Florida HEALTH
Medical Quality Assurance

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

Annual Report

Fiscal Year 2023-2024

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Thank you for your incredible dedication over the past 14 years with the Florida Prescription Drug Monitoring Program and your more than 30 years of leadership in the practice of pharmacy in our state. Your unwavering commitment and expertise have made a profound impact on the practice of pharmacy in the state of Florida. Thank you for your tireless efforts and for setting such a high standard of excellence for PDMPs across the nation.

Message from the State Surgeon General

As Florida's State Surgeon General, I am pleased to present the Division of Medical Quality Assurance (MQA), Prescription Drug Monitoring Program's (PDMP) 2023-24 Annual Report.

This year's report provides information on the PDMP's operation and system metrics, vital operational activities, and findings from various program evaluations.

Through expanded outreach and education, we have seen an increase in prescriber and dispenser registration by 6.3%, from 182,061 to 193,434.

The PDMP is progressing in connecting users and expanding access through its integration with electronic health records and pharmacy dispensing systems. The PDMP has approved 3,298 integrations, allowing prescribers and dispensers to access PDMP information within the existing workflows. Seventy-five percent of the PDMP queries (172.7 million) received were made through integrations.

According to the most recent data, 6,465 dispensers reported over 30.2 million controlled substance prescriptions to the database. There are 18,224,245 residents 18 years of age and older in Florida, of which 27.8% have been dispensed one or more controlled substances. Oxycodone sustained action (SA), alprazolam, and hydrocodone SA were the three most dispensed controlled substances, representing 33.6% of the total controlled substances dispensed during this report year.

The following pages describe the trends identified in Florida's Prescription Drug Monitoring System (PDMS). I hope this report provides a better understanding of the PDMP's role in protecting, promoting, and improving the health of all people in Florida.

Joseph A. Ladapo, MD, PhD
State Surgeon General

Executive Summary

As required by section 893.055(14), Florida Statutes (F.S.), Florida's Prescription Drug Monitoring Program, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), highlights this year's accomplishments in the 2023-24 Annual Report. The 2023-24 report year is July 1, 2023 through June 30, 2024, and will be referred to as RY24.

Report Highlights

Reduction of Opioid Prescriptions Dispensed –

There has been a 2.3% decrease in schedules II through V opioid prescriptions dispensed to patients from 12.0 million in RY23 to 11.7 million in RY24 (Table 1).

Increase in Interoperability through Integrated Solutions –

The PDMP has approved 3,298 electronic health record (EHR) and pharmacy dispensing system (PDS) integrations, allowing prescribers and dispensers to access PDMP information within their existing workflows. During RY24, prescribers and dispensers completed 172.7 million queries through an integrated solution (Figure 5). Analysis of integration data for the past 18 months indicates that 69.9% of prescribers have queried through EHR integration (Figure 4). During RY24, the PDMP authorized prescribers and dispensers in 29 states and Puerto Rico to request information through an integrated solution.

Increase in Data Sharing –

The PDMP shares data with 38 state PDMPs, Puerto Rico, the District of Columbia, and the Military Health System. During RY24, 87.3 million interstate queries were disclosed to prescribers and dispensers in other states, an increase of 68.5% from FY23 (Figure 6).

Increase in Enrollment and Utilization –

Overall, including all user role types, enrollment increased by 6.3% from 182,061 to 193,434 registrants (Table 3). There was a 6.7% and 4.7% increase in prescriber and dispenser enrollment, respectively, compared to RY23 (Table 3). Florida prescribers, dispensers, and designees made 230.2 million queries through the web portal and integrated solutions (Figure 5).

Increase in Morphine Milligram Equivalents (MME)s per Prescription –

There has been a 6.9% decrease in the average daily MMEs per opioid prescription in schedules II through V from 49.9 to 46.5 compared to RY23 (Table 1). MMEs per prescription for schedule II opioids decreased by 16.6% from 65.8 to 54.9 (Figure 8).

Increase in the Number of Multiple Provider Episodes (MPEs) –

There has been a 3.4% decrease in the number of individuals doctor-shopping from 470 to 454 (Figure 2).

Legal Framework

Summary of Statutory Changes

Section 893.055, F.S., requires the Department of Health (Department) to maintain an electronic system to collect and store controlled substance dispensing information and release the information as authorized in section 893.0551, F.S. Legislative changes by year and bill number are summarized below. There have been no statutory changes since 2021.

Year	Bill Number	Summary of Changes
2009	SB 462	Created section 893.055, F.S., establishing the PDMP.
2009	SB 440	Created section 893.0551, F.S., exempting information contained in the PDMP from public record requirements.
2010	SB 2772	Amended sections 893.055 and 893.0551, F.S., establishing a "program manager" definition and requiring the program manager to work with specific stakeholders to promulgate rules for 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, F.S., 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, F.S., 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; 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, 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	SB 1604	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, including specific educational information, and make it 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, 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 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, F.S., 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.
2018	HB 21	Amended sections 893.055 and 893.0551, F.S., requiring mandatory consultation of the PDMP, expanded access by prescribers and dispensers at the U.S. 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, F.S., defining an EHR system and authorizes the Department to enter into one or more reciprocal agreements or contracts with the U.S. Department of Veterans Affairs, the U.S. 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, F.S., 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 section 456.47, F.S., 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 Florida patient must consult the PDMS as HB 21 (2018) requires.
2020	HB 5001	Legislature transferred the PDMP budget appropriation of $1,585,478 from General Revenue to the Florida Department of Health, Division of Medical Quality Assurance Trust Fund.

Program Operation

The purpose of E-FORCSE® is to collect and store dispensing information for controlled substances listed in schedules II, III, IV, and V, as defined in section 893.03, F.S., and provide the information maintained in the system to health care practitioners to augment their clinical decision making.

Reporting

Section 893.055, F.S., requires dispensers to report specific information to E-FORCSE® each time controlled substance dispensing occurs. This controlled substance dispensing information must be reported to the electronic system as soon as possible but no later than the close of the next business day.

Access

Section 893.055(4), F.S., authorizes a prescriber, dispenser, or a designee of a prescriber or dispenser to have access to information in the E-FORCSE® database that relates to a patient of that prescriber or dispenser.

Section 893.055(8), F.S., requires a prescriber or dispenser or a designee to consult and review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient 16 years or older.

Data Warehouse

Through a Centers for Disease Control and Prevention (CDC) grant-funded initiative, the PDMP has implemented a cloud-based Business Intelligence (BI) solution called E-FORCSE® Insight (EFI). EFI relies on a centralized data warehouse to store controlled substance dispensing history for analysis. The data are refreshed daily in support of a near real-time uploading function. EFI will significantly enhance the existing reporting strategy for all stakeholders by regularly communicating key performance indicators and program metrics via dashboards, scorecards, and other interactive visualizations.

Augmented by machine learning and data science, a primary goal of the new capability is empowering advanced analytics, including developing a predictive model leading to more effective surveillance policies, techniques, monitoring, and risk mitigation. In addition, new data sources will be added to keep pace with technological advancements in PDMP administration and through partnership with the PDMP community.

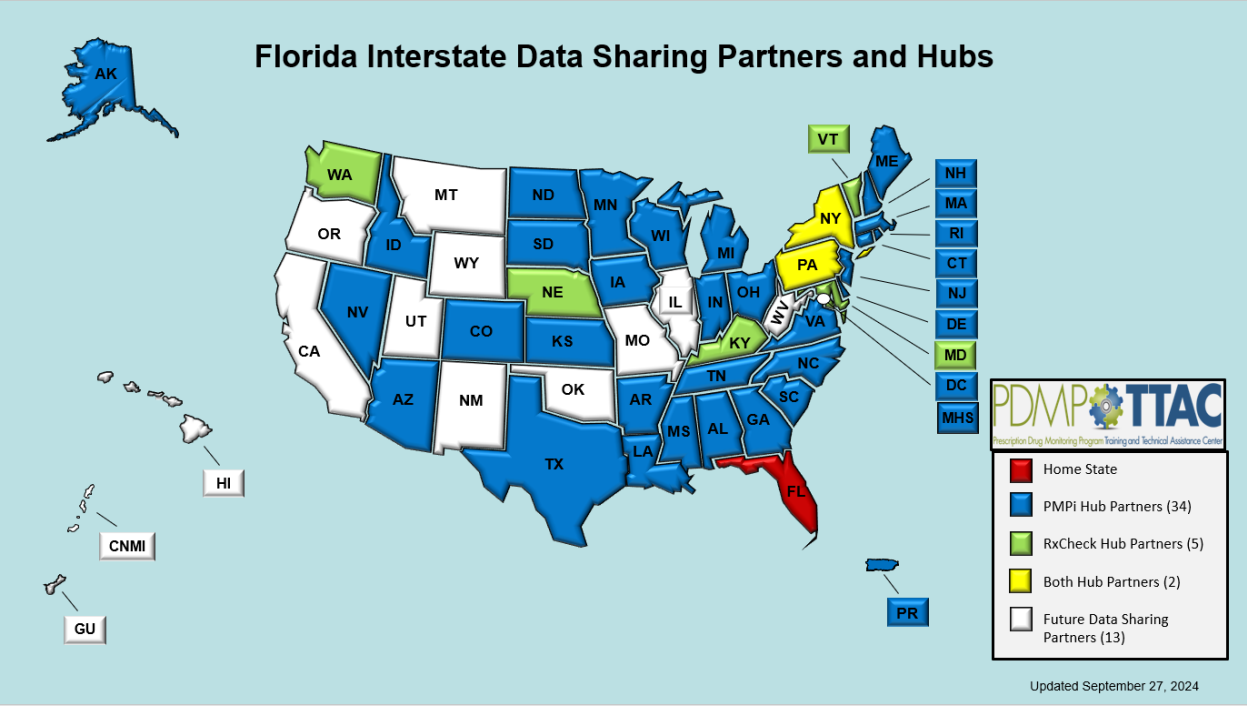
Interstate Data Sharing

E-FORCSE® is authorized to enter into reciprocal agreements to share PDMP information with health care practitioners in other states if the systems are compatible. E-FORCSE® exchanges information using the RxCheck and PMP Interconnect (PMPi) hubs to facilitate interstate data sharing amongst states.

To determine compatibility, E-FORCSE® 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.

Florida shares data with 41 partners and is working with 13 additional partners to expand its data-sharing capability. Of the 41 data-sharing partners, 38 states, the District of Columbia, Puerto Rico, and the Military Health System (MHS) share data using the PMPi hub. Five states share data with Florida through the RxCheck hub. New York and Pennsylvania share data using both hubs.

During RY24, Florida prescribers, dispensers, and designees made 57.6 million queries through the web portal, of which 15.0 million were out-of-state.



Interoperability through Integrated Solutions

E-FORCSE® is collaborating with Bamboo Health, the service provider for E-FORCSE®, to enable health care practitioners to query their specific patient's controlled substance dispensing information within their electronic clinical workflow through integration with their EHR and PDS. The integrated solution provides health care practitioners with accurate, relevant, and timely PDMP information at the point of care. As of June 30, 2024, 3,298 entities have integrated with E-FORCSE®. During RY24, 172.7 million queries were requested through an integrated solution by authorized prescribers and dispensers in 29 states and Puerto Rico.

Grant Funded Projects

The PDMP has relied on grant funding to offset the PDMS implementation and enhancement costs. The PDMP worked on three grant-funded projects during RY23-24, summarized below.

1. CDC Overdose Data to Action (OD2A) FAIN NU17CE010222-01-01 - $2,287,525

The PDMP will use grant funds to:

a. Develop continuing education on the management of pain, focusing on dissemination to all clinicians who may treat acute, subacute, and chronic pain in outpatient settings.

b. Develop continuing education on screening and diagnosis of substance use disorders, especially opioid use disorder and stimulant use disorder, intended for clinicians across a range of specialties.

c. Implement and expand electronic information sharing among states in compliance with the National Prescription Monitoring Information Exchange (PMIX) architecture.

d. Establish and maintain a two-way connection to exchange PDMP data with other state systems, ensuring that every request received is met with the correct response from the recipient's system.

e. Implement universal PDMP registration and use that includes a streamlined and simplified PDMP registration process.

f. Improve PDMP infrastructure or information systems to support proactive reporting and data analysis, including enhancing reporting systems to increase frequency and quality of reporting.

g. Design, validate, or refine algorithms for identifying high-risk prescribing activity and other risk factors associated with overdose to use as a trigger for proactive reports (e.g., receiving prescriptions from multiple clinicians, and concurrent substance use or dangerous combinations that put patients at higher risk for opioid use disorder and overdose.

h. Expand integration of PDMP data into electronic health records.The grant period ended September 30, 2028.

2. Harold Rogers PDMP Implementation and Enhancement Grant 15PBJA-21-GG-02607-PDMP - $1,627,287

The PDMP will use grant funds to accomplish the following objectives:

a. Expand integration of PDMP information into the Department's 67 county health departments' (CHDs) EHR system known as the Health Management System (HMS).

b. Augment the existing HMS Drug Utilization Review (DUR) with PDMP information to provide alerts based on clinical criteria, documented drug-drug interactions with other listed medications, and duplicate therapy instances with other medications.

c. Reconcile each controlled substance electronically prescribed in HMS using the National Council for Prescription Drug Programs script with the medications dispensed and reported to the PDMP.

d. Maintain and expand the EFI data warehouse to improve the quality and accuracy of PDMP data by incorporating seamless open data that supports and enhances data visualizations that facilitate reporting dashboards, scorecards, etc.

e. Expand existing outreach and education efforts.

The proposed pilot project will benefit public health in the state of Florida. Prescribers and pharmacists in the Department's 67 CHDs will benefit from workflow efficiencies through EHR integration and enhanced DUR clinical alerts.

The grant period ends on September 30, 2025.

Outcomes

Annually, the Department reports on outcome-targeted performance measures to the Governor, the Senate President, and the House of Representatives Speaker as required in section 893.055(14), F.S.. This report contains information on the PDMP's operation, including basic program and system metrics, the status of critical 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, 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.

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

Figures: 3, 9

OUTCOME 2: Reduction of the quantity of controlled substances obtained by individuals engaged in fraud and deceit.

Tables: 1, 2 / Figures: 2, 3, 7, 8, 9

OUTCOME 3: Increased coordination among partners participating in the prescription drug monitoring program.

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OUTCOME 4: Involvement in stakeholders achieving improved patient health care and safety and reduction of controlled substance abuse and diversion.

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Throughout the report, graphs and tables within performance measures are designed to address one or more of the above outcomes. Color bars will indicate the outcome(s) the performance measure addresses.

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Technical Notes

The current report year (RY24) covers the period from July 1, 2023 (Q3-Q4 2023) to June 30, 2024 (Q1-Q2 2024). Direct year-to-year comparisons are based on report years.

Data downloaded from PMP Advanced Analytics™ between July 26, 2024, and September 18, 2024, 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 United States (U.S.) Department of Veterans Affairs, tramadol reporting, hydrocodone rescheduling, and mandatory consultation).

Source for RY23 Population: U.S. Census Bureau Population Division. Release Date: June 2021. Updated July 2022 with April 1, 2020, estimate.

Source for RY24 Population: U.S. Census Bureau QuickFacts. Release Date: July 2023.

On November 4, 2022, the CDC released its Clinical Practice Guideline for Prescribing Opioids for Pain- United States, 2022.[1] The CDC changed commonly prescribed opioids for pain management, resulting in changes to MME conversion calculations. In July 2023, Bamboo Health, Inc. adjusted the MME conversion table based on the release of the CDC Guideline. These values were adjusted retroactively to July 1, 2022.

Example of Previous MME Conversion Calculation	Example of Updated MME Conversion Calculation
Methadone (10 mg * (120 qty / 30 days supply) * 3 = 120 MME	Methadone (10 mg * (120 qty / 30 days supply) * 4.7 = 188 MME
Tramadol (50 mg * (180 qty / 30 days supply) * 0.1 = 30 MME	Tramadol (50 mg * (180 qty / 30 days supply) * 0.2 = 60 MME

[1] Centers for Disease Control and Prevention, CDC's Clinical Practice Guidline for Prescribing Opioids for Pain available at CDC's Clinical Practice Guideline for Prescribing Opioids for Pain | Guidelines | Healthcare Professionals | Opioids | CDC. Accessed 10/3/2023.

Table 1. Characteristics of schedules II through V prescriptions dispensed to Florida residents 18 years of age and older

There are 18,224,245 residents 18 years of age and older in Florida, of whom 5.1 million have been dispensed one or more schedules II through V controlled substances in RY24, an increase of 2.2% from RY23. Table 1 also illustrates that 6,465 pharmacies reported 30,205,430 controlled substance prescriptions dispensed to Florida patients during RY24, a 4.7% increase in prescriptions from the prior year. The number of prescribers who issued one or more controlled substance prescriptions increased by less than 1% from 152,341 in RY23 to 153,466 in RY24. There was a 4.8% increase in days' supply per capita from 42.0 to 44.0. The prescription quantity per capita increased by 4.9% from 82.0 to 86.0. During RY24, there were 11,699,632 opioid prescriptions dispensed to 3,024,162 Florida residents 18 years of age and older, a 2.3% decrease in prescriptions compared to RY23 and a 2.0% decrease in patients. Lastly, the average daily MME per opioid prescription decreased by 6.9% from 49.9 to 46.5.

Data Characteristics	RY23	RY24	RY23-24 Change
Population 18 years and over	17,948,469	18,224,245	1.5%
Patient	4,969,309	5,078,432	2.2%
Prescriber	152,341	153,466	0.7%
Pharmacy	6,397	6,465	1.1%
Prescription (Rx)	28,844,775	30,205,430	4.7%
Quantity (Qty)	1,471,766,647	1,568,262,142	6.6%
Days' Supply / Rx	26.1	26.5	1.6%
Prescription Qty / Rx	51.0	51.9	1.8%
Prescriptions / Patient	5.8	5.9	2.5%
Days' Supply / Patient	141.7	157.9	4.1%
Prescription Qty / Patient	296.2	308.8	4.3%
Prescriptions / Capita	1.6	1.7	3.1%
Days' Supply / Capita	42.0	44.0	4.8%
Prescription Qty / Capita	82.0	86.0	4.9%
Opioid Rx	11,970,844	11,699,632	-2.3%
Patient with Opioid Rx	3,084,741	3,024,162	-2.0%
Avg Daily MME per Opioid Rx	49.9	46.5	-6.9%

Table 2. Number and percentage of prescriptions of the top 10 dispensed controlled substances in schedules II through V

Table 2 illustrates that 33.6% of the controlled substances dispensed in RY24 were oxycodone SA, alprazolam SA, and hydrocodone SA. Hydrocodone SA had the most significant decrease in prescriptions dispensed by 6.9%, followed by alprazolam SA at a 2.4% decrease. Controlled substances with a marked increase in prescriptions dispensed include testosterone at 13.2%, dextromethamphetamine SA at 12.8%, and oxycodone SA at 2.3%.

Generic Name	Brand Example	RY23	RY23	RY24	RY24	RY23-24 Change
Oxycodone SA	Percocet®	3,856,694	12.8%	3,944,476	13.1%	2.3%
Alprazolam SA	Xanax®	3,538,917	11.7%	3,452,513	11.4%	-2.4%
Hydrocodone SA	Vicodin®	2,969,629	9.9%	2,764,585	9.1%	-6.9%
Dextroamphetamine SA	Adderall®	2,239,417	7.4%	2,524,835	8.4%	12.8%
Tramadol SA	Ultram®	2,178,514	7.2%	2,172,604	7.2%	-0.3%
Clonazepam SA	Klonopin®	1,857,283	6.2%	1,830,557	6.1%	-1.4%
Zolpidem SA	Ambien®	1,730,708	5.7%	1,698,860	5.6%	-1.8%
Lorazepam SA	Ativan®	1,483,476	4.9%	1,468,314	4.9%	-1.0%
Testosterone SA	Androderm®	1,239,638	4.1%	1,402,853	4.6%	13.2%
Phentermine SA	Adipex®	1,009,577	3.3%	1,001,984	3.3%	-0.8%

Figure 1. Rank of Top 10 controlled substances dispensed between RY21 – RY24

Figure 1 depicts the rank of controlled substances dispensed between RY21 and RY24. Oxycodone SA, alprazolam SA, and hydrocodone SA remain consistent as Florida's top three dispensed controlled substances.

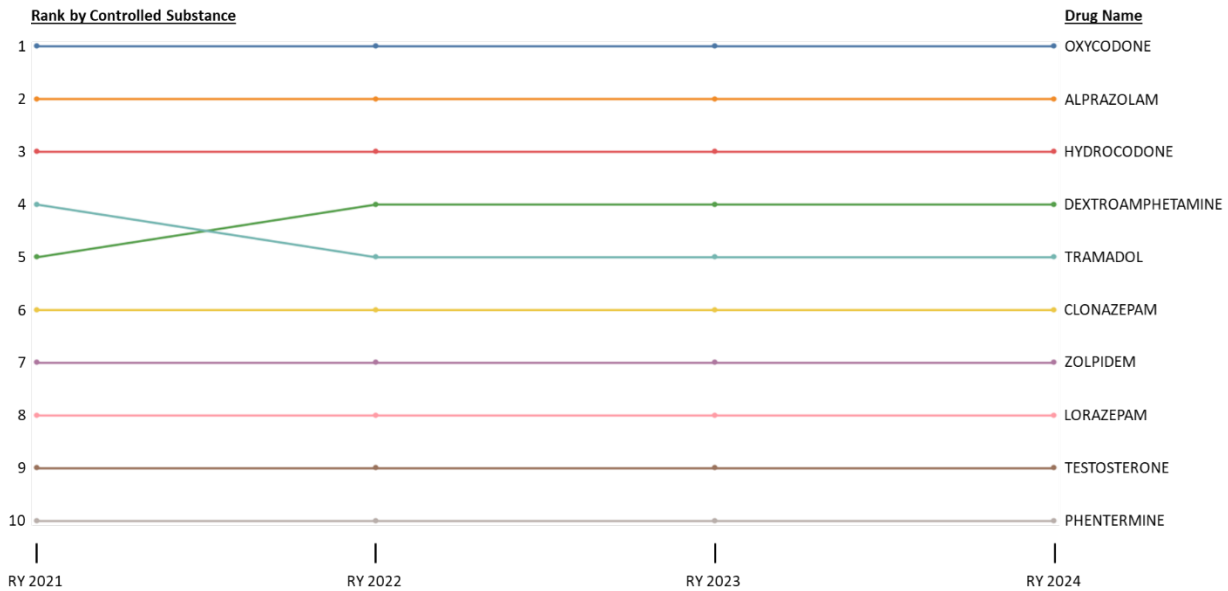

Table 3. User registration by user role type, report year, and percentage change.

Table 3 illustrates the cumulative number of registrants by user role type, report year, and percentage change. There was a 6.3% increase in registration from 182,045 in RY23 to 193,441 in RY24.

User Role Type	RY23 Registrants	RY24 Registrants	RY23-24 Change
Prescriber			
Dentist (DN)	8,118	8,410	3.6%
Medical Resident	1,243	1,297	4.3%
Military Prescriber	227	224	-1.3%
Nurse Practitioner (APRN)	13,733	15,778	14.9%
Optometrist (OD)	78	80	2.6%
Physician (ME OS)	49,844	52,277	4.9%
Physician Assistant (PA)	4,201	4,717	12.3%
Podiatrist (DPM)	1,167	1,213	3.9%
Prescriber Delegate: Unlicensed	43,539	46,595	7.0%
Prescriber without DEA	17,518	18,426	5.2%
VA Prescriber	518	564	8.9%
Telehealth out-of-state prescriber	307	342	11.4%
Subtotal	**140,493**	**149,923**	**6.7%**
Dispenser			
Military Dispenser	22	22	0.00%
Pharmacist	22,575	23,533	4.2%
Pharmacists Delegate: Unlicensed	17,922	18,842	5.1%
VA Dispenser	147	158	7.5%
Subtotal	**40,666**	**42,555**	**4.7%**
Law Enforcement			
Drug Enforcement Administration (DEA)	141	155	9.9%
Federal Bureau of Investigation (FBI)	8	8	0.0%
U.S. Department of Health and Human Services (HHS)	19	20	5.3%
Local Police Jurisdiction	260	286	10.0%
Medicaid Fraud Unit	15	16	6.7%
Military Police	18	20	11.1%
State Attorney General	1	1	0.0%
State Police	48	48	2.1%
State Prosecutor	8	9	12.5%
Subtotal	**518**	**563**	**8.9%**
Medical Examiner			
Medical Examiner - Delegate	152	170	11.8%
Medical Examiner	22	26	18.2%
Subtotal	**174**	**196**	**12.6%**
Impaired Practitioner Consultant			
Impaired Practitioner Consultant	5	5	0.0%
Impaired Practitioner Consultant Admin	2	2	0.0%
Subtotal	**7**	**7**	**0.0%**
Investigative Agency Administration*			
Investigative Agency Administrator	187	197	5.4%
Subtotal	187	197	5.4%
TOTAL	**182,045**	**193,441**	**6.3%**

Agency Administration includes administrators for law enforcement and Department investigative services. * Cumulative numbers.

Table 4. Indirect user requests by user type

Table 4 outlines queries by indirect law enforcement and investigative agency users, and a patient, the legal guardian, or the designated health care surrogate of an incapacitated patient. Before information is released, these requests must meet specific criteria and be approved by E-FORCSE® staff.

There was a 3.1% decrease in the number of requests from indirect users from 10,623 to 10,329 during RY24. From RY23 to RY24, patient requests decreased 62.1% from 103 to 39. Impaired practitioner consultant requests increased 37.5% from 24 to 33 requests, while medical examiner requests increased by 1.0% from 24 to 33. Law Enforcement requests decreased 5.1% from 4,946 to 4,694. There was a 9.43% reduction in regulatory agency administration requests from 402 to 365.

User Type	RY23 Requests	RY24 Requests	RY23-24 Change
Law Enforcement	4,946	4,694	-5.1%
Medical Examiner	5,148	5,198	1.0%
Impaired Practitioner Consultant	24	33	37.5%
Regulatory Agency Administration*	402	365	-9.4%
Patient	103	39	-62.1%
TOTAL	**10,623**	**10,329**	**-3.1%**

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

Figure 2. Number of individuals obtaining controlled substance prescriptions from 5 (or 10) or more prescribers and 5 (or 10) or more dispensers by quarter January 2012 – June 2024

Using the data in this performance measure demonstrates the value of the PDMP as a clinical decision-making tool to reduce prescription drug 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 supports the idea 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 appears to have plateaued, further decreases have occurred in response to recent program changes, including implementing mandatory utilization, EHR integration, and enhanced PDMS reports.

There has been a 3.4% decrease in the number of individuals who visited five or more prescribers and five or more pharmacies in a 90-day period compared to FY23, from 470 to 454.

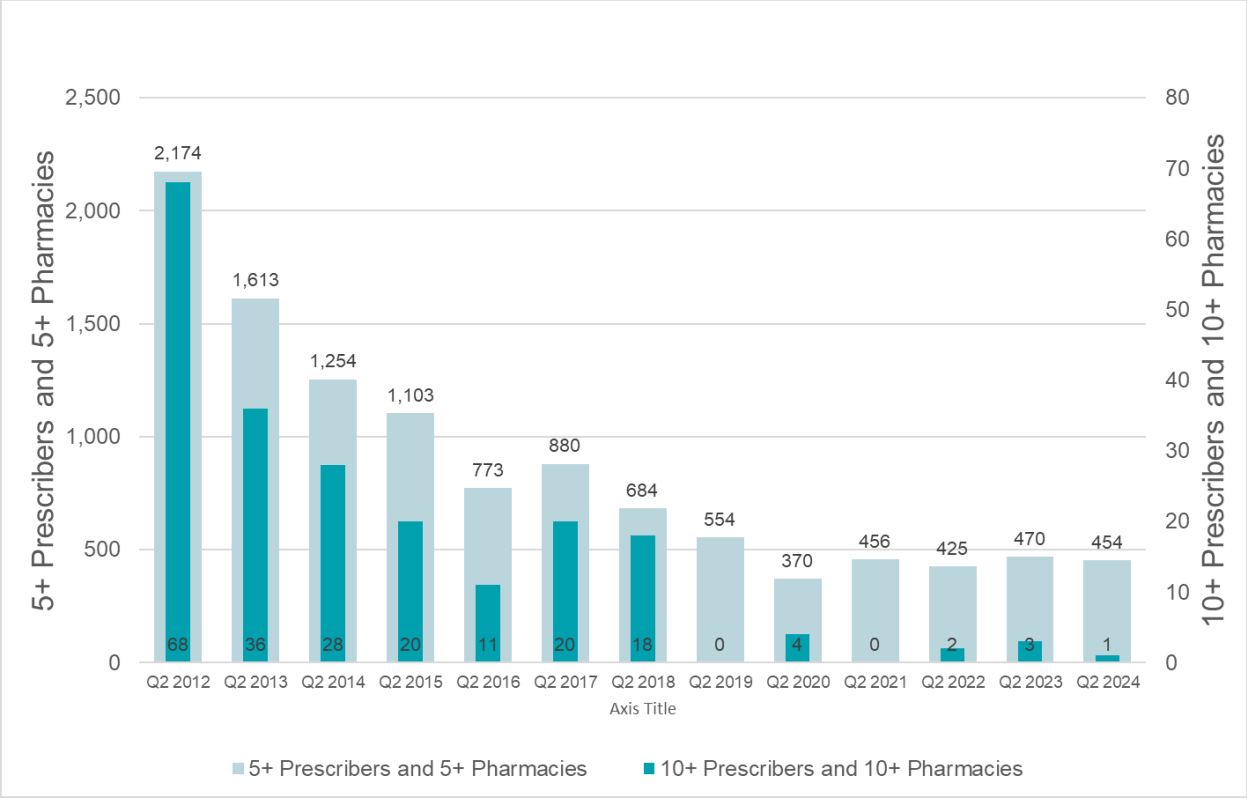

Figure 3. Number of prescriptions per patient as a function of age, payment type, and drug class

Figure 3 illustrates the average number of prescriptions per patient based on the drug class, age group, and payment method. The figure suggests that for stimulants, those who pay using military benefits have the greatest number of prescriptions per patient on average. The figure also indicates a high number of benzodiazepine prescriptions per patient for those who pay using Medicare.

Extract date: July 26, 2024.

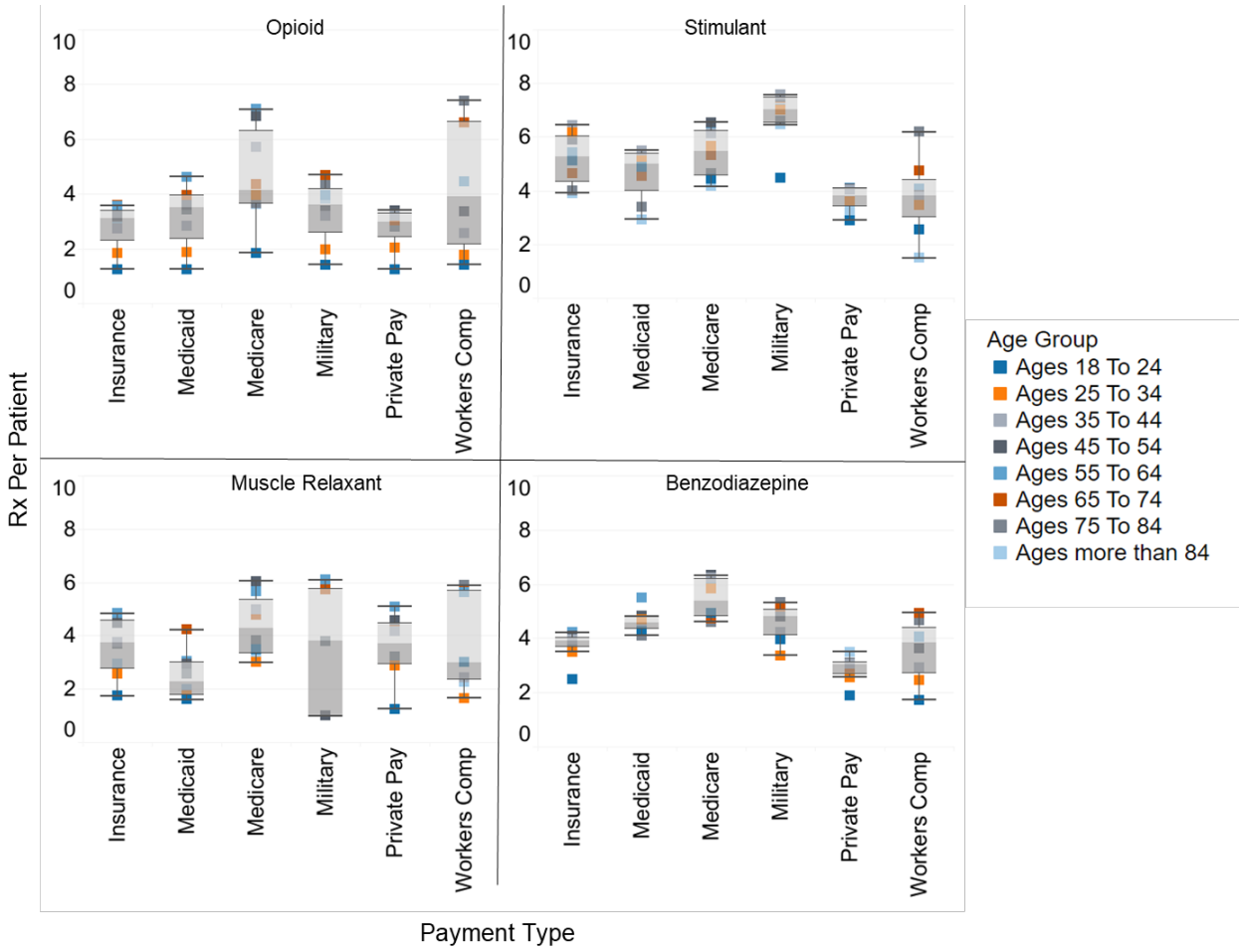

Figure 4. Number of Florida prescribers who have searched the PDMS via an integrated solution and prescribed a controlled substance, January 2023 – June 2024

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. In RY24, the PDMP was integrated into 3,298 entities' EHR and PDS across the nation. Entities include physician offices, clinics, hospitals, health systems, and PDS. During RY24, the PDMP authorized prescribers and dispensers in 29 states and Puerto Rico to request information through an integrated solution.

Analysis of EHR integration data for the past 18 months, as outlined in Figure 4 below, reveals Florida has had 196.4 million successful requests from 128,871 unique prescribers, of which 98,165 were licensed in Florida. Further consolidation based on practitioners with an active Drug Enforcement Administration (DEA) registration number illustrates 60,796 prescribers out of 87,008 prescribers who prescribed controlled substances performed a patient lookup via their EHR solution. Compared to RY23, there has been a 9.5% increase from 63.8% to 69.8% in Florida prescribers who have prescribed and searched the PDMS via an integrated solution. With a 69.9% integrated solution utilization rate, Florida ranks within the top 25 states in the nation with integrated solution usage.

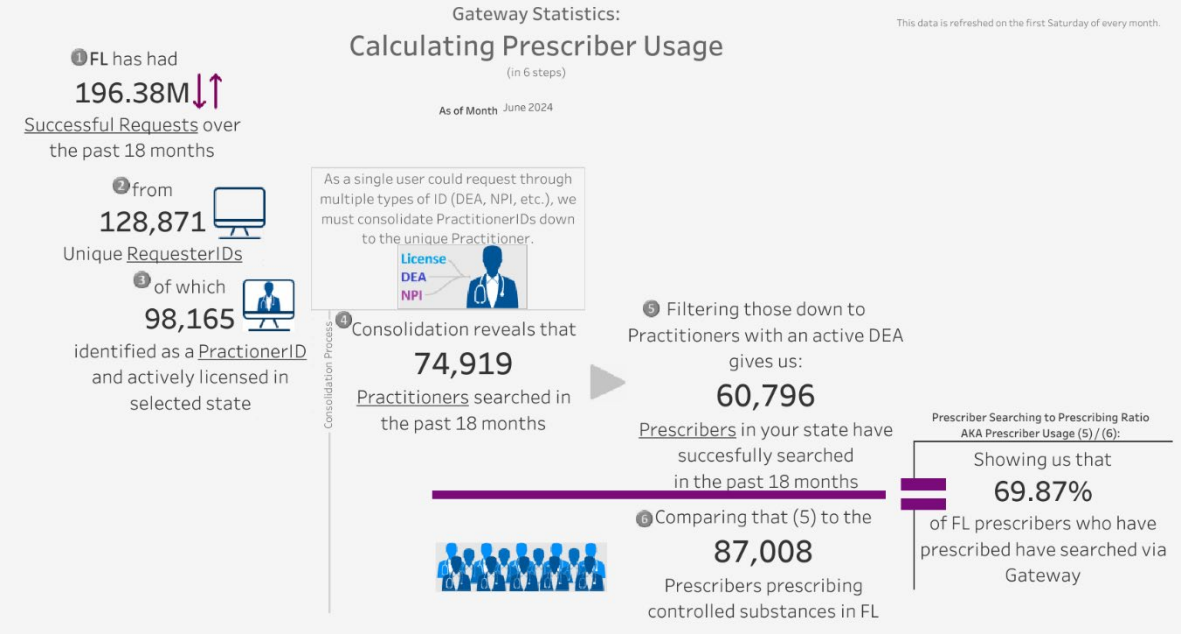

Figure 5. Number of queries by Florida prescribers, dispensers, and designees through the web portal and integrated solutions by month

The Department provided PDMS information to prescribers, dispensers, and designees through the web portal and integrated EHRs and PDSs in the state.

During RY24, Florida prescribers, dispensers, and designees made 230.2 million successful queries for PDMS information. Queries through EHR and PDS integrations totaled 172.7 million, while prescribers, dispensers, and designees made 57.6 million queries through the web portal.

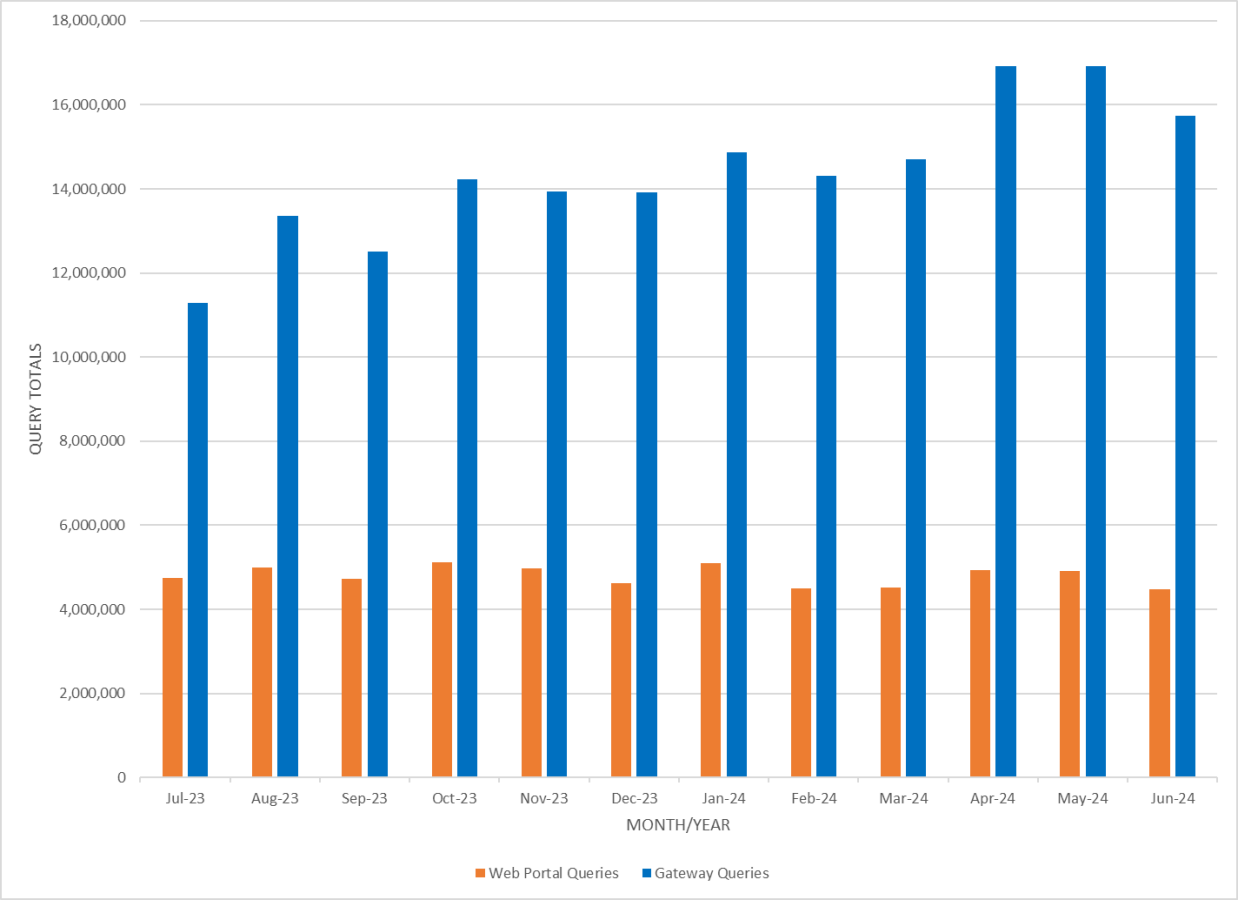

Figure 6. Number of queries disclosed to other states' prescribers and dispensers

Figure 6 illustrates that the PDMP disclosed 87.3 million queries to prescribers and dispensers in other states.

During RY24, Florida prescribers, dispensers, and designees made 87.3 million successful queries for PDMS information from other states. Queries through EHR and PDS integrations totaled 72.3 million, while prescribers, dispensers, and designees made 15.0 million queries through the web portal.

The states with the most requests to the Florida PDMP were Georgia (33,898,432), Alabama (17,311,655), and Connecticut (7,111,418).

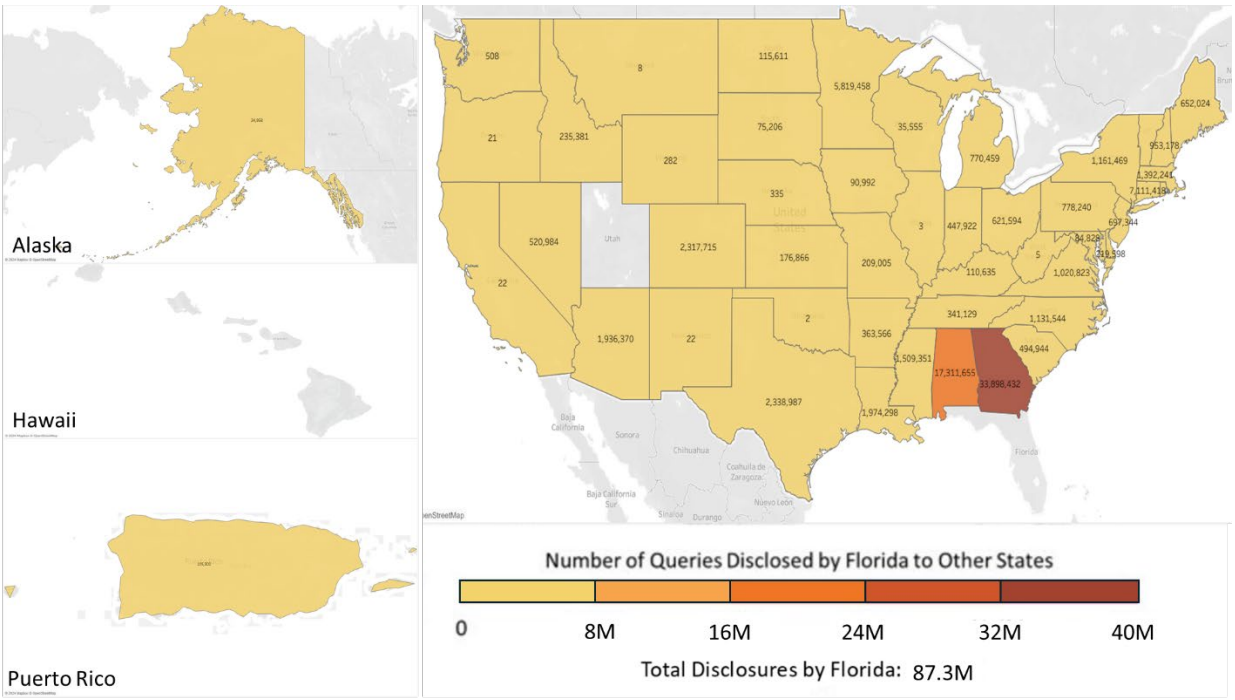

Figure 7. Number of schedule II opioid prescriptions dispensed to Florida residents 18 years of age and older by prescription days' supply.

Figure 7 illustrates the number of schedule II opioid prescriptions dispensed to Florida residents during RY23 and RY24 by the days' supply. Prescribing patterns have remained steady throughout the last year across all days' supply ranges. For example, at the end of RY23, 152,940 prescriptions were dispensed with three or fewer days' supply. At the end of RY24, 150,207 prescriptions were dispensed with three or fewer days' supply.

A secondary axis was included for prescriptions that provided 15 to 30 days' supply due to the differing order of magnitude.

Note: The prescription number for RY23 as well as RY24 were refreshed and updated due to the change in drug classification criteria and the need to preserve continuity (see Technical Notes on page 13).

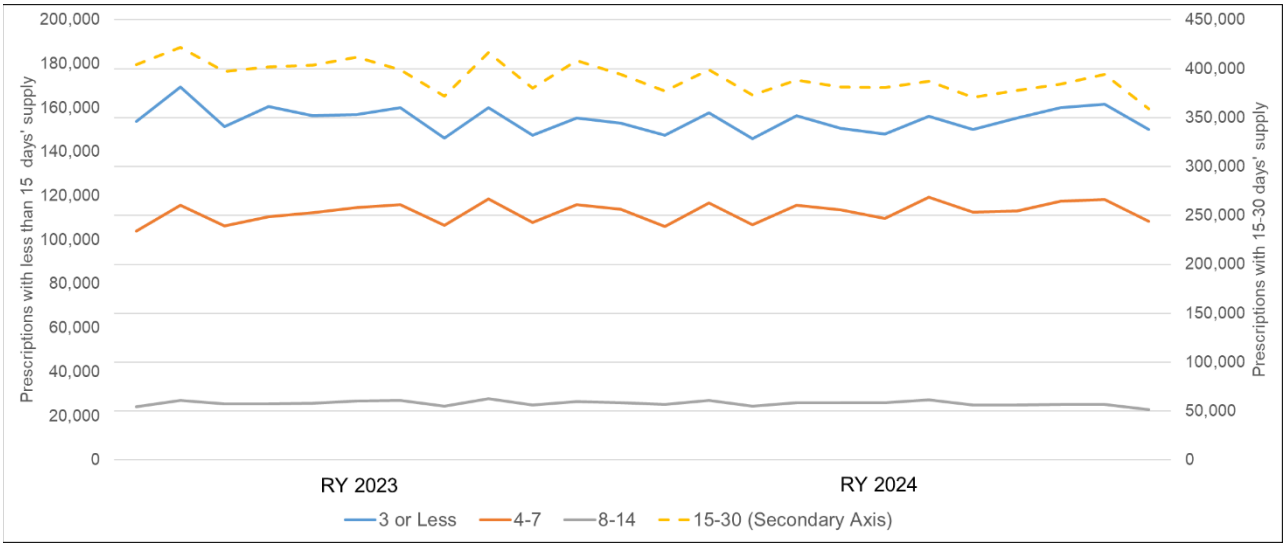

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Figure 8. Average daily morphine milligram equivalent per schedule II opioid prescriptions

The daily MME per prescription appeared to show a consistent decline from RY23 to RY24. For example, in July 2022, the beginning of RY23, the average daily MME per prescription for schedule II opioids was 65.8. However, by June 2024, the end of RY24, the MME per prescription went down to 54.9, a 16.6% decrease.

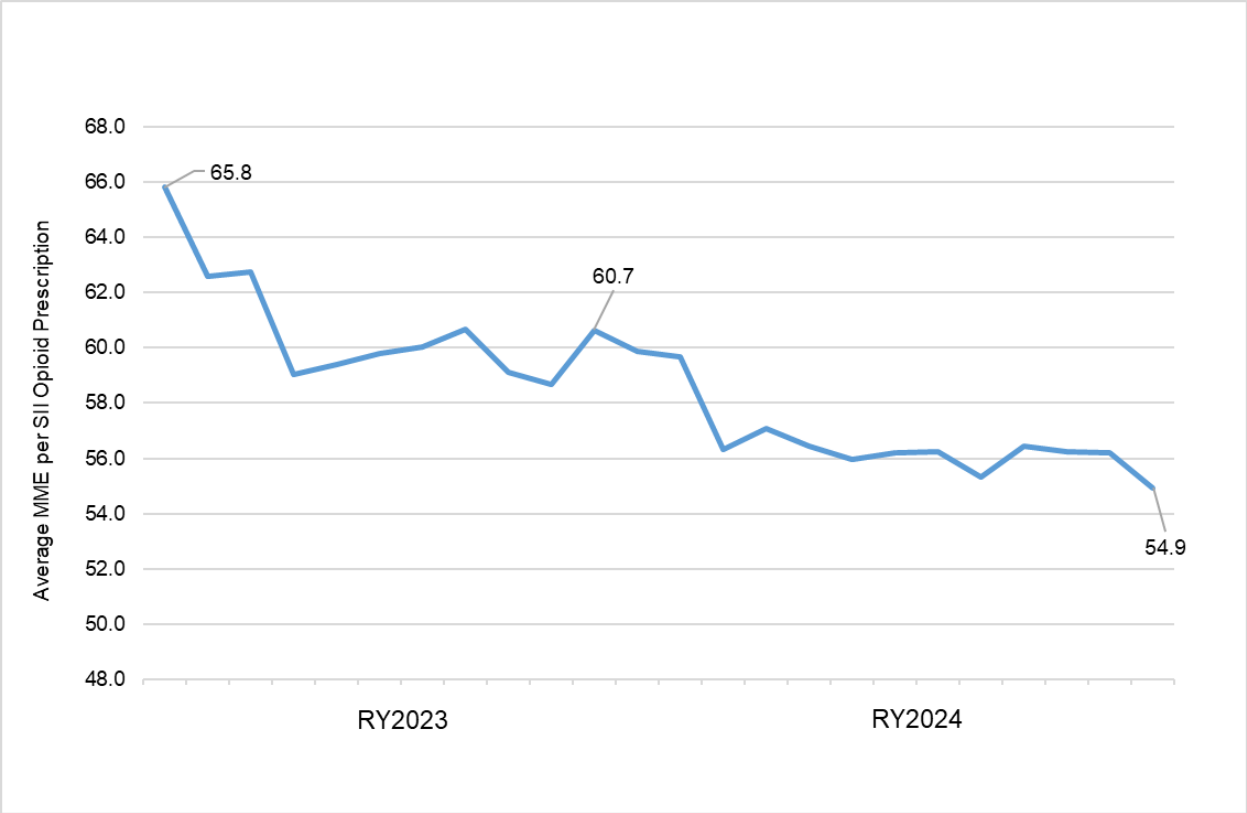


Figure 9. Projected model of prescription count over time for opioid prescriptions

Figure 9 is a projected model of prescription count over time for opioid prescriptions. The data ends on June 30, 2024, and the model predicts a year in advance (June 2025).

The predictive dotted lines represent probabilities that a prescription count will fall below a given line. For example, in June 2025, the blue line illustrates a 90% chance that prescription counts will fall below 1,006,174, and the yellow line indicates a 10% chance that the prescription counts will fall below 891.186. Thus, there is an 80% chance that the prescriptions in June 2025 will fall between the two numbers/lines mentioned above.

Extract date: August 2024. Age groups: 18+ Florida residents only.

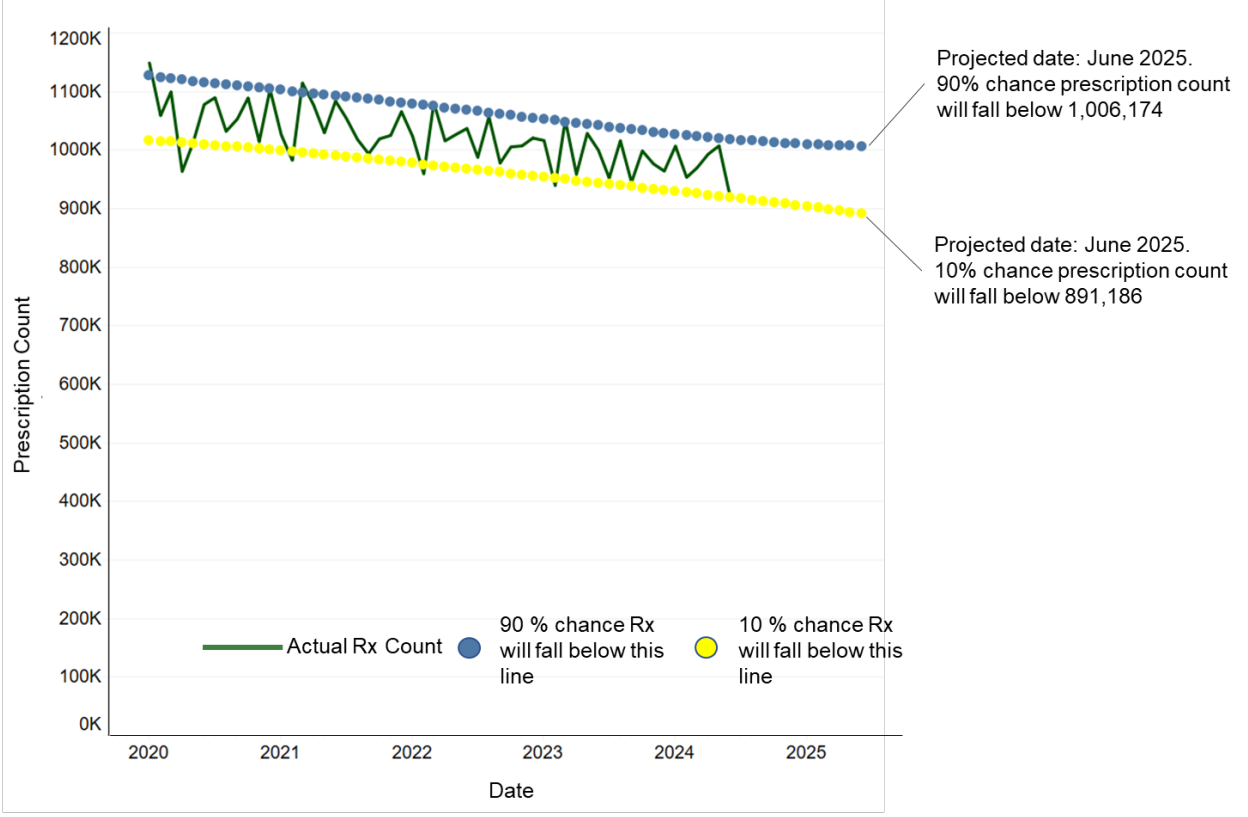


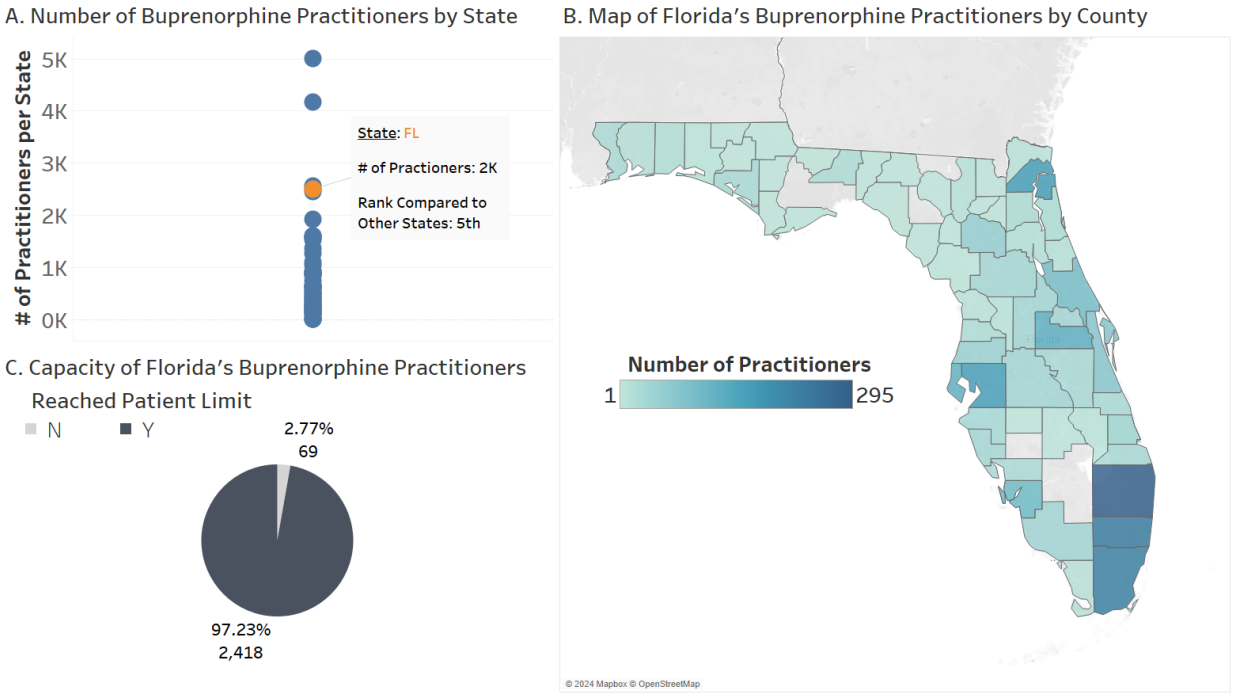
Figure 10. Number, location, and capacity of opioid recovery centers in Florida with buprenorphine practitioners

The data were downloaded from the Substance Abuse and Mental Health Services Administration's Buprenorphine Practitioner Locator,[2] which lists the practitioners in the state who prescribe buprenorphine to treat opioid use disorders. This information is visualized in a few ways, as seen below.

Figure 10. A illustrates the number of buprenorphine practitioners in each state. Florida holds the fifth-largest number of prescribers when compared to other states.

Figure 10. B illustrates where the practitioners are in Florida and which counties have access to buprenorphine. From this, we can better show where resources can be distributed, especially when correlated with overdose rates per county.

Figure 10. C shows the number of practitioners currently at the patient limit.



[2] https://www.samhsa.gov