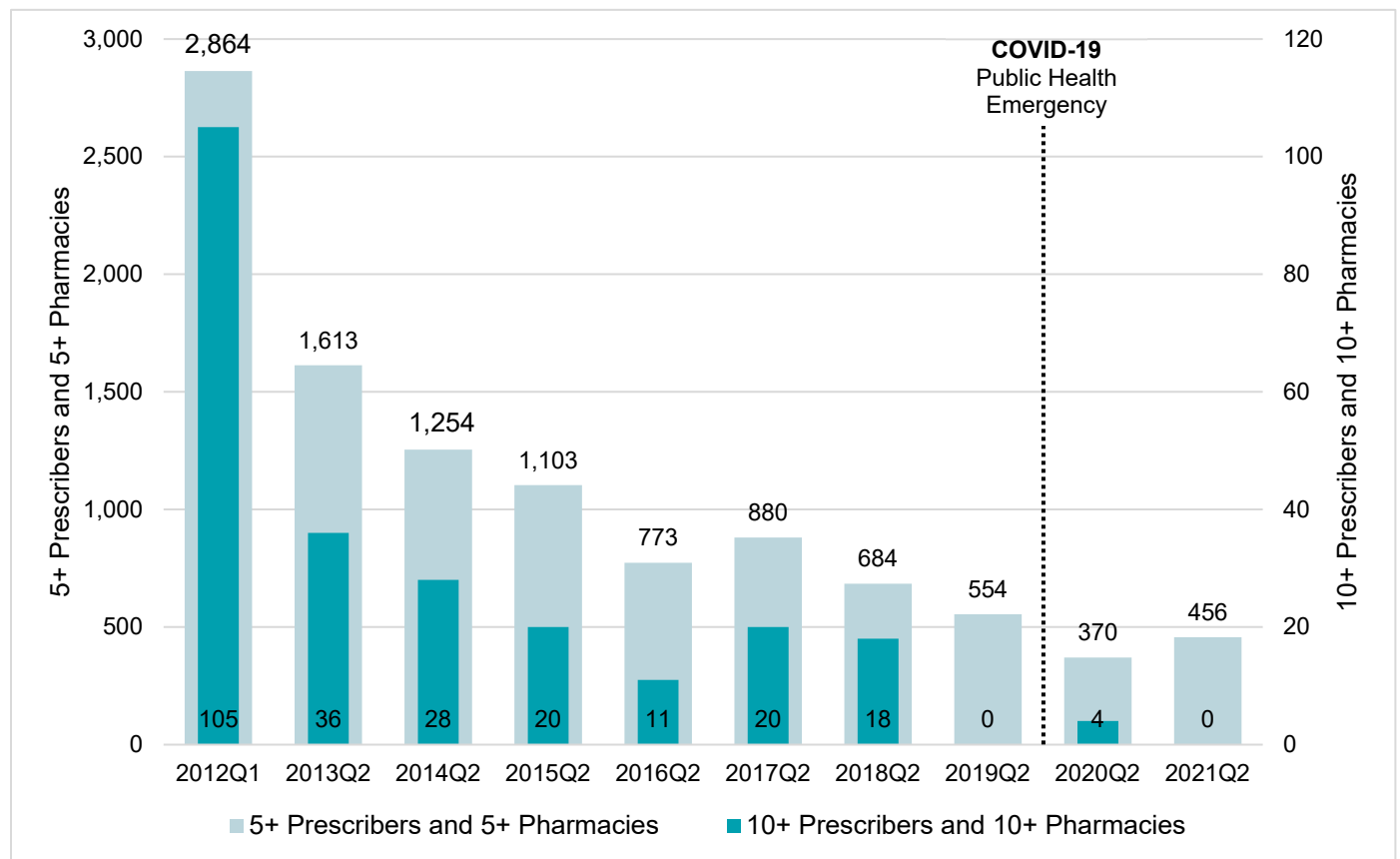


Figure 1. Number of individuals obtaining controlled substance prescriptions from 5(10) or more prescribers and 5(10) or more dispensers by quarter, January 2012 – June 2021.

B. PERFORMANCE MEASURE: Opioid prescribing patterns from prescriber summary reports.

Prescriber summary reports were implemented in May 2019 and summarize a prescriber’s opioid prescribing patterns compared with other prescribers in the same health care specialty in the prior six-month period. Providing relevant and accurate information to prescribers can positively influence their 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 may access their prescriber summary report from the PDMS website, in the same way they request a patient prescription history report.

From January 1, 2021, through June 30, 2021, 49,894 registered prescribers with valid Drug Enforcement Administration (DEA) registration numbers received a prescriber summary report from the PDMS. Figure 2 illustrates the top 10 specialty groups’ prescribing characteristics, regardless of their roles (e.g., physicians, nurse practitioners, dentists, etc.). On average, prescribers in *Orthopaedic Surgery* wrote 21 opioid prescriptions every month, and 4.8 percent of opioid prescriptions had a daily MME between 90 and 120. This specialty group prescribed opioid prescriptions to an average of 17 patients each month. Prescribers in the *Dentist* specialty had lower than 90 daily MME for 99.7 percent of opioid prescriptions prescribed. The monthly average opioid days per patient from dentists was 3.0. (Figure 2).

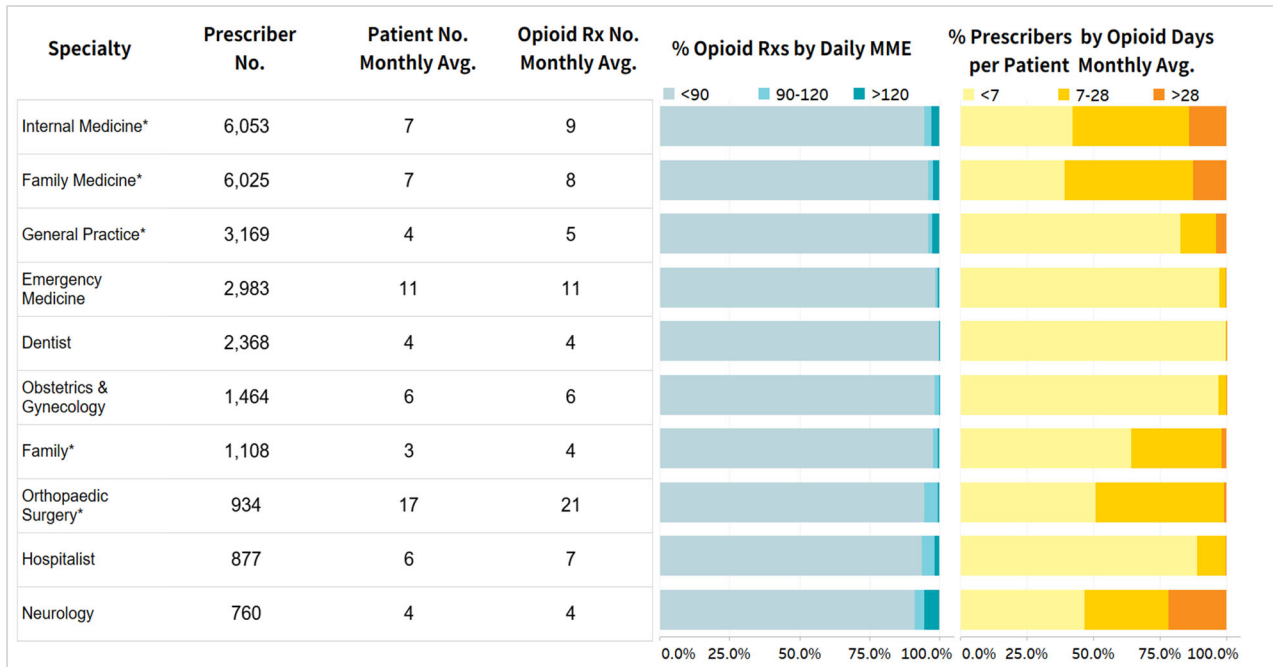


Figure 2. Prescribing characteristics of prescribers receiving prescriber summary report, January 2021 – June 2021.

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

A. PERFORMANCE MEASURE: Characteristics of schedules II through V controlled substances reported to the PDMS.

There are 17,482,580 residents 18 years of age and older in Florida, of whom 5.0 million have been prescribed one or more schedules II through V controlled substances in RY21, an increase of 2.6 percent. Table 2 illustrates 6,247 pharmacies reported the dispensation of 30,617,442 controlled substance prescriptions to Florida patients during RY21, a 0.9 percent increase from the prior report year. Also, there was an increase in prescribers from 147,652 in RY20 to 149,418 in RY21, a 1.2 percent increase. There was a 0.7 percent increase in days' supply from 45.6 to 45.9 and a 2.0 percent decrease in prescription quantity per capita, from 97 to 95. During RY21, there were 12,645,204 opioid prescriptions dispensed to 3,130,136 Florida residents 18 years of age and older, a 1.7 percent decrease in the number of opioid prescriptions dispensed but a 0.8 percent increase in patients from the previous year. The average daily MME per opioid prescription has also decreased by 5.4 percent from 48.6 to 46.0.

Table 2. Characteristics of schedules II through V prescriptions dispensed to Florida residents 18 years of age and older.

Data Characteristics	RY20	RY21	RY20-21 Change (%)
Prescription (Rx) Quantity (Qty)	30,355,360	30,617,442	0.9%
Patient	1,672,578,361	1,661,238,419	-0.7%
Pharmacy	4,875,065	5,000,518	2.6%
Prescriber	6,287	6,247	-0.6%
Population 18 years and over	147,652	149,418	1.2%
Days' Supply / Rx	17,247,808	17,482,580	1.4%
Prescription Qty / Rx	25.9	26.2	1.2%
Prescriptions / Patient	55.1	54.3	-1.5%
Days' Supply / Patient	6.2	6.1	-1.7%
Prescription Qty / Patient	161.4	160.6	-0.5%
Prescriptions / Capita	343.1	332.2	-3.2%
Days' Supply / Capita	1.8	1.8	-0.5%
Prescription Qty / Capita	45.6	45.9	0.7%
Opioid Rx	97.0	95.0	-2.0%
Opioid Rx	12,865,409	12,645,204	-1.7%
Patient with Opioid Rx	3,104,017	3,130,136	0.8%
Avg Daily MME per Opioid Rx	48.6	46	-5.4%

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

Table 3 indicates oxycodone SA, alprazolam, and hydrocodone SA were ranked the top three most commonly dispensed controlled substances, representing 35.6 percent of the total controlled substances in schedules II through V dispensed in RY21. From RY20 to RY21, dextroamphetamine and phentermine increased by 12.2 percent and 6.3 percent, respectively. Oxycodone also increased from RY20 to RY21 by 3.5 percent. Prescriptions for all other drugs either decreased slightly or remained relatively stable.

Table 3. Number and percentage of prescriptions of the top 10 most commonly dispensed controlled substances in schedules II through V.

Generic Name	Brand Example	Drug Class	RY20	RY20 (%)	RY21	RY21 (%)	RY20-21 Change (%) [*]
Oxycodone SA	Percocet	O	3,696,634	12.2%	3,827,350	12.5%	3.5%
Alprazolam	Xanax	B	3,760,410	12.4%	3,758,438	12.3%	-0.1%
Hydrocodone SA	Vicodin	O	3,334,801	11.0%	3,299,102	10.8%	-1.1%
Tramadol SA	Ultram	O	2,315,843	7.6%	2,291,067	7.5%	-1.1%
Dextroamphetamine	Adderall	S	1,854,347	6.1%	2,080,604	6.8%	12.2%
Clonazepam	Klonopin	B	1,918,188	6.3%	1,939,029	6.3%	1.1%
Zolpidem	Ambien	M	1,854,962	6.1%	1,837,387	6.0%	-0.9%
Lorazepam	Ativan	B	1,528,951	5.0%	1,509,496	4.9%	-1.3%
Phentermine	Adipex	S	987,336	3.3%	1,049,838	3.4%	6.3%
Temazepam	Restoril	B	1,021,618	3.4%	981,552	3.2%	-3.9%

Key: B=Benzodiazepine, M=Miscellaneous, O=Opioid, SA=Short Acting, S=Stimulant. * Relative percent change may vary due to identifying new products and their associated national drug codes. The list excludes testosterone.

C. PERFORMANCE MEASURE: Prescribing patterns for schedule II opioid prescriptions.

Figure 3 illustrates the number of schedule II opioid prescriptions dispensed to Florida residents during RY20 and RY21 by the days' supply. Prescribing patterns have remained steady throughout the last year, across all days' supply ranges. During the COVID-19 Public Health Emergency², prescriptions with up to seven days' supply fell, but returned to previous levels in June 2020 and remained stable through June 2021. Prescriptions for greater than seven days' supply remained steady during this period (Figure 3).

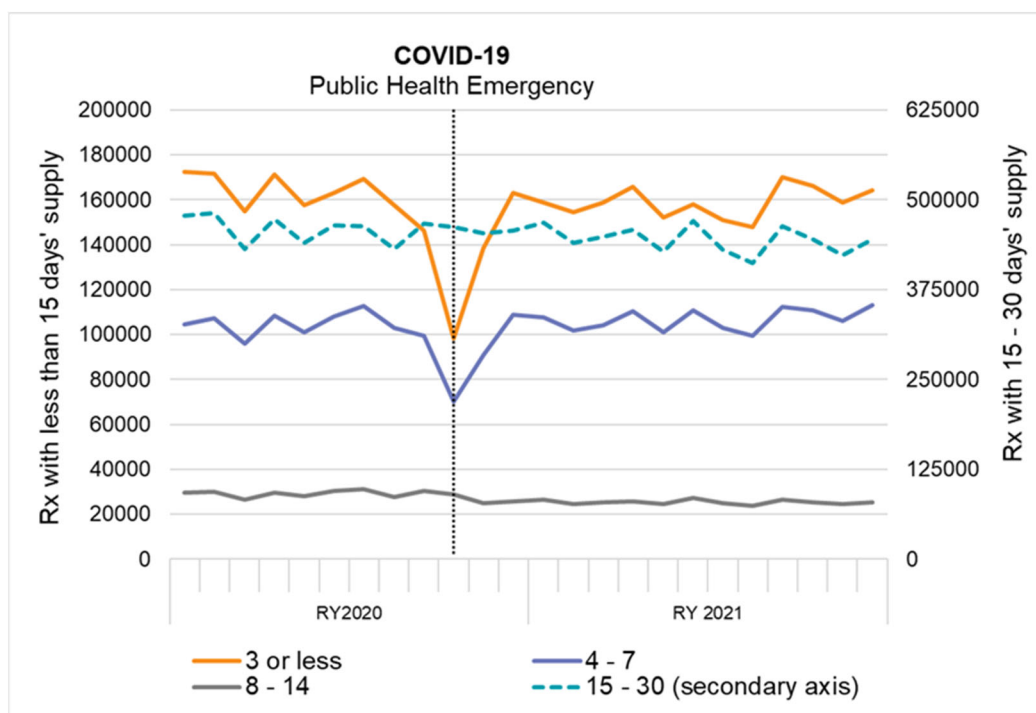


Figure 3. Number of schedule II opioid prescriptions dispensed to Florida residents 18 years of age and older by prescription days' supply.

From RY20 to RY21, daily MMEs continued to decline. On average, it decreased from 63.9 in RY20 to 59.3 in RY21 (-7.2 percent). Although the proportion of schedule II opioid prescriptions with longer days' supply increased during the COVID-19 Public Health Emergency, daily MMEs per prescription remained stable (Figure 4).

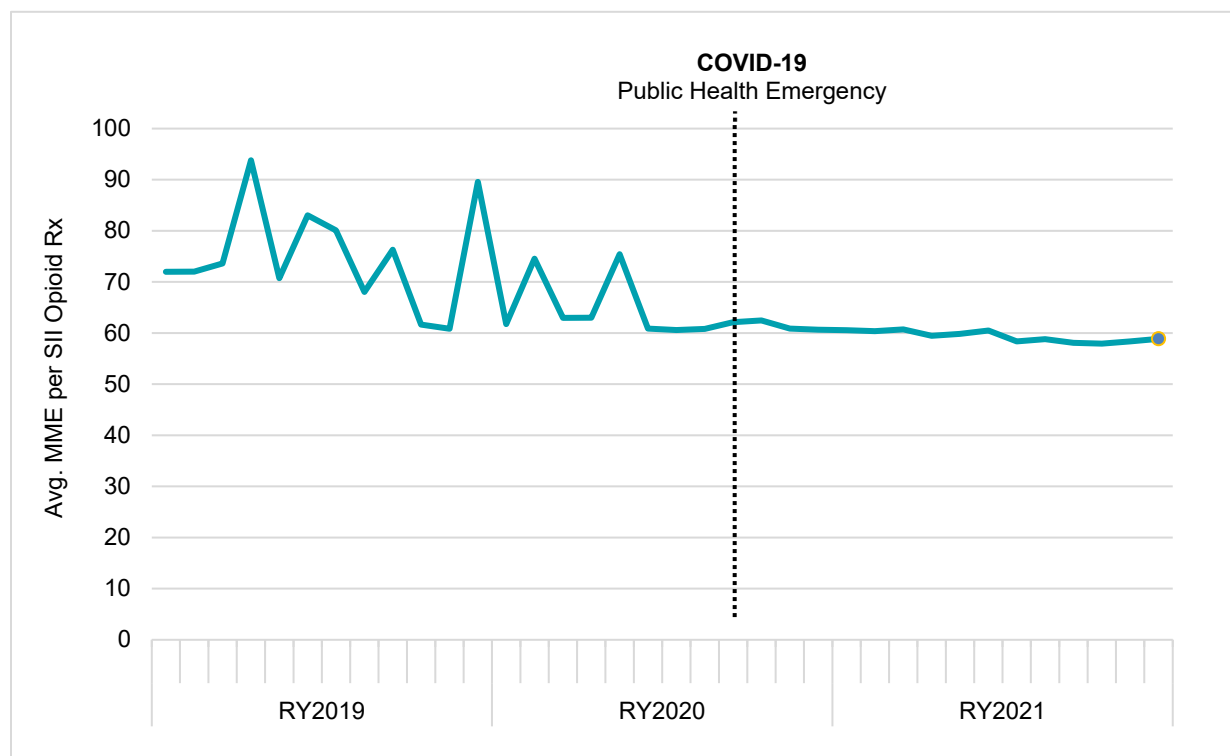


Figure 4. Average daily Morphine Milligram Equivalent per schedule II opioid prescriptions.

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

A. PERFORMANCE MEASURE: Number of authorized users by user role type.

The Department measures the increased coordination among partners participating in the PDMP by the number of authorized users who have requested and received controlled substance dispensing information. Impaired practitioner consultants, law enforcement, medical examiners, regulatory agency administrators, and patients do not directly access PDMS information; the PDMP staff approves their requests before it is released. Dispensers and prescribers, and designee(s) have direct access to information in the PDMS.

Table 4 illustrates the cumulative number of registrants by user role type, report year, and change percentage.

Prescribers: The term “prescriber” is defined as a prescribing physician, prescribing practitioner, or other prescribing health care practitioner authorized by the laws of this state to order controlled substances.³ A prescriber or designee may have direct access to the information in the PDMS.⁴ The total number of prescribers listed in Table 4 reflects the cumulative number of prescribers, prescriber delegates, and Department of Veterans Affairs (VA) prescribers. Prescriber registrations increased 12.1 percent from 100,944 in RY20 to 113,140 in RY21. There was an 8.3 percent increase in federally employed (military and VA) prescriber registrations from 545 in RY20 to 590 in RY21.

Dispensers: The term “dispenser” means a dispensing health care practitioner, pharmacy, or pharmacist licensed to dispense controlled substances in or into this state.⁵ A dispenser or designee may have direct access to the information in the PDMS.⁶ The total number of dispensers listed in Table 4 reflects the cumulative number of pharmacists, pharmacists’ delegates, military and VA dispensers. Dispenser registrations increased 12.3 percent from 30,370 as of June 2020 to 34,098 as of June 2021. There was a 52.9 percent increase in federally employed dispenser registrations from 85 in RY20 to 130 in RY21.

Medical Examiners: Medical examiners may request controlled substance dispensing information to determine the cause of death of an individual.⁷ The number of approved medical examiner users increased by 44 percent, from 91 in RY20 to 131 in RY21.

Law Enforcement: Law enforcement may request controlled substance dispensing information from the program manager during an active investigation related to prescribed controlled substances.⁸ Active investigations may involve potential criminal activity, fraud, theft, and other specific crimes related to controlled substances. During the reporting period, there was an 18.6 percent increase in law enforcement’s number of authorized users from 334 in RY20 to 396 in RY21.

Investigative Agency Administration: Agency administrators include administrators for law enforcement and investigative services.⁹ The total number of agency administrators approved during RY21 increased from 135 to 154, a 14.1 percent increase.

Impaired Practitioner Consultants: Upon approval of the impaired practitioner program participant, impaired practitioner consultants may request information from the program manager to review the controlled substance dispensing history of the participant or referral.¹⁰ There were six impaired practitioner consultant registrations as of June 2021.

Table 4. User registration by user role type, report year, and percentage of change.

User Role Type	R Y20 Registrants**	R Y21 Registrants**	R Y20-21 Change (%)
Prescriber			
Dentist (DN)	6,842	7,277	6.4%
Medical Resident	621	827	33.2%
Military Prescriber	213	204	-4.2%
Nurse Practitioner (APRN)	6,532	8,436	29.1%
Optometrist (OD)	63	75	19.0%
Physician (MD, DO)	41,448	43,847	5.8%
Physician Assistant (PA)	2,318	2,828	22.0%
Podiatrist (DPM)	1,007	1,058	5.1%
Prescriber Delegate	28,644	33,824	18.1%
Prescriber without DEA	12,924	14,378	11.3%
VA Prescriber	332	386	16.3%
Subtotal	100,944	113,140	12.1%
Dispenser			
Military Dispenser	3	22	633.3%
Pharmacist	17,768	19,334	8.8%
Pharmacist's Delegate	12,517	14,644	16.9%
VA Dispenser	82	108	31.7%
Subtotal	30,370	34,098	12.3%
Law Enforcement			
Drug Enforcement Administration (DEA)	94	109	16.0%
Federal Bureau of Investigation (FBI)	5	5	0.0%
U.S. Department of Health and Human Services (HHS)	11	16	45.5%
Local Police Jurisdiction	165	198	20.0%
Medicaid Fraud Unit	11	13	18.2%
Military Police	11	11	0.0%
State Attorney General	0	0	0.0%
State Police	30	37	23.3%
State Prosecutor (District or Commonwealth Attorney)	7	7	0.0%
Subtotal	334	396	18.6%
Medical Examiner			
Medical Examiner - Delegate	74	112	51.4%
Medical Examiner	17	19	11.8%
Subtotal	91	131	44.0%
Impaired Practitioner Consultant			
Impaired Practitioner Consultant	4	4	0.0%
Impaired Practitioner Consultant Admin	2	2	0.0%
Subtotal	6	6	0.0%
Investigative Agency Administration*			
Agency Administrator	135	154	14.1%
Subtotal	135	154	14.1%
TOTAL	131,880	147,925	12.2%

*Agency Administrator includes administrators for law enforcement and department investigative services.

**Cumulative numbers.

B. PERFORMANCE MEASURE: Number of entities integrated with PDMP.

The Department is authorized to enter into agreements or contracts to establish secure connections between the PDMS and a prescribing or dispensing health care practitioner’s EHR.¹¹ In RY21, the PDMP integrated into 1968 entities’ EHR and PDS across the state. Entities include physician offices and clinics, hospitals and health systems, and PDS.

Analysis of EHR integration data for the past 18 months, as outlined in Figure 5 below, reveals that 49.85 percent of Florida prescribers who have prescribed one or more controlled substance prescriptions queried PDMP information.

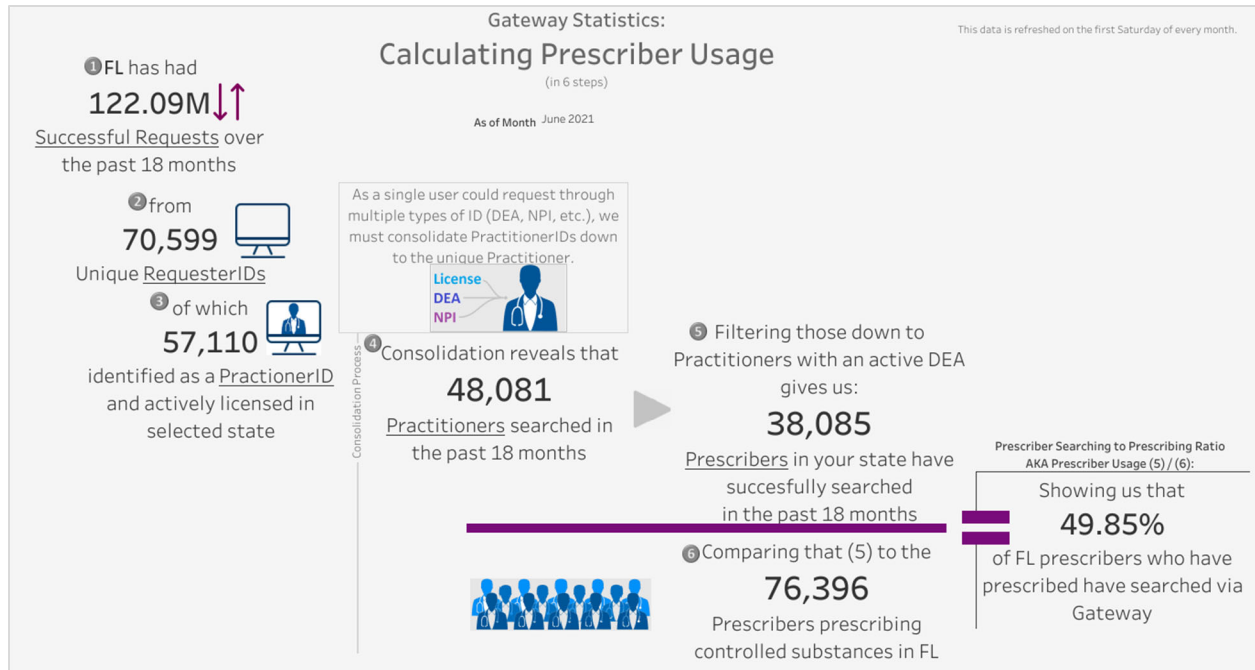


Figure 5. Number of Florida prescribers who have prescribed and searched the PDMS via PMP Gateway, January 2020 – June 2021.

C. PERFORMANCE MEASURE: Number of queries for patient information requested from the PDMS by prescribers, dispensers, and designees.

The Department provided PDMS information to prescribers, dispensers, and designees through the web portal and integrated EHRs and PDSs. During RY21, prescribers, dispensers, and designees made a combined 120,550,417 queries for PDMS information, a 10.0 percent increase from RY20. Queries through EHR and PDS integrations totaled 94,312,787, while prescribers, dispensers, and designees made 26,237,630 queries through the web portal.

D. PERFORMANCE MEASURE: Number of queries for patient information requested from the PDMS by prescribers and dispensers in other states.

The Department is authorized to enter into reciprocal agreements to share PDMP information with health care practitioners in other states if the systems are compatible.¹² To determine compatibility, the Department considers safeguards for protecting patient privacy, user access, controlled substances monitored, data reported to the program’s system, additional criteria deemed essential for a thorough comparison, and the state’s costs and benefits.

The Department uses two data sharing hubs to share its data between states—The National Association of Boards of Pharmacy PMP Interconnect Hub and the federally sponsored RxCheck hub. The PDMP connects to the preferred hub of the state it is requesting information. When the PDMP connects to a state through both hubs (such as Pennsylvania), the health care practitioner or designee chooses the hub they wish to query.

The PDMP shares data with 29 states and the Military Health System through the PMP Interconnect hub, including Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, Georgia, Idaho, Iowa, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, and Wisconsin. The PDMP shares data with six states through the RxCheck Hub, including Kentucky, Illinois, Maryland, Nebraska, Pennsylvania, and Washington.

During RY21, there was a total of 7,992,169 interstate queries to the Florida PDMS.

E. **PERFORMANCE MEASURE:** The number of requests for information by indirect access users.

As indirect users, law enforcement and investigative agencies may request information from the program manager during an active investigation related to prescribed controlled substances, as well as a patient or the legal guardian or designated health care surrogate of an incapacitated patient.¹³ Active investigations may involve potential criminal activity, fraud, theft, and other specific crimes related to controlled substances. During the reporting period, indirect access users made 6,751 requests, a 12.9 percent decrease in requests from 7,754 in RY20 (Table 5).

Table 5. Indirect user requests by user type.

User Type	RY20 Requests (No.)	RY21 Requests (No.)	RY20-21 Change (%)
Law Enforcement	5,767	4,212	-27.0%
Medical Examiner	1,333	2,039	53.0%
Impaired Practitioner Consultant	53	17	-67.9%
Regulatory Agency Administration*	575	454	-21.0%
Patient	26	29	11.5%
TOTAL	7,754	6,751	-12.9%

*Agency Administration includes administrators for law enforcement and department investigative services.

4. OUTCOME: Involvement of stakeholders in improving patient health care, safety, and reducing prescription drug abuse and drug diversion.

A. **PERFORMANCE MEASURE:** Number of health care practitioners who have taken the “Improving Best Practices for Patient Care: Optimizing the use of the PDMP database” continuing education course.

The Department contracted with the Foundation as part of the CDC OD2A grant to develop an online and live peer-to-peer course on the best practices titled “Improving Best Practices for Patient Care: Optimizing the use of the PDMP database.” The free course is offered online through CEBroker and at live medical professional association meetings across the state. As of June 2021, 107 health care practitioners have taken the free course.

Conclusion

The PDMP continues to be an essential resource for clinicians, allowing them to view patients' controlled substance dispensing history, leading to more responsible prescribing practices. This report contains information on the program's operation, including basic program and system metrics, the status of key operational objectives, and findings from various program evaluation activities.

To evaluate the performance measure related to reducing the rate of inappropriate use of prescription drugs through Department education and safety efforts, the Department measured the number of MPEs and the change in opioid prescribing patterns using Prescriber Summary Reports. There has been an 84.1 percent reduction in MPEs or individuals visiting more than five prescribers and more than five pharmacies within the quarter. The PDMP provided Prescriber Summary Reports to 49,894 registered prescribers outlining their opioid prescribing characteristics from January through June 2021.

Data characteristics of controlled substances reported to the PDMS indicate 17.4 million Florida residents 18 years of age and older, of whom 5.0 million have been prescribed one or more schedules II through V controlled substances in RY21, a 2.6 percent increase from RY20.

Table 2 illustrates 5 million Florida patients received 30.6 million schedules II through V controlled substance prescriptions in RY21, a 2.6 percent increase from the prior year. Oxycodone SA, alprazolam, and hydrocodone SA were ranked the top three most commonly dispensed controlled substances for the sixth consecutive year, representing 35.6 percent of the total controlled substances dispensed in RY21. During RY21, 3.1 million Florida residents 18 years of age and older received 12.6 million opioid prescriptions, an increase of 0.8 percent in the number of patients and a 1.7 percent decrease in the number of prescriptions from the previous year.

The average daily MME per opioid prescription has also decreased by 14.6 percent from 56.9 to 48.6 percent. Looking at prescribing patterns by days' supply, there was a sharp increase in schedule II opioid prescriptions with less than three days' supply, whereas a significant decrease in those with 4 to 14 days' supply in July 2018 when HB 21 (2018) took effect (Figure 3). The number of schedule II opioid prescriptions with up to seven days' supply fell during the COVID-19 State of Emergency but returned to previous levels in June 2020.

There has been a 12.1 and 12.3 percent increase in prescriber and dispenser registration, respectively, compared to RY20. During RY21, prescribers, dispensers, and designees made 120.5 million patient queries for information from the PDMS, a 10.0 percent increase from the previous year. With the integration of PDMP information into the clinical workflow through EHR systems, PDMS's mandatory use has been seamless for many clinicians. The PDMP has expanded integration into 1968 entities' EHR systems across the state.

The Department continues to work diligently in collaboration with other state agencies and organizations to address Florida's opioid epidemic and other substance abuse issues. The PDMP also provides quarterly opioid dispensing data supporting surveillance efforts, which serves as an opportunity to mobilize surveillance and prevention efforts further. Based on local data sources, the ability to document and act is essential to overcoming the opioid epidemic.

References

¹ https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-52.pdf. Accessed September 20, 2021.

² *Id.* 1.

³ *Fla Stat* 893.055(1)(k).

⁴ *Fla Stat* 893.055(4)(a).

⁵ *Fla Stat* 893.055(1)(e).

⁶ *Fla Stat* 893.055(4)(a).

⁷ *Fla Stat* 893.055(5)(d).

⁸ *Fla Stat* 893.055(5)(c).

⁹ *Fla Stat* 893.055(5)(a).

¹⁰ *Fla Stat* 893.055(5)(e).

¹¹ *Fla Stat* 893.055(7).

¹² *Fla Stat* 893.055(6).

¹³ *Fla Stat* 893.055(5).