Florida HEALTH
Medical Quality Assurance

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

Annual Report

Fiscal Year 2019-2020

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Message from the State Surgeon General

I am pleased to present the fiscal year 2019-2020 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.

This year, there has been an increase in enrollment and utilization of the Prescription Drug Monitoring System (PDMS) by prescribers (15.3 percent) and dispensers (12.9 percent), respectively, compared to 2019. Subsequently, this led to a 68.7 percent increase in patient queries performed from 65.0 million in 2019 to 109.6 million in 2020. Also, there has been a 5.5 percent decrease in schedule II through V opioid prescriptions dispensed to patients and a 14.6 percent decrease in the average daily morphine milligram equivalents (MMEs) per prescription dispensed to patients compared to the previous year.

Additionally, each quarter the PDMP provided over 41,000 prescribers a summary of their opioid prescribing patterns compared with prescribers in the same health care specialty. This report outlines the prescribing characteristics of the top 10 specialties, number of patients, number of opioid prescriptions, percent of opioid prescriptions by daily MME, and percent of patients by days' supply prescribed. Providing relevant and accurate information to prescribers can positively influence their prescribing of controlled substances. On average, the Dentist specialty prescribed the lowest number of opioid prescriptions quarterly. Dentists had the lowest daily MME and the lowest number of days' supply than the other specialties. 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.

The Department of Health (Department) is enhancing PDMS access by using health information technology to integrate PDMP information into electronic health recordkeeping (EHR) systems across the state. EHR integration alleviates the prescriber's need to exit the EHR workspace and log on to the PDMS to begin a patient search. An automated query function occurs during the patient encounter, and demographic information is automatically passed from the EHR to the PDMS to perform the query. The PDMP expanded its integration of PDMP information into 969 entities' EHR systems across the state, making its use seamless within clinicians' workflow. The PDMP is currently engaged in reciprocal interstate data sharing, making its information available to authorized users in 29 states throughout the north and southeast.

Florida's PDMP is an essential resource for clinicians to assess a patient's controlled substance prescription history. While Florida has seen an increase in registration and utilization, one of the Department's primary goals is to minimize any workflow disruption by providing near-instant and seamless access to critical prescription history information at the point of care.

We continually strive for excellence in promoting a balanced use of prescription data that preserve healthcare providers' professional practice and patients' access to optimal pharmaceutical care.

Scott A. Rivkees, MD
State Surgeon General

Prescription Drug Abuse Epidemic: Florida Timeline

2009

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

2010

- 90 of the top 100 physicians purchasing oxycodone in the U.S. were in Florida

2011

- March - Governor created Statewide Drug Strike Force
- June - Governor signed HB 7095 into law impacting controlled substance distribution, prescribing, and dispensing
- July - State Surgeon General declared a statewide public health emergency
- September - implementation of the PDMP

2012

- CDC classified prescription drug abuse as an epidemic

2013

- PDMP funded by General Revenue

2014

- Implemented Investigative Agency User Agreements to enhance system security

2015

- PDMP funded by General Revenue

2016

- March - CDC releases Guidelines for Prescribing Opioids for Pain
- April - Governor signed SB 964 into law authorizing direct access by designees and indirect access by impaired practitioner consultants
- PDMP funded by General Revenue

Executive Summary

As required by section 893.055(14), Florida Statutes (F.S.), the fiscal year 2019-2020 Prescription Drug Monitoring Program (PDMP) Annual Report highlights this year's accomplishments.

Report Highlights

Increase in Enrollment and Utilization –
Overall, including all user role types, enrollment increased 14.8 percent from 114,830 to 131,880 registrants. There was a 15.3 and 12.9 percent increase in prescriber and dispenser enrollment, respectively, compared to 2018-2019 (Table 4). Prescribers, dispensers, and their designees made 109.5 million queries through the web portal and EHR integrations (Figure 5).

Reduction of Opioid Prescriptions Dispensed –
There has been a 5.5 percent decrease in the number of schedule II through schedule V opioid prescriptions dispensed to patients and a 14.6 percent decrease in the average daily MME per prescription compared to report year (RY) 2019 (Table 2).

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 87.1 percent reduction in the number of individuals having MPEs (Figure 1).

Increase in Electronic Health Recordkeeping Integration –
The PDMP has approved 969 Electronic Health Recordkeeping and Prescription Dispensing system integrations across the state allowing prescribers and dispensers to access PDMP information within their existing clinical workflows. During RY20, prescribers and dispensers completed 69.0 million queries through EHR integrations. In June 2020, queries conducted through EHR systems reached 6.7 million, while web portal queries reached 3.7 million (Figure 5).

Increase in Data Sharing –
The PDMP is currently sharing data with 29 other state PDMPs and the Military Health Service. During RY20, there were 21.8 million interstate queries. In June 2020, out-of-state practitioners made 1.9 million requests (Figure 6).

Introduction

Current Situation

Increased regulations related to the prescribing and dispensing of controlled substance medications in Florida have had a direct and measurable impact on the opioid epidemic. From the calendar year 2018 to 2019, overdose deaths involving prescription opioids continued decreasing. The mortality rate of the two most frequently prescribed opioids, oxycodone, and hydrocodone, declined by 5.7 percent and 2.9 percent, respectively.[1] Further evidence from two recent studies in Florida showed significant decreases in opioid volume and MMEs prescribed, especially among higher-risk prescribers.[2,3]

On March 1, 2020, Governor DeSantis issued Executive Order 2020-51, directing the Department to issue a Public Health Emergency in response to a global pandemic caused by the SARS-CoV2 virus, coronavirus disease 2019 (COVID-19). The Executive Order established the Coronavirus Response Protocol and directed the declaration of a public health emergency.[4] Executive Order 2020-52 declared a State of Emergency for the entire state and found that COVID-19 is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with influenza-like symptoms.[5] Executive Order 2020-91 made note that action is necessary and appropriate to slow the spread of COVID-19, ensuring residents and visitors in Florida remain safe.[6]

The American Medical Association (AMA) published a brief in October 2020 on the COVID-19 pandemic's impact on the opioid epidemic. The COVID-19 pandemic has added to the already complex nature of opioid abuse and opioid-related deaths, specifically from synthetic opioids like fentanyl analogs. The AMA expressed concern over reports of increases in opioid-related overdose during the COVID-19 pandemic. Because of these concurrent complexities, the AMA reported a need to ensure appropriate access to treat substance abuse disorder and treat pain.[7]

The burden associated with the opioid epidemic will likely continue to shift because of the increase in the number of deaths involving synthetic opioids. Through its Opioid Prevention in States initiatives, such as Overdose Data to Action (OD2A), the Centers for Disease Control and Prevention (CDC) has supported statewide programs and county health departments aimed at maximizing PDMPs, to address the epidemic further.[8]

Prescription Drug Abuse Epidemic: Florida Timeline (cont.)

2017

- May - Governor issued an Executive Order and State Surgeon General declared a Public Health Emergency
- June - Governor signed HB 557 into law mandating dispensers report by the next business day; authorizes access by employees of Department of Veteran Affairs

2018

- March - Governor signed HB 21 into law increasing regulation of prescribers and dispensers, expanding use of the PDMP, amending criminal laws, and appropriating funds
- Launched PMP AWARxE™ platform, NarxCare clinical tool, advanced data analytics, and prescriber summary reports

2019

- Expanded access to Attorney General for civil or criminal litigation
- Expanded access to other states and Military Health System data
- Exempted prescriber and dispenser consultation for patients admitted to hospice

2020

- PDMP administrative costs funded by Medical Quality Assurance Trust Fund
- Access provided to out-of-state telehealth practitioners

Legal Framework

Summary of Statutory Changes

Section 893.055, F.S., 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, F.S. Table 1 summarizes PDMP and related legislation passed from 2009 through 2020.

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

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 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, 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; 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, 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 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, 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 Prescription Drug Monitoring Program's administration.
2017	HB 7097	Amended section 893.055, F.S., extending the Direct Support Organization's repeal for the Prescription Drug Monitoring Program until October 1, 2027.

Year	Bill Number	Summary of Changes - Continued
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 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 health recordkeeping system.
2019	HB 375	Amended section 893.055, F.S. 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	Amends sections 893.055 and 893.0551, F.S., defining an electronic health recordkeeping system and requires the Department to assign a unique patient identifier to protect patient identity; expands access to Attorney General for active investigations or pending civil or criminal litigation involving prescribed controlled substances.
2019	HB 23	Created 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 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.

Rule Development

Section 893.055, F.S., directs the Department to adopt rules as necessary concerning reporting, accessing, evaluating, managing, developing, implementing, operation, and storing information within the PDMS. The Department promulgated rules in Florida Administrative Code Chapter 64K-1, to provide a framework for the program's administration.

On December 18, 2019, Florida Administrative Code rule 64K-1.002 went into effect requiring the reporting of the dispenser's permit or license number and the name of the individual picking up the controlled substance prescription along with the type and issuer of identification. Additionally, the dispenser is required to report the patient's telephone number, the number of refills authorized by a prescriber, and the refill number.

Florida PDMP Funding

There have been five funding sources for the program's administration since 2009, as outlined below.

1. **Division of Medical Quality Assurance Trust Fund** – With the passage of House Bill 5001, the 2020 Florida Legislature transferred the PDMP budget appropriation of $1,585,478 from General Revenue to the Division of Medical Quality Assurance (MQA) Trust Fund. MQA will allocate the PDMP's expenditures from the MQA Trust Fund to the professions that prescribe and dispense controlled substances. MQA will calculate the allocation based on the number of licensees or permits per profession. The allocations will be reviewed and updated quarterly by the Division's budget office.

2. **General Revenue** – The PDMP's administration was funded through the General Appropriations Act, with $1,584,741 in general revenue funds appropriated for FY19-20. Previously, the Florida Legislature authorized general revenue appropriations of

$500,000 to administer the PDMP for FY2013-14, FY2015-16, FY2016-17, and FY2017-18; and $1,702,441 for FY18-19.

3. **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.

4. **Federal Grants** – The PDMP has been awarded eight federal grants totaling $5,237,319 based on specific projects outlined in the grant application. Of the eight federal grants awarded, the PDMP has accepted six Harold Rogers PDMP grants from the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA); one grant from the Substance Abuse and Mental Health Services Administration; and one grant from the CDC.

5. **Private Grants** – The National Association of State Controlled Substance Authorities awarded the PDMP three grant awards totaling $49,952. The PDMP used these private grant funds to create a website, purchase office equipment, and purchase promotional items.

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 the two-grant funded projects summarized below.

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

Award Amount: $749,270 over 24 months.

The Department received the 2018 Comprehensive Opioid Abuse Site-based Program (competitive grant announcement number BJA-2018-13891) funding under category 5 to enhance the PDMS.

Overdose Data to Action FAIN NU17CE925020

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

The Department will decrease the rate of opioid misuse and opioid use disorder by expanding interstate and intrastate data sharing and EHR integration, establishing a data warehouse facilitating data linkage with other data sources and enhancing outreach and educational efforts.

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 (RY20) covers the period July 1, 2019 (Q3-Q4 2019) to June 30, 2020 (Q1-Q2 2020). 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, F.S.

Data downloaded from PMP Advanced Analytics™ between September 17, 2020, to October 16, 2020, 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 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, 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.) and include a timeline of events in the report for the readers.

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 (Source: U.S. Census Bureau, Population Division. Release Date: June 2020).

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), F.S.

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

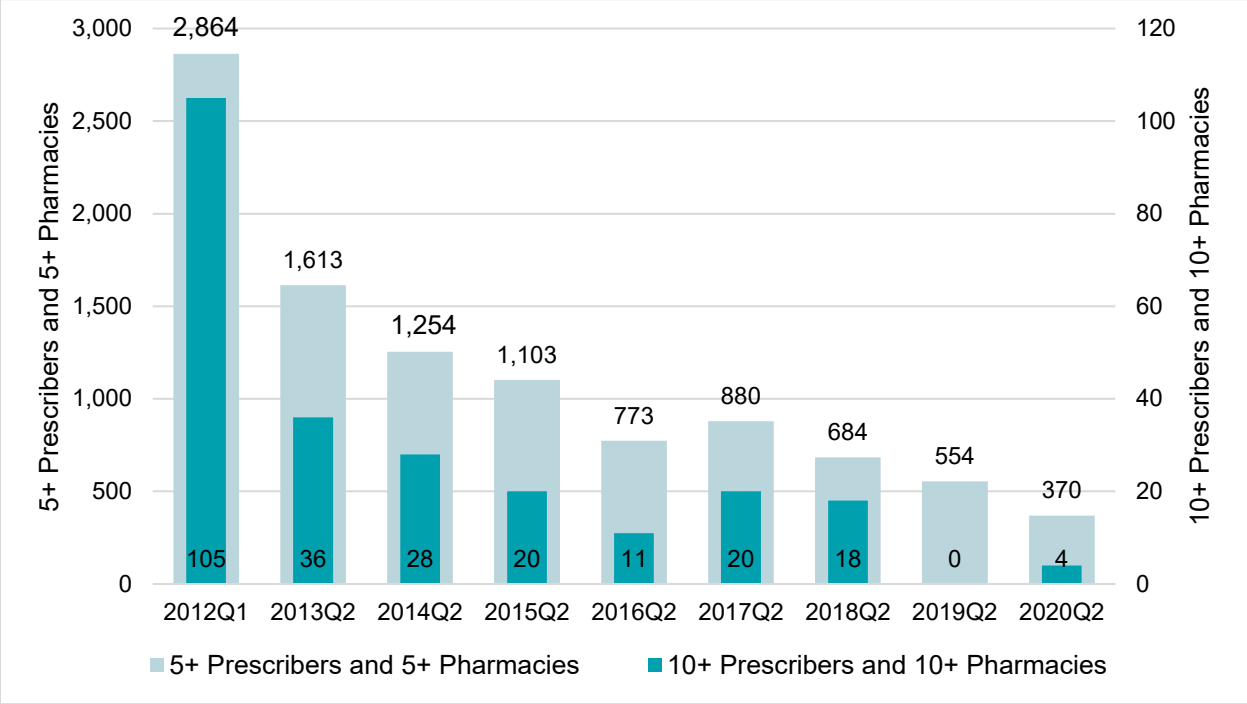
    A. PERFORMANCE MEASURE: Multiple provider episode rates based on the number of individuals visiting 5(10) prescribers and 5(10) dispensers each quarter.

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 patient 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 the 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 each quarter. By the end of the second quarter of 2020 (April 1, 2020, to June 30, 2020), there was an 87.1 percent reduction or 370 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. By the end of the second quarter of 2020 (April 1, 2020, to June 30, 2020), the number of individuals meeting this threshold reduced from 105 in the first quarter of 2012) to 4 in the second quarter of 2020 (Figure 1).



*Controlled substance schedules II-IV before July 1, 2018; schedules II-V after July 1, 2018.

Figure 1. The number of individuals obtaining controlled substance* prescriptions from 5(10) or more prescribers and 5(10) or more dispensers by quarter, January 2012 – June 2020.

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 manner as they would request a patient prescription history report.

From January 1, 2020, through June 30, 2020, 41,521 registered prescribers with valid DEA registration numbers received a Prescriber Summary Report from the PDMS. Figure 2 presents the top 10 specialty groups' prescribing characteristics, regardless of their roles (e.g., physicians, nurse practitioners, dentists, etc.). During this period, prescribers in *General Practice* wrote an average of 11 opioid prescriptions each month of all opioid prescriptions, 8.6 percent had a daily MME over 90, the highest of the top 10 specialty groups. Almost half of the patients (49.4 percent) who received opioid prescriptions from prescribers in *Family Medicine*

were on opioids for over 28 days. On average, prescribers in *Orthopaedic Surgery* wrote 28 opioid prescriptions every month, and 21.2 percent of opioid prescriptions had a daily MME between 50 and 90. This specialty group prescribed opioid prescriptions to an average of 22 patients each month. About half of their patients (48.1 percent) were on opioid prescriptions for 7 to 28 days. Prescribers in the Dentist specialty had lower than 50 daily MME for 95 percent of opioid prescriptions prescribed. Most patients (97.9 percent) received opioids from this specialty group for less than seven days (Figure 2).

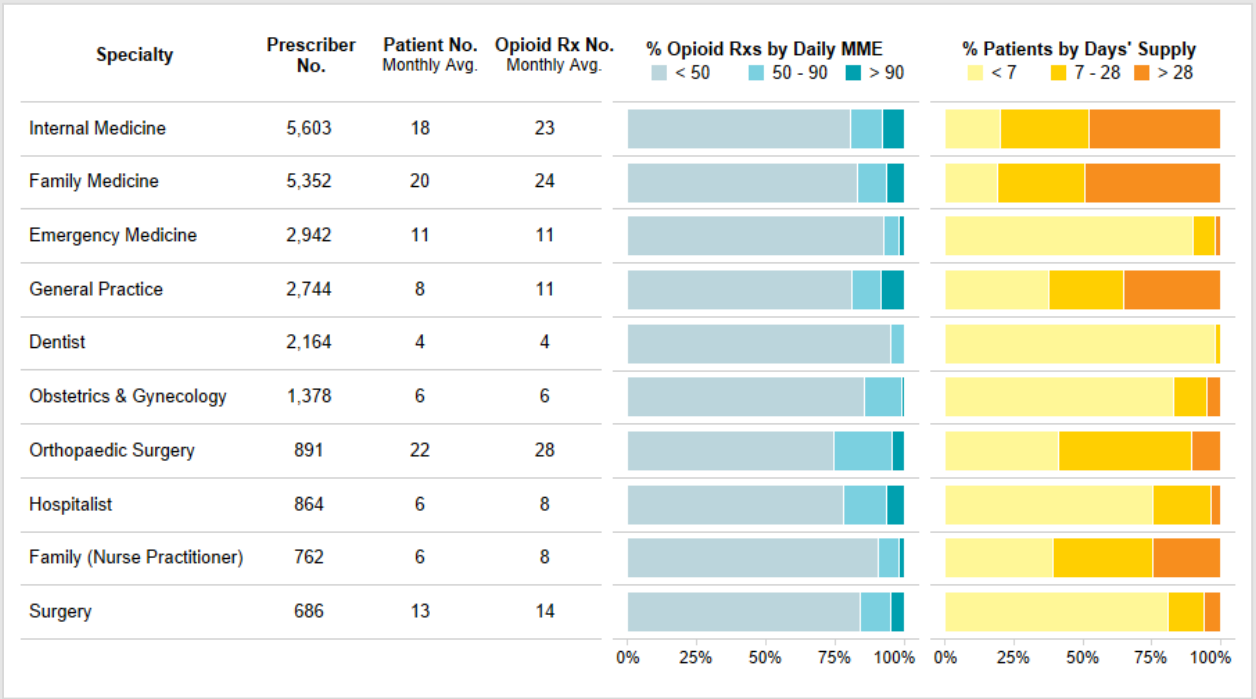


Figure 2. Prescribing characteristics of prescribers receiving Prescriber Summary Report, January 2020 – June 2020.

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

A. PERFORMANCE MEASURE: Characteristics of controlled substances reported to the PDMS.

There are 17,247,808 residents 18 years of age and older in Florida, of whom 4.9 million have been prescribed one or more schedule II through schedule V controlled substances in RY20, a decrease of 8.4 percent. Table 2 illustrates 30,355,360 schedules II through V controlled substance prescriptions dispensed to Florida patients during RY20, a 2.6 percent decline from the prior year. There was a 1.9 percent decrease from 46.5 to 45.6 in the days' supply and a 4.0 percent decrease in prescription quantity per capita, from 101.0 to 97.0 from RY19. During RY20, there were 12,865,409 opioid prescriptions dispensed to 3,104,017 Florida residents 18 years of age and older, a 5.5 decrease in opioid prescriptions dispensed, and a 10.8 percent decrease in patients from the previous year. The average daily MME per opioid prescription has also decreased by 14.6 percent from 56.9 to 48.6.

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

Data Characteristics	RY19	RY20	RY19-20 Change (%)
Prescription (Rx)	31,153,242	30,355,360	-2.6%
Days' Supply	791,489,589	786,822,422	-0.6%
Quantity (Qty)	1,719,960,426	1,672,578,361	-2.8%
Patient	5,323,216	4,875,065	-8.4%
Pharmacy	6,252	6,287	0.6%
Prescriber	149,267	147,652	-1.1%
Population 18 years and over	17,022,312	17,247,808	1.3%
Days' Supply / Rx	25.4	25.9	2.0%
Prescription Qty / Rx	55.2	55.1	-0.2%
Prescriptions / Patient	5.9	6.2	6.4%
Days' Supply / Patient	148.7	161.4	8.5%
Prescription Qty / Patient	323.1	343.1	6.2%
Prescriptions / Capita	1.8	1.8	-3.8%
Days' Supply / Capita	46.5	45.6	-1.9%
Prescription Qty / Capita	101.0	97.0	-4.0%
Opioid Rx	13,620,673	12,865,409	-5.5%
Patient with Opioid Rx	3,480,905	3,104,017	-10.8%
Avg Daily MME per Opioid Rx	56.9	48.6	-14.6%

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

Figure 3 illustrates the number of schedule II opioid prescriptions dispensed to Florida residents during RY18 to RY20 by the days' supply. Overall, the number of schedule II opioid prescriptions decreased by 6.0 percent from 787,310 per month in RY19 to 739,997 per month in RY20.

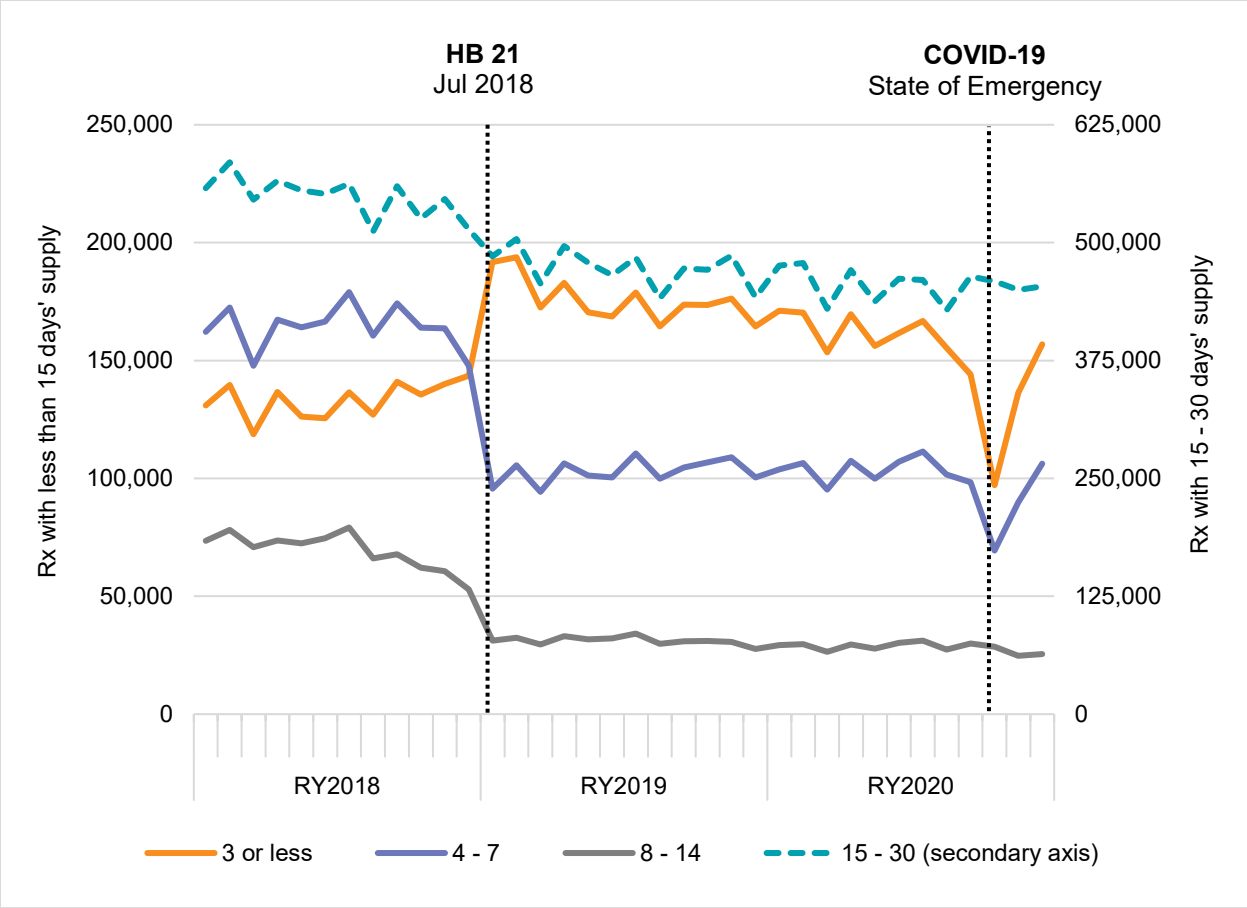


Figure 3. The number of schedule II opioid prescriptions dispensed to Florida residents 18 years of age and older by prescription days' supply.

When 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 four 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[9] but returned to previous levels in June 2020.

Since HB 21 (2018) took effect on July 1, 2018, a substantial decline in average daily MME per schedule II opioid prescription has been observed (Figure 4). From RY19 to RY20, the daily MME continued to decline. On average, it decreased from 75.6 in RY19 to 63.9 in RY20 (-15.5 percent). Although the proportion of schedule II opioid prescriptions with longer days' supply increased during the COVID-19 State of Emergency, the daily MME per prescription remained stable.

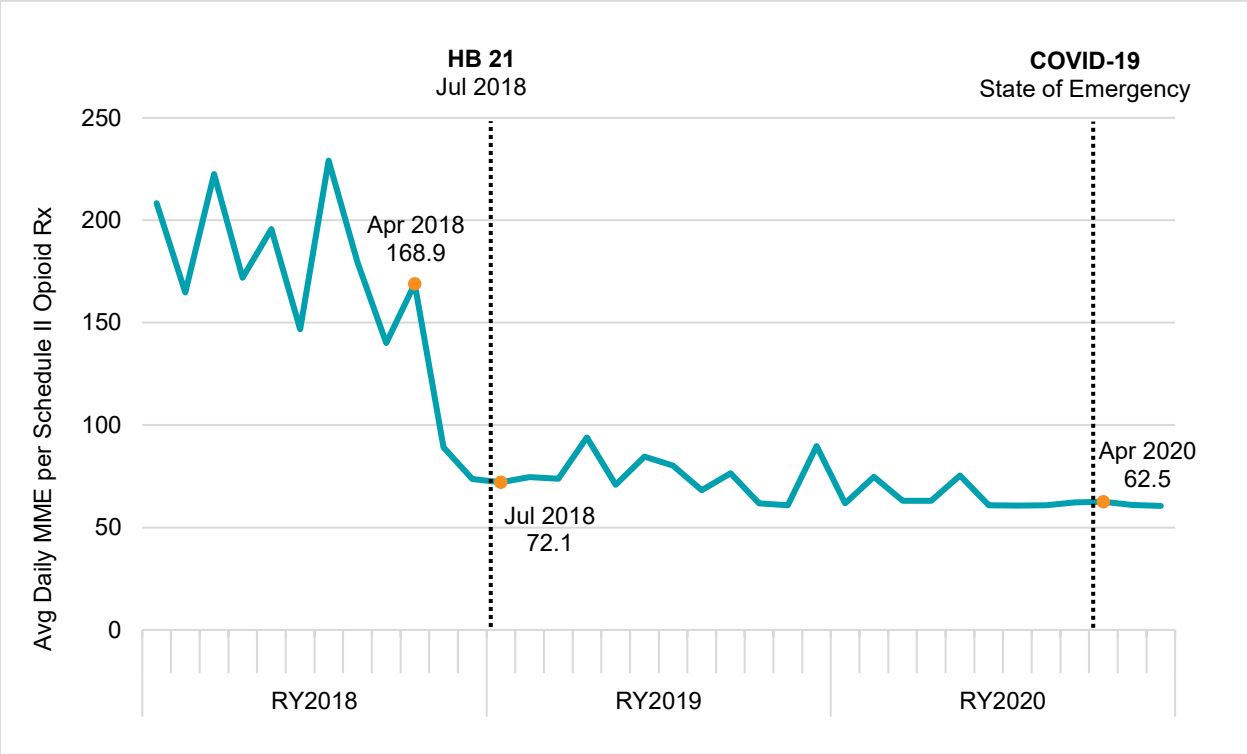


Figure 4. Average daily Morphine Milligram Equivalent per schedule II opioid prescription.

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

Alprazolam, oxycodone SA, 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 to V dispensed in RY20. The number of prescriptions for hydrocodone SA decreased by 7.9 percent. Dextroamphetamine is the only controlled substance in the top 10 list with a year-to-year increase (8.4 percent).

Table 3. The number and percent of prescriptions of the top 10 most commonly dispensed controlled substances in schedule II through schedule V.

Generic Name	Brand Example	Drug Class	RY19	RY19 (%)	RY20	RY20 (%)	RY19-20 Change (%) *
Alprazolam	Xanax	B	3,805,496	12.2%	3,760,410	12.4%	-1.2%
Oxycodone SA	Percocet	O	3,782,725	12.1%	3,696,634	12.2%	-2.3%
Hydrocodone SA	Vicodin	O	3,620,817	11.6%	3,334,801	11.0%	-7.9%
Tramadol SA	Ultram	O	2,407,396	7.7%	2,315,843	7.6%	-3.8%
Clonazepam	Klonopin	B	1,925,162	6.2%	1,918,188	6.3%	-0.4%
Zolpidem	Ambien	M	1,939,433	6.2%	1,854,962	6.1%	-4.4%
Dextroamphetamine	Adderall	S	1,710,724	5.5%	1,854,347	6.1%	8.4%
Lorazepam	Ativan	B	1,573,151	5.0%	1,528,951	5.0%	-2.8%
Temazepam	Restoril	B	1,088,560	3.5%	1,021,618	3.4%	-6.1%
Phentermine	Adipex	S	1,009,665	3.2%	987,336	3.3%	-2.2%

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.

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. Requests are approved by PDMP staff before release. Dispensers and prescribers and their 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.[10] A prescriber or his or her designee may have direct access to the information in the PDMS.[11] The total number of prescribers listed in Table 4 reflects the cumulative number of prescribers, prescriber delegates, and VA prescribers. Prescriber registrations increased 15.3 percent from 87,529 in RY19 to 100,944 in RY20. There was a 22.7 percent increase in the number of federally-employed prescriber registrations from 444 registrations in RY19 to 545 in RY20.

Dispensers: The term "dispenser" means a dispensing health care practitioner, pharmacy, or pharmacist licensed to dispense controlled substances in or into this state.[12] A dispenser or his or her designee may have direct access to the information in the PDMS.[13] The total number of dispensers listed in Table 4 reflects the cumulative number of pharmacists, pharmacists' delegates, Military dispensers, and VA dispensers. Dispenser registrations increased 12.9 percent from 26,894 as of June 2019 to 30,370 as of June 2020. There was a 15.7 percent increase in the number of federally-employed dispenser registrations from 74 registrations in RY19 to 85 in RY20.

Medical Examiners: HB 21 (2018) expanded indirect access to information in the PDMS, authorizing district medical examiners to request information to determine the cause of death of an individual. The number of approved medical examiner users doubled from 45 in RY19 to 91 in RY20.

Law Enforcement: Law enforcement 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, there was a 31.9 percent increase in law enforcement's number of authorized users from 254 by RY19 to 334 by RY20.

Regulatory Agency Administration: There was a 29.8 percent increase in the total number of agency administrators approved by RY20. Agency administrators include administrators for law enforcement and Department investigative services.

Impaired Practitioner Consultants: Upon approval of the individual, impaired practitioner consultants may request information from the program manager to review the controlled substance dispensing history of an impaired practitioner program participant or referral.[14] There were six impaired practitioner consultant registrations as of June 2020.

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

User Role Type	RY19 Registrants**	RY20 Registrants**	RY19-20 Change (%)
Prescriber			
Dentist (DN)	6,235	6,842	9.7%
Medical Resident	437	621	42.1%
Military Prescriber	155	213	37.4%
Nurse Practitioner (APRN)	5,060	6,532	29.1%
Optometrist (OD)	53	63	18.9%
Physician (MD, DO)	38,667	41,448	7.2%
Physician Assistant (PA)	1,863	2,318	24.4%
Podiatrist (DPM)	936	1007	7.6%
Prescriber Delegate	23,411	28,644	22.4%
Prescriber without DEA	10,423	12,924	24.0%
VA Prescriber	289	332	14.9%
Subtotal	**87,529**	**100,944**	**15.3%**
Dispenser			
Military Dispenser	3	3	0.0%
Pharmacist	16269	17768	9.2%
Pharmacist's Delegate	10551	12517	18.6%
VA Dispenser	71	82	15.5%
Subtotal	**26,894**	**30,370**	**12.9%**
Law Enforcement			
Drug Enforcement Administration (DEA)	79	94	19.0%
Federal Bureau of Investigation (FBI)	3	5	66.7%
U.S. Department of Health and Human Services (HHS)	8	11	37.5%
Local Police Jurisdiction	117	165	41.0%
Medicaid Fraud Unit	7	11	57.1%
Military Police	11	11	0.0%
State Attorney General	0	0	
State Police	25	30	20.0%
State Prosecutor (District or Commonwealth Attorney)	4	7	75.0%
Subtotal	**254**	**334**	**31.9%**
Medical Examiner			
Medical Examiner - Delegate	34	74	117.6%
Medical Examiner	11	17	54.5%
Subtotal	**45**	**91**	**102.2%**
Impaired Practitioner Consultant			
Impaired Practitioner Consultant	3	4	33.3%
Impaired Practitioner Consultant Admin	2	2	0.0%
Subtotal	**5**	**6**	**20.0%**
Regulatory Agency Administration*			
Agency Administrator	104	135	29.8%
Subtotal	104	135	29.8%
TOTAL	**114,830**	**131,880**	**14.8%**

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

B. PERFORMANCE MEASURE: Number of patient requests received by the PDMS through electronic health recordkeeping (EHR) systems and web portal.

During RY20, prescribers, dispensers, and their designees combined 109,549,027 queries for information from the PDMS through EHR systems and the web portal. The PDMP has integrated into 969 entities' EHR systems across the state. Physician offices and clinics account for 81 percent of the approvals, followed by 8 percent for hospitals and health systems and 8 percent for pharmacies. In RY20, prescribers and dispensers completed 68,966,924 queries through EHR systems, and prescribers, dispensers, and their designees completed 40,582,103 queries through the web portal. Figure 5 illustrates the number of queries requested through EHR integration and the PDMS web portal by month. Monthly requests through EHR integrations reached 6,658,270 in June 2020. Monthly requests through the web portal reached 3,692,611 in June 2020. Patient searches decreased during the COVID-19 State of Emergency in April 2020 but returned to previous levels in June 2020.

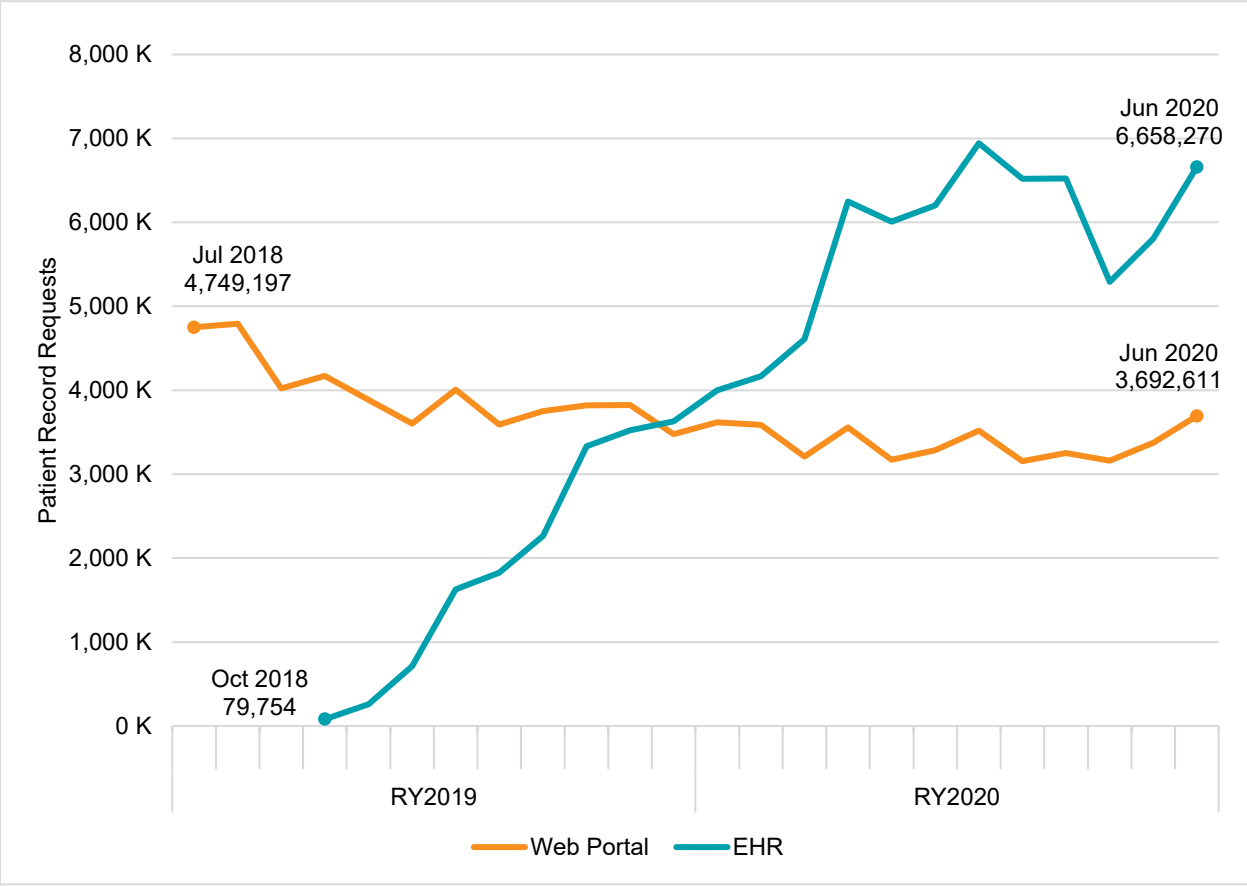


Figure 5. Patient record requested through Electronic Health Recordkeeping System integrations and the Prescription Drug Monitoring System web portal, July 2018 – June 2020.

C. PERFORMANCE MEASURE: The number of interstate PDMP requests to Florida PDMP.

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. 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 PDMP is currently sharing data with 24 other states and the Military Health System through the NABP PMP Interconnect hub, including Alabama, Arkansas, Colorado, Connecticut, Delaware, Georgia, Idaho, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, and Wisconsin.

In April 2020, to meet BJA and CDC grant conditions, the PDMP connected to the federally-sponsored RxCheck hub and is currently sharing data with five states, including Kentucky, Illinois, Maryland, Nebraska, and Washington.

Figure 6 illustrates the number of interstate requests to the Florida PDMS by month. In June 2020, out-of-state practitioners made 1,866,813 requests through interstate data sharing. During RY20, there were total 21,824,435 interstate queries.

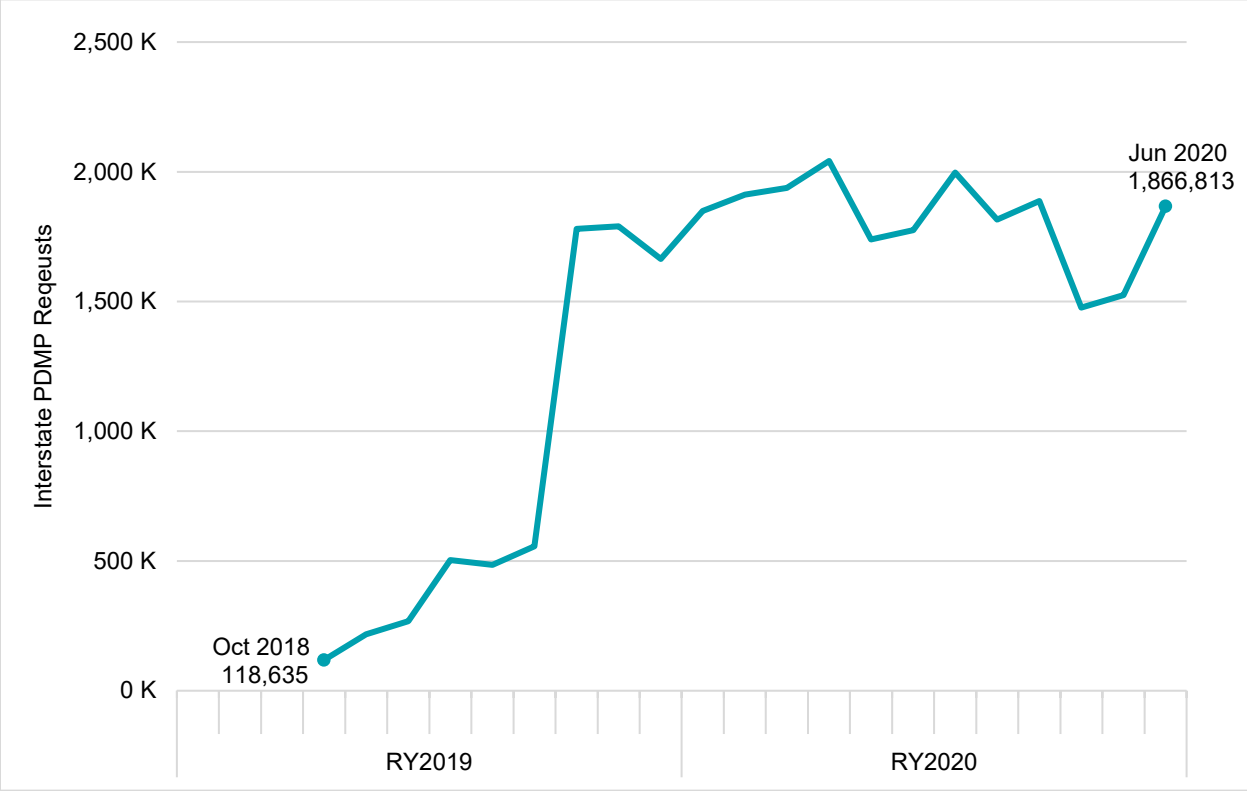


Figure 6. Interstate requests to Florida Prescription Drug Monitoring Program, October 2018 – June 2020.

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

Law enforcement and investigative agencies may request controlled substance prescription 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. Active investigations may involve potential criminal

activity, fraud, theft, and other specific crimes related to controlled substances. During the reporting period, indirect access users have made 7,754 requests, a 20.7 percent increase in the number of requests from 6,423 in RY19 (Table 5).

Table 5. Indirect user requests by user type.

User Type	RY19 Requests (No.)	RY20 Requests (No.)	RY19-20 Change (%)
Law Enforcement	5,079	5,767	13.5%
Medical Examiner	706	1,333	88.8%
Impaired Practitioner Consultant	44	53	20.5%
Regulatory Agency Administration*	578	575	-0.5%
Patient	16	26	62.5%
TOTAL	**6,423**	**7,754**	**20.7%**

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

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

A. PERFORMANCE MEASURE: Prescriber perspectives on the impact of PDMP on prescription drug abuse.

In May 2020, the PDMP surveyed prescribers to assess their daily utilization of the PDMS. The PDMP sent the survey to 92,545 registered prescribers, and 5,865 responses were received, yielding a 6.3 percent response rate. Survey results showed that 72.8 percent of respondents agree that doctor shopping, the practice of obtaining controlled substances from multiple prescribers without their knowledge of numerous prescriptions, will decrease in future years with increased PDMP database use (Table 6).

Table 6. Opinions from the registered prescribers on Prescription Drug Monitoring Program's role in reducing doctor shopping.

Doctor shopping will decrease in future years with increased utilization of the PDMP database.	Number of Responses	% of Responses
Strongly Agree	2,101	35.8%
Agree	2,168	37.0%
Neutral/Not Applicable	943	16.1%
Disagree	393	6.7%
Strongly Disagree	260	4.4%
TOTAL	5,865	100%

The PDMP summarized answers to an open-ended question on the strengths of the PDMP database into four categories: "Ease of Use," accounting for those who stated the database was user friendly or easily accessible; "Integration," accounting for those who indicated the database integrated well with their electronic medical record software, in addition to interstate compatibility; "Reduces Misuse," includes those who stated the database provides useful data, transparency among patients and providers, as well as reducing doctor shopping and addiction; and "None." The greatest strength indicated was that the database reduces misuse of controlled substances, at 67.8 percent (Table 7).

Table 7. Strengths of the Prescription Drug Monitoring Program database reported by registered prescribers.

What do you feel are the STRENGTHS of the PDMP database?	Number of Responses	% of Responses
Ease of Use	704	12.0%
Integration	329	5.6%
Reduce Misuse	3,975	67.8%
None	857	14.6%
TOTAL	5,865	100%

B. PERFORMANCE MEASURE: Nonfatal and fatal drug overdose in Florida.

Figure 7 illustrates the drug and opioid-involved nonfatal and fatal overdoses in Florida from 2017 to 2019. The non-fatal overdose data were analyzed by the Department's Drug Overdose Surveillance and Epidemiology Program using Florida's Emergency Medical Services Tracking and Reporting System data.[15] The Florida Department of Law Enforcement Medical Examiners Commission reported the drug-caused deaths (fatal overdoses).[16] On average, from 2017 to 2019, opioids accounted for 37.9 percent of nonfatal overdoses and 79.4 percent of fatal overdoses.

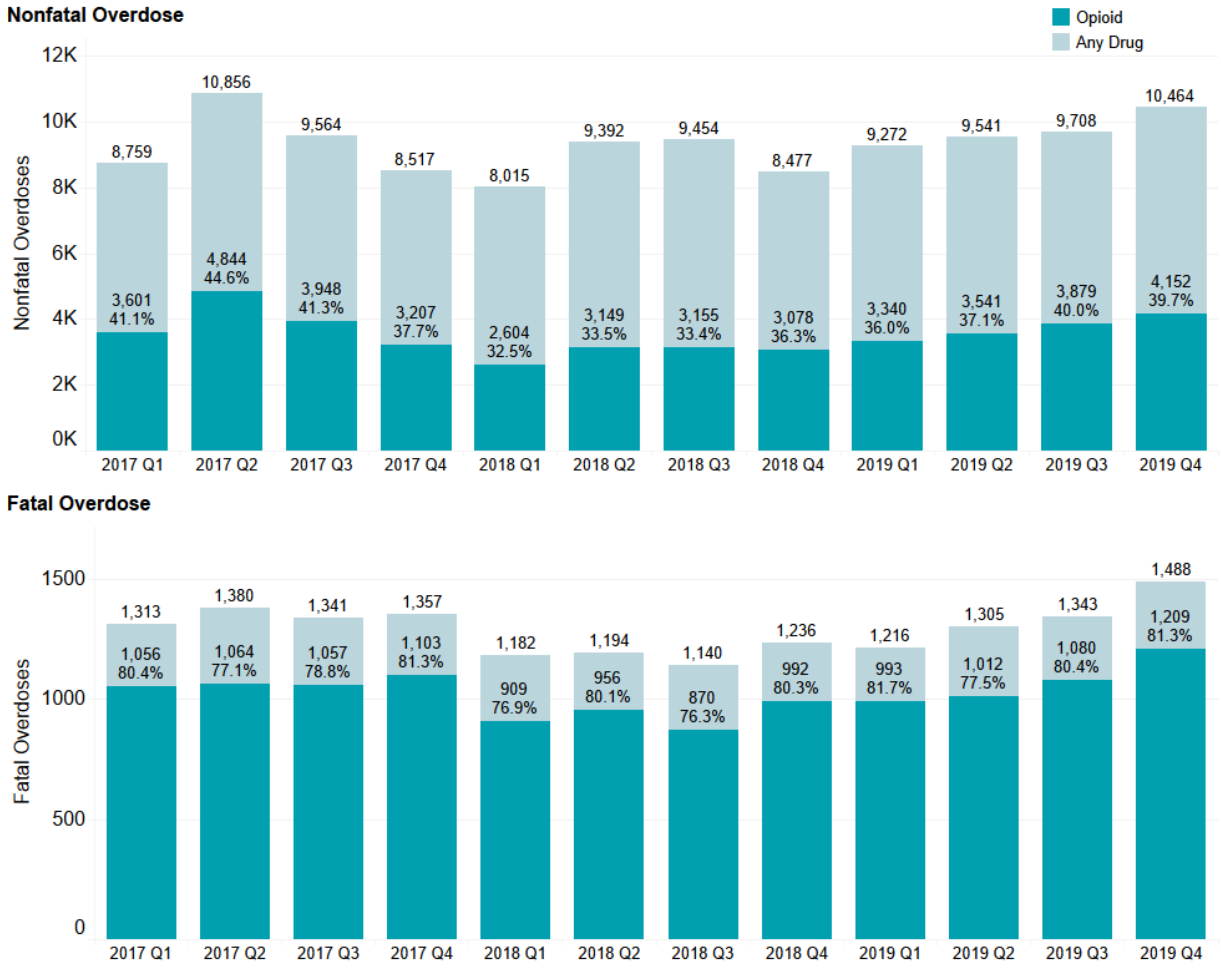
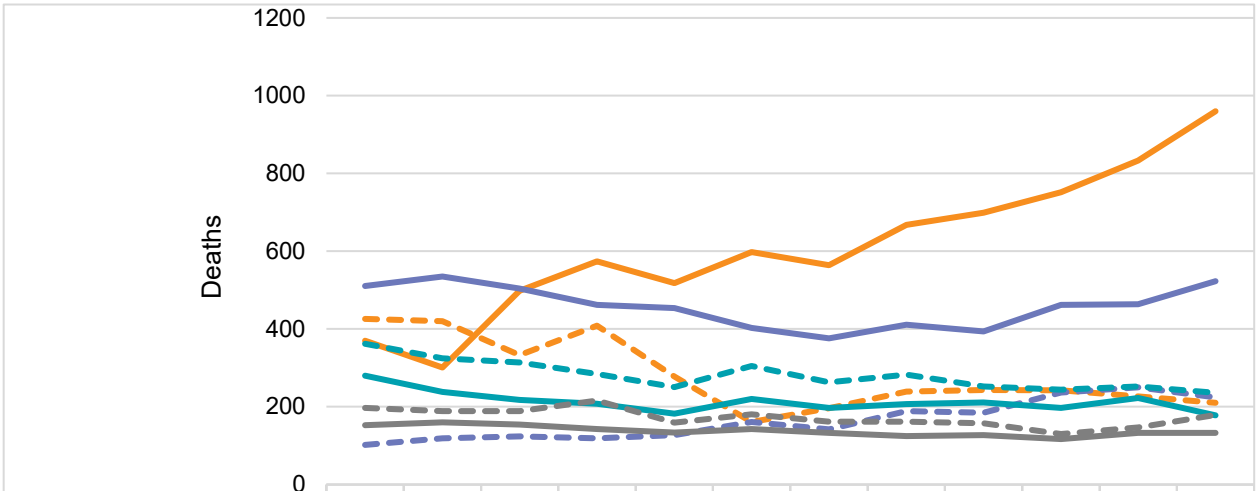


Figure 7. Quarterly drug and opioid-involved nonfatal and fatal overdoses in Florida, 2017 – 2019.

Figure 8 illustrates the drugs most frequently contributing to deaths reported by the Florida Department of Law Enforcement Medical Examiners Commission.[17] From 2018 to 2019, there was a decline in the number of deaths caused by morphine (-10.7 percent), alprazolam (-7.5 percent), and oxycodone (-4.7 percent). The number of deaths caused by methamphetamine, fentanyl, and cocaine increased by 38.2 percent, 44.7 percent, and 12.1 percent, respectively.

In most fentanyl-caused deaths, illicitly manufactured fentanyl was used by the decedent. Medical Examiner access to the PDMS provides the decedent's prescription drug-use history for investigative purposes.



	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Fentanyl	370	301	498	574	518	598	564	668	699	752	833	960
Fentanyl Analogs	426	420	333	409	278	161	196	239	243	242	227	210
Cocaine	511	535	504	462	454	403	376	411	394	462	464	523
Methamphetamine	102	119	124	119	127	161	142	189	185	237	250	224
Heroin	280	238	218	208	182	220	197	207	211	197	223	178
Morphine	362	325	314	284	251	305	263	283	252	244	252	236
Oxycodone	153	160	154	143	134	143	133	125	127	117	133	133
Alprazolam	197	189	189	216	159	181	162	162	158	130	147	179

Figure 8. Quarterly drug overdose deaths by contributing drug in Florida, 2017 – 2019.

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 87.1 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 41,521 registered prescribers outlining their opioid prescribing characteristics from January through June 2020.

Data characteristics of controlled substances reported to the PDMS indicate 17.2 million Florida residents 18 years of age and older, of whom 4.9 million have been prescribed one or more schedule II through schedule IV controlled substances in RY20, an 8.4 percent decrease from RY19.

Table 2 illustrates 30.4 million schedule II through V controlled substance prescriptions dispensed to Florida patients during RY20, a 2.6 percent decline from the prior year. Alprazolam, oxycodone short-acting, and hydrocodone short-acting were ranked the top three most commonly dispensed controlled substances, representing 35.9 percent of the total controlled substances dispensed in RY20. During RY20, there were 12.9 million opioid prescriptions dispensed to 3.1 million Florida residents 18 years of age and older, a 5.5 and 10.8 percent decrease from the previous year, respectively.

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.

As a result of the passage of HB 21 (2018), each prescriber and dispenser must consult the PDMS to review a patients' controlled substance dispensing history before a controlled substance is prescribed or dispensed to a patient age 16 or older unless a statutory exemption applies. There has been a 15.3 and 12.9 percent increase in prescriber and dispenser registration, respectively, compared to RY19. During RY20, prescribers, dispensers, and their designees made 109.5 million patient queries for information from the PDMS, a 68.7 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 969 entities' EHR systems across the state. In RY20, there were 69.0 million queries made through EHR integration. The PDMP is currently sharing data with 29 other states and the Military Health Service. During RY20, there were 21.8 million interstate patient query requests made by out-of-state practitioners.

To determine prescribers' perspectives on the impact of the PDMP on prescription drug abuse, the PDMP conducted a survey to assess the PDMS's prescriber utilization in their daily practice. Survey results indicated that 72.8 percent of respondents agree that doctor shopping will decrease in future years as utilization increases (Table 6). Also, 67.8 percent of the respondents indicated that the database's greatest strength is that it reduces the misuse of controlled substances.

The Department continues to work diligently in collaboration with other state agencies and organizations to address the opioid epidemic and other substance abuse issues in Florida. 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] Medical Examiners Commission. Drugs Identified in Deceased Persons by Florida Medical Examiners 2018 Annual Report. Florida Department of Law Enforcement, Medical Examiners Commission, November 2020. Available at https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2019-Annual-Drug-Report.aspx (last accessed November 5, 2020).

[2] Rutkow, Lainie, et al. "Effect of Florida's prescription drug monitoring program and pill mill laws on opioid prescribing and use." *JAMA internal medicine* 175.10 (2015): 1642-1649.

[3] Chang, Hsien-Yen, et al. "Impact of prescription drug monitoring programs and pill mill laws on high-risk opioid prescribers: a comparative interrupted time series analysis." *Drug and alcohol dependence* 165 (2016): 1-8.

[4] Desantis, R. (2020). Executive order number 20–51: establishes COVID-19 response protocol and directs public health emergency, effective March 1, 2020. Available at www.flgov.com/wp-content/uploads/orders/2020/EO_20-51.pdf. (Accessed: October 15, 2020).

[5] Desantis, R. (2020). Executive order number 20–52: emergency management - COVID-19 public health emergency, effective March 9, 2020. Available at www.flgov.com/wp-content/uploads/2020/03/EO-20-52.pdf. (Accessed: October 15, 2020).

[6] Desantis, R. (2020). Executive order number 20–91: essential services and activities during COVID-19 emergency, effective April 3, 2020. Available at www.flgov.com/wp-content/uploads/orders/2020/EO_20-91-compressed.pdf. (Accessed: October 15, 2020).

[7] American Medical Association. (2020). Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic. Available at www.ama-assn.org/system/files/2020-10/issue-brief-increases-in-opioid-related-overdose.pdf. (Accessed: October 15, 2020).

[8] United States. General Accounting Office. (2020). Prescription Drug Monitoring Program – Views on Usefulness and Challenges of Programs. United States Government Accountability Office. Available at www.gao.gov/assets/710/709907.pdf. (Accessed: October 15, 2020).

[9] *Id.* 4

[10] *Fla Stat* 893.055(1)(j)

[11] *Fla Stat 893.055* supra note 14.

[12] *Fla Stat* 893.055(1)(e)

[13] *Fla Stat 893.055(4)(a)*

[14] *Fla Stat* 893.055(5)(e)

[15] http://www.floridahealth.gov/statistics-and-data/fl-dose/reports.html

[16] Medical Examiners Commission. Drugs Identified in Deceased Persons by Florida Medical Examiners 2018 Annual Report. Florida Department of Law Enforcement, Medical Examiners Commission, November 2020 (pending final data)

[17] Medical Examiners Commission. Drugs Identified in Deceased Persons by Florida Medical Examiners 2018 Annual Report. Florida Department of Law Enforcement, Medical Examiners Commission, November 2020 (pending final data).

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