

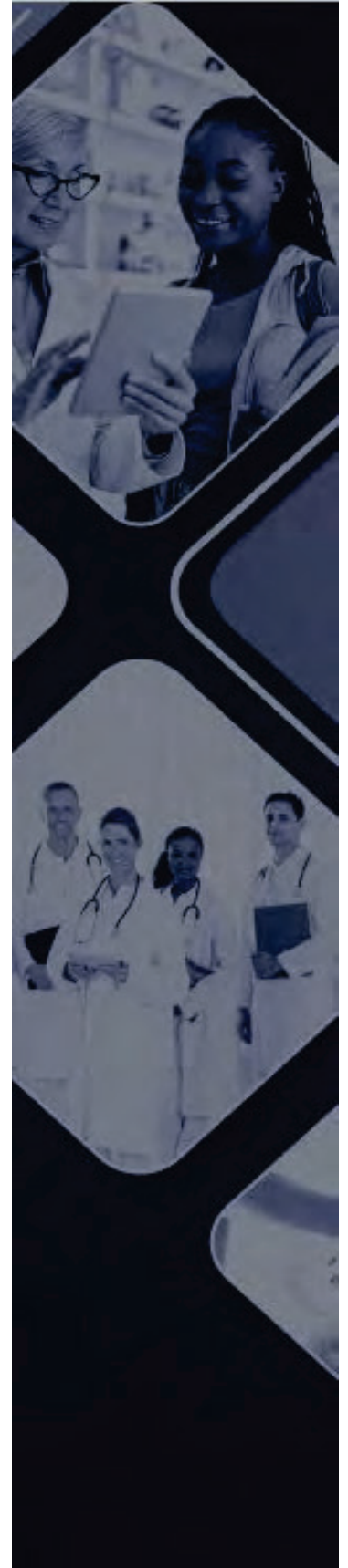
Florida Department of Health  
Division of Medical Quality Assurance  
Prescription Drug Monitoring Program

# Annual Report

Fiscal Year 2022-2023

# Table of Contents

Acknowledgments	2
Message from the State Surgeon General	3
Executive Summary	4
Legal Framework	5
Program Operation	7
Grant Funded Projects	9
Outcomes	11
Appendix 1: Technical Notes, Tables, and Figures	12



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# 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) 2022-23 Annual Report.

This year's report provides information on the program'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 9.6 percent, from 165,281 to 181,159.

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 2,719 integrations across the state, allowing prescribers and dispensers to access PDMP information within the existing workflows. The increase in enrollment and expansion of integration led to a rise in the number of queries by 90 percent, from 121.2 to 229.6 million.

According to the most recent data, 6,397 dispensers reported over 28.8 million controlled substance prescriptions to the database. There are 17,948,469 residents 18 years of age and older in Florida, of which 27.7 percent have been dispensed one or more controlled substances. Oxycodone sustained action (SA), alprazolam, and hydrocodone SA were the three most dispensed controlled substances, representing 34.4 percent 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, 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 2022-23 Annual Report. The 2022-23 report year is July 1, 2022 through June 30, 2023, and will be referred to as RY23.

## *Report Highlights*

### **Reduction of Opioid Prescriptions Dispensed –**

There has been a 1.8 percent decrease in schedules II through V opioid prescriptions dispensed to patients from 12.2 million in RY22 to 12.0 million in RY23 (Table 1).

### **Increase in Interoperability through Integrated Solutions –**

The PDMP has approved 2,719 electronic health record (EHR) and pharmacy dispensing system (PDS) integrations across the state, allowing prescribers and dispensers to access PDMP information within their existing workflows. During RY23, prescribers and dispensers completed 134.9 million queries through an integrated solution (Figure 5). Analysis of integration data for the past 18 months indicates that 63.8 percent of prescribers have queried through EHR integration (Figure 4). During RY23, the PDMP authorized prescribers and dispensers in 26 states and Puerto Rico to request information through an integrated solution.

### **Increase in Data Sharing –**

The PDMP shares data with 31 state PDMPs, Puerto Rico, the District of Columbia, St. Louis County (Missouri), and the Military Health System. During RY23, 51.8 million interstate queries were disclosed to prescribers and dispensers in other states (Figure 6).

### **Increase in Enrollment and Utilization –**

Overall, including all user role types, enrollment increased by 9.6 percent from 166,071 to 182,061 registrants (Table 3). There was a 10.1 and 7.9 percent increase in prescriber and dispenser enrollment, respectively, compared to RY22 (Table 3). Florida prescribers, dispensers, and designees made 229.6 million queries through the web portal and integrated solutions (Figure 5).

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

There has been a 9.9 percent increase in the average daily MMEs per opioid prescription in schedules II through V from 45.4 to 49.9 compared to RY22 (Table 1). MMEs per prescription for schedule II opioids increased by 3.1 percent from 58.1 to 59.9 (Figure 9).

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

There has been a 10.6 percent increase in the number of individuals doctor-shopping from 425 to 470 (Figure 2).

# Legal Framework

## Summary of Statutory Changes

Section 893.055, Florida Statutes, 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, Florida Statutes. 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, 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 "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, 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; 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 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.
<b>2017</b>	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.
<b>2017</b>	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.
<b>2017</b>	HB 7097	Amended section 893.055, Florida Statutes, extending the Direct Support Organization's repeal for the PDMP until October 1, 2027.
<b>2018</b>	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.
<b>2019</b>	HB 375	Amended section 893.055, Florida Statutes, defining an EHR 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.
<b>2019</b>	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.
<b>2019</b>	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 Florida patient must consult the PDMS as HB 21 (2018) requires.
<b>2020</b>	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.

# 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, Florida Statutes, and provide the information maintained in the system to health care practitioners to augment their clinical decision making.

## Reporting

Section 893.055, Florida Statutes, 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), Florida Statutes, 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), Florida Statutes, 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

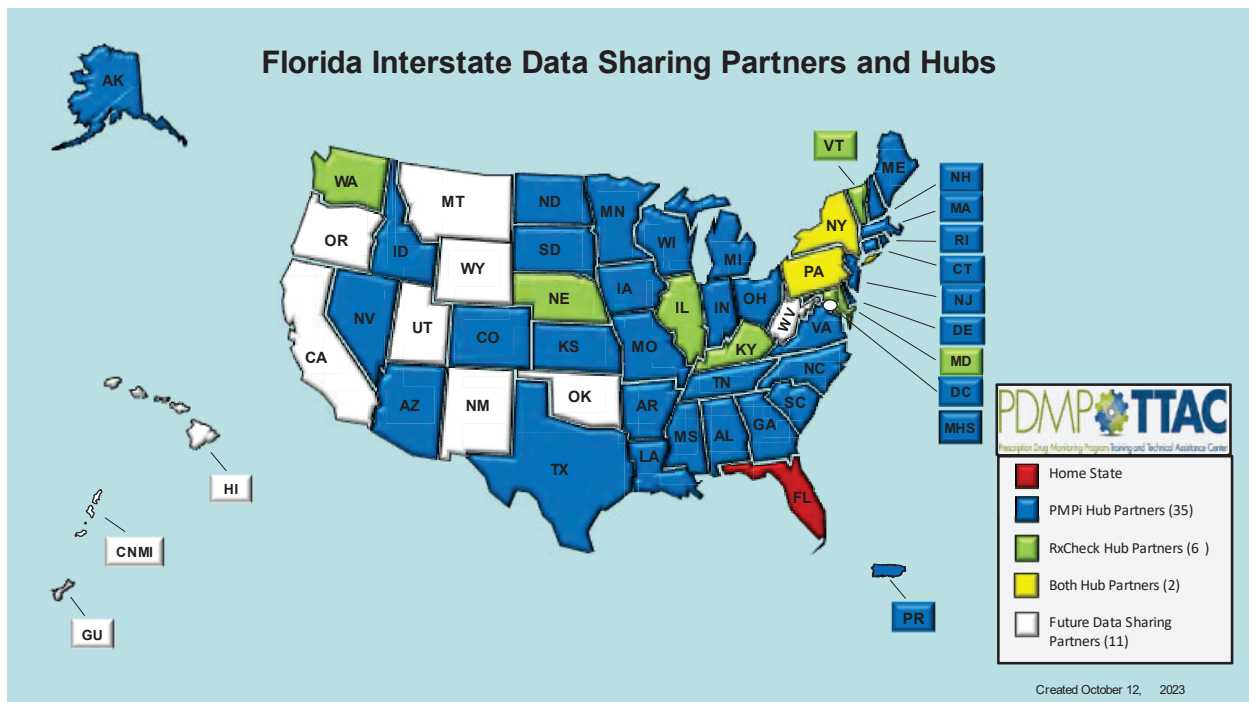
E-FORCSE® is authorized to enter into reciprocal agreements to share PDMP information with health care practitioners in other states if the systems are compatible. E-FORCSE® exchanges information using the RxCheck and PMP Interconnect (PMPi) hubs to facilitate interstate data sharing amongst states.



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 43 partners and is working with 11 additional partners to expand its data-sharing capability. Of the 43 data-sharing partners, 31 states, the District of Columbia, Puerto Rico, St. Louis County (Missouri), and the Military Health System (MHS) share data using the PMPi hub. Six states share data with Florida through the RxCheck hub. New York and Pennsylvania share data using both hubs.

During RY23, Florida prescribers, dispensers, and designees made 95,462,748 queries through the web portal, of which 19,528,081 were in-state and 75,934,667 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, 2023, 2,719 entities have integrated with E-FORCSE®. During RY23, 134,134,218 queries were requested through an integrated solution by authorized prescribers and dispensers in 26 states and Puerto Rico.

# Grant Funded Projects

The PDMP has relied on grant funding to offset the PDMS implementation and enhancement costs. The worked on three grant-funded projects during RY22-23 is summarized below.

## 1. Harold Rogers PDMP Implementation and Enhancement Project 2018-PM-BX-0003 - \$749,270

The PDMP used grant funds to integrate E-FORCSE® information into the clinical workflow, expand interstate data sharing, enhance the analytic capabilities of the E-FORCSE® system, and expand existing outreach and education efforts.

The grant period ended September 30, 2023.

## 2. CDC Overdose Data to Action (OD2A) FAIN NU17CE925020 - \$2,044,578

The PDMP used grant funds to:

- a. Develop a more comprehensive repository of prescription data and resources related to substance abuse and overdose scenarios, including more timely or real-time data.
- b. Inform clinical practice and develop a process to integrate resources across the state to create the most significant impact on opioid and all-drug overdose issues in Florida.
- c. Develop a proactive warning network focused on supply reduction for emerging substance abuse and overdose events as they happen in real-time.
- d. Provide recommendations to maximize existing resources, including developing and disseminating information or guidance to aid in proactive reporting.
- e. Produce and communicate a comprehensive PDMP action plan.
- f. Develop a process to research, identify, and share best practices nationwide and increase data sharing across state lines using national hubs.
- g. Facilitate improved delegate access and training to expand access to PDMPs via real-time data utilization and exchange and support PDMP training efforts in high-overdose burden regions in county health systems.
- h. Utilize targeted interventions such as academic detailing clinical training and outreach within geographic "hot spots" as part of the training model identified by the system.
- i. Integrate state and CDC guideline-concordant tools such as cumulative MME calculations into patient PDMP reports.
- j. Incorporate proactive prescriber notification of patient overdose deaths.

The grant period ended September 30, 2023.

### **3. 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) electronic health recordkeeping (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, 2024.

# 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), Florida Statutes. 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.**  
**Tables: 3, 4 / Figures: 4, 5, 6,**

**OUTCOME 4: Involvement in stakeholders achieving improved patient health care and safety and reduction of controlled substance abuse and diversion.**  
**Table: 5 / Figures: 10**

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.

OUTCOME 1	OUTCOME 2	OUTCOME 3	OUTCOME 4
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# Appendix 1: Technical Notes, Tables, and Figures

Technical Notes	13
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## *List of Tables*

Table 1. Characteristics of schedules II through V prescriptions dispensed to Florida residents 18 years of age and older.	14
Table 2. Number and percentage of prescriptions of the top 10 dispensed controlled substances in schedules II through V.	15
Figure 1. Rank of Top 10 controlled substances dispensed between RY19 – RY23.	15
Table 3. User registration by user role type, report year, and percentage of change.	16
Table 4. Indirect user requests by user type.	17
Table 5. 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.	18

## *List of Figures*

Figure 1. Rank of Top 10 controlled substances dispensed between RY19 – RY23.	15
Figure 2. Number of individuals obtaining controlled substance prescriptions from 5(10) or more prescribers and 5(10) or more dispensers by quarter January 2012 – June 2023.	19
Figure 3. Number of prescriptions per patient as a function of age, payment type, and drug class.	20
Figure 4. Number of Florida prescribers who have searched the PDMS via an integrated solution and prescribed a controlled substance, January 2020 – June 2023.	21
Figure 5. Number of queries by Florida prescribers, dispensers, and designees through the web portal and integrated solutions by month.	22
Figure 6. Number of queries disclosed to other states' prescribers and dispensers.	23
Figure 7. Number of schedule II opioid prescriptions dispensed to Florida residents 18 years of age and older by prescription days' supply.	24
Figure 8. Average daily morphine milligram equivalent per schedule II opioid prescriptions.	25
Figure 9. Projected model of prescription count over time for opioid prescriptions.	26
Figure 10. Number, location, and capacity of opioid recovery centers in Florida with buprenorphine practitioners.	27

## Technical Notes

The current report year (RY23) covers the period from July 1, 2022 (Q3-Q4 2022) to June 30, 2023 (Q1-Q2 2023). Direct year-to-year comparisons are based on report years.

Data downloaded from PMP Advanced Analytics™ between June 30, 2023, and September 20, 2023, 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 RY22 Population: U.S. Census Bureau Population Division. Release Date: June 2021. Updated July 2022 with April 1, 2020, estimate.

Source for RY23 Population: U.S. Census Bureau Population Division. Release Date: June 2023.

On November 4, 2022, the Centers for Disease Control and Prevention released its CDC Clinical Practice Guideline for Prescribing Opioids for Pain- United States, 2022.<sup>1</sup> 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 Guidelines. 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

<sup>1</sup> Centers for Disease Control and Prevention, CDC's Clinical Practice Guideline 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 17,948,469 residents 18 years of age and older in Florida, of whom 5.0 million have been dispensed one or more schedules II through V controlled substances in RY23, a decrease of 1.9 percent from RY22. Table 1 illustrates that 6,397 pharmacies reported 28,844,775 controlled substance prescriptions dispensed to Florida patients during RY23, a 4.2 percent decrease from the prior year. The number of prescribers who issued one or more controlled substance prescriptions decreased by 2.2 percent from 155,747 in RY22 to 152,341 in RY23. There was a 7.5 percent decrease in days' supply per capita from 45.4 to 42.0. The prescription quantity per capita decreased by 12.1 percent from 93.3 to 82.0. During RY23, there were 11,970,844 opioid prescriptions dispensed to 3,084,741 Florida residents 18 years of age and older, a 1.8 percent decrease in prescriptions compared to RY22 and a 1.5 percent decrease in patients. Lastly, the average daily MME per opioid prescription increased by 9.9 percent from 45.4 to 49.9.

<b>Data Characteristics</b>	<b>RY22</b>	<b>RY23</b>	<b>RY22-23 Change</b>
<b>Population 18 years and over</b>	17,491,848	17,948,469	2.6%
<b>Patient</b>	5,062,877	4,969,309	-1.9%
<b>Prescriber</b>	155,747	152,341	-2.2%
<b>Pharmacy</b>	6,342	6,397	0.9%
<b>Prescription (Rx)</b>	30,097,722	28,844,775	-4.2%
<b>Quantity (Qty)</b>	1,631,723,383	1,471,766,647	-9.8%
<b>Days' Supply / Rx</b>	26.4	26.1	-1.1%
<b>Prescription Qty / Rx</b>	54.2	51	-5.9%
<b>Prescriptions / Patient</b>	5.9	5.8	-1.7%
<b>Days' Supply / Patient</b>	156.8	141.7	-3.3%
<b>Prescription Qty / Patient</b>	322.3	296.2	-8.1%
<b>Prescriptions / Capita</b>	1.7	1.6	-5.9%
<b>Days' Supply / Capita</b>	45.4	42	-7.5%
<b>Prescription Qty / Capita</b>	93.3	82	-12.1%
<b>Opioid Rx</b>	12,189,925	11,970,844	-1.8%
<b>Patient with Opioid Rx</b>	3,130,831	3,084,741	-1.5%
<b>Avg Daily MME per Opioid Rx</b>	45.4	49.9	9.9%

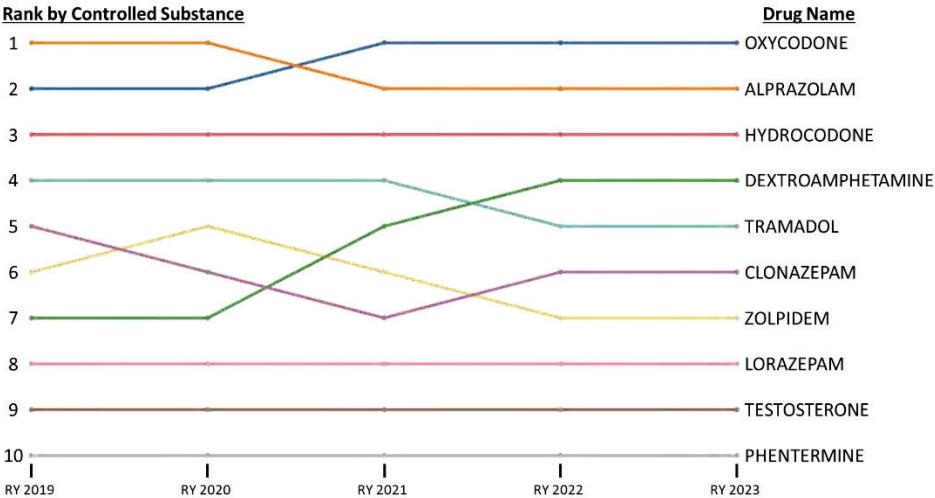
**Table 2. Number and percentage of prescriptions of the top 10 dispensed controlled substances in schedules II through V.**

Table 2 illustrates that 34.4 percent of the controlled substances dispensed in RY23 were oxycodone SA, alprazolam SA, and hydrocodone SA. Dextroamphetamine SA had the most significant decrease in controlled substance prescriptions dispensed by 5.6 percent, followed by hydrocodone SA at 4.9 percent. Controlled substances with a marked increase in prescriptions dispensed include testosterone 11.6 percent, oxycodone SA 2.2 percent, and phentermine SA 1.7 percent. Tramadol numbers remain unchanged.

Generic Name	Brand Example	RY22	RY22	RY23	RY23	RY22-23 Change
Oxycodone SA	Percocet®	3,772,472	12.3%	3,856,694	12.8%	2.2%
Alprazolam SA	Xanax®	3,615,723	12.6%	3,538,917	11.7%	-2.1%
Hydrocodone SA	Vicodin®	3,124,131	10.8%	2,969,629	9.9%	-4.9%
Dextroamphetamine SA	Adderall®	2,372,052	7.5%	2,239,417	7.4%	-5.6%
Tramadol SA	Ultram®	2,179,533	6.3%	2,178,514	7.2%	0.0%
Clonazepam SA	Klonopin®	1,884,040	6.8%	1,857,283	6.2%	-1.4%
Zolpidem SA	Ambien®	1,768,816	6.0%	1,730,708	5.7%	-2.2%
Lorazepam SA	Ativan®	1,463,756	4.9%	1,483,476	4.9%	1.3%
Testosterone	Androderm®	1,110,291	3.2%	1,239,638	4.1%	11.6%
Phentermine SA	Adipex®	993,147	3.4%	1,009,577	3.3%	1.7%

**Figure 1. Rank of Top 10 controlled substances dispensed between RY19 – RY23.**

Figure 1 depicts the rank of controlled substances dispensed between RY19 and RY23. Oxycodone SA, alprazolam SA, and hydrocodone SA remain consistent as Florida's top three dispensed controlled substances, albeit with a change in rank between RY20 and RY21.





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

Table 3 illustrates the cumulative number of registrants by user role type, report year, and change percentage. There was a 9.6 percent increase in registration from 166,071 to 182,061 in RY23.

User Role Type	RY22 **Registrants	RY23 **Registrants	RY22-23 Change
<b>Prescriber</b>			
Dentist (DN)	7,732	8,118	5.0%
Medical Resident	1,019	1,243	22.0%
Military Prescriber	221	227	2.7%
Nurse Practitioner (APRN)	11,108	13,733	23.6%
Optometrist (OD)	76	78	2.6%
Physician (ME OS)	46,451	49,844	7.3%
Physician Assistant (PA)	3,536	4,201	18.8%
Podiatrist (DPM)	1,123	1,167	3.9%
Prescriber Delegate: Unlicensed	39,176	43,539	11.1%
Prescriber without DEA	16,493	17,518	6.2%
VA Prescriber	442	518	17.2%
Telehealth out-of-state prescriber	225	307	36.4%
<b>Subtotal</b>	<b>127,605</b>	<b>140,493</b>	<b>10.1%</b>
<b>Dispenser</b>			
Military Dispenser	22	22	0.0%
Pharmacist	21,045	22,575	7.3%
Pharmacists Delegate: Unlicensed	16,483	17,922	8.7%
VA Dispenser	126	147	16.7%
<b>Subtotal</b>	<b>37,676</b>	<b>40,666</b>	<b>7.9%</b>
<b>Law Enforcement</b>			
Drug Enforcement Administration (DEA)	126	141	11.9%
Federal Bureau of Investigation (FBI)	7	8	14.3%
U.S. Department of Health and Human Services (HHS)	16	19	18.8%
Local Police Jurisdiction	227	260	14.5%
Medicaid Fraud Unit	15	15	0.0%
Military Police	13	18	38.5%
State Attorney General	1	1	0.0%
State Police	43	47	9.3%
State Prosecutor	8	8	0.0%
<b>Subtotal</b>	<b>456</b>	<b>517</b>	<b>13.4%</b>
<b>Medical Examiner</b>			
Medical Examiner - Delegate	135	152	12.6%
Medical Examiner	21	22	4.8%
<b>Subtotal</b>	<b>156</b>	<b>174</b>	<b>11.5%</b>
<b>Impaired Practitioner Consultant</b>			
Impaired Practitioner Consultant	4	5	25.0%
Impaired Practitioner Consultant Admin	2	2	0.0%
<b>Subtotal</b>	<b>3</b>	<b>7</b>	<b>16.7%</b>
<b>Investigative Agency Administration*</b>			
Investigative Agency Administrator	168	187	11.3%
<b>Subtotal</b>	<b>168</b>	<b>187</b>	<b>11.3%</b>
<b>TOTAL</b>	<b>166,071</b>	<b>182,061</b>	<b>9.6%</b>

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 agencies 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 9.3 percent increase in the number of requests from indirect users from 9,723 to 10,624 during RY23. From RY22 to RY23, patient requests increased 232.3 percent from 31 to 103. Impaired practitioner consultants increased 26.3 percent from 19 to 24 requests, while medical examiner requests increased 10.1 percent from 4,678 to 5,148. Law Enforcement requests increased 9.4 percent from 4,521 to 4,946. There was a 15 percent reduction in regulatory agency administration requests from 474 to 402.

User Type	RY22 Requests	RY23 Requests	RY22-23 Change
Law Enforcement	4,521	4,946	9.4%
Medical Examiner	4,678	5,148	10.1%
Impaired Practitioner Consultant	19	24	26.3%
Regulatory Agency Administration*	474	402	-15.2%
Patient	31	103	232.3%
<b>TOTAL</b>	<b>9,723</b>	<b>10,624</b>	<b>9.3%</b>

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

**Table 5. 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 Florida PDMP Foundation, Inc. (FL PDMPF) as part of the CDC OD2A grant to develop an online and live peer-to-peer course on best practices titled "Improving Best Practices for Patient Care: Optimizing the Use of the PDMP Database." The free course is offered online through CE Broker and at live medical professional association meetings.

As of June 30, 2023, the FL PDMPF has provided outreach and education activities to 1,734 health care practitioners and their designees.

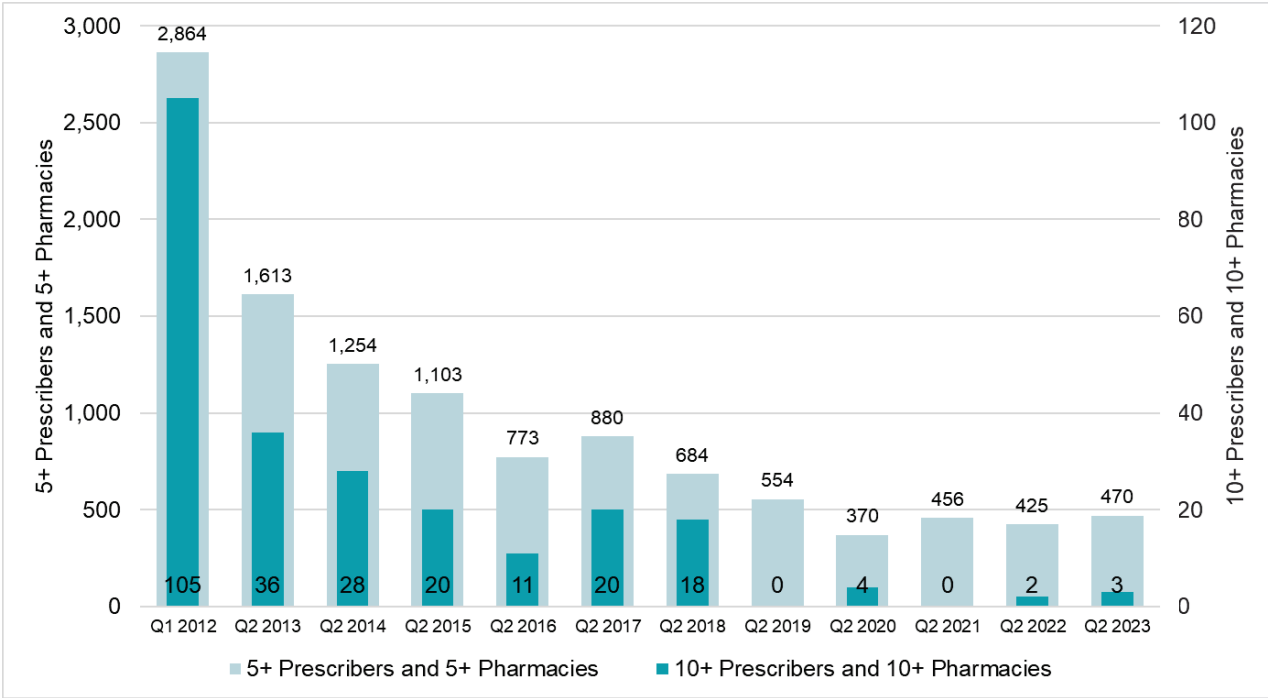
<b>Health Care Practitioners</b>	<b>Course Attendees</b>
Advanced Practical Registered Nurses	238
Dentists	32
Optometrists	0
Pharmacists	153
Podiatrists	16
Physicians (Allopathic)	156
Physicians (Osteopathic)	90
Nonlicensed	1,049
<b>Total</b>	<b>1,734</b>

**Figure 2. Number of individuals obtaining controlled substance prescriptions from 5(10) or more prescribers and 5(10) or more dispensers by quarter January 2012 – June 2023.**

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 enhanced PDMS reports and prescriber summary reports.

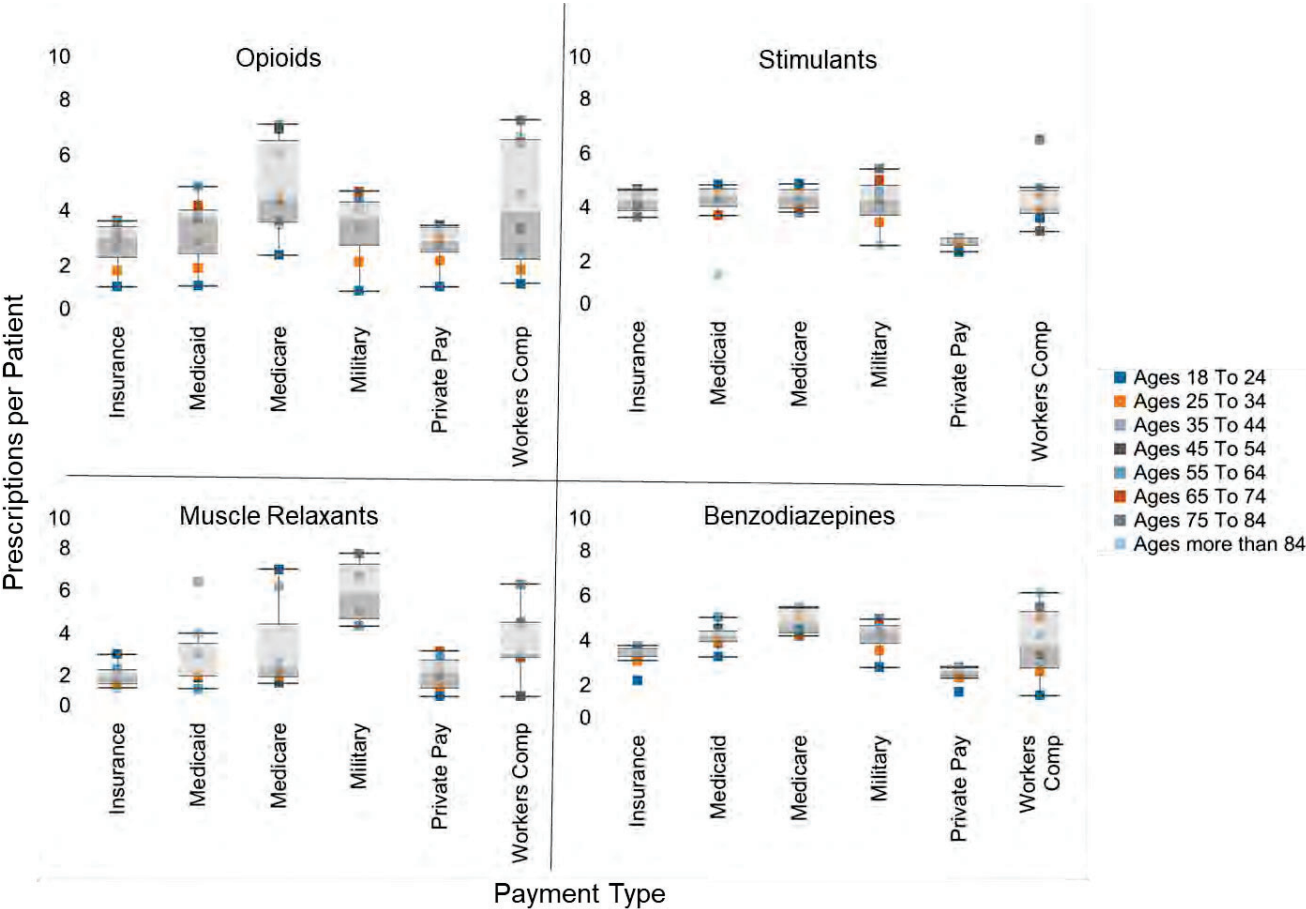
There has been a 10.6 percent increase in the number of individuals who visited five or more prescribers and five or more pharmacies in a 90-day period compared to FY22, from 425 to 470.



### 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 opioids, those who pay using Medicare have the greatest number of prescriptions per patient on average. The figure also indicates a high number of muscle relaxant prescriptions per patient for those who pay using military benefits.

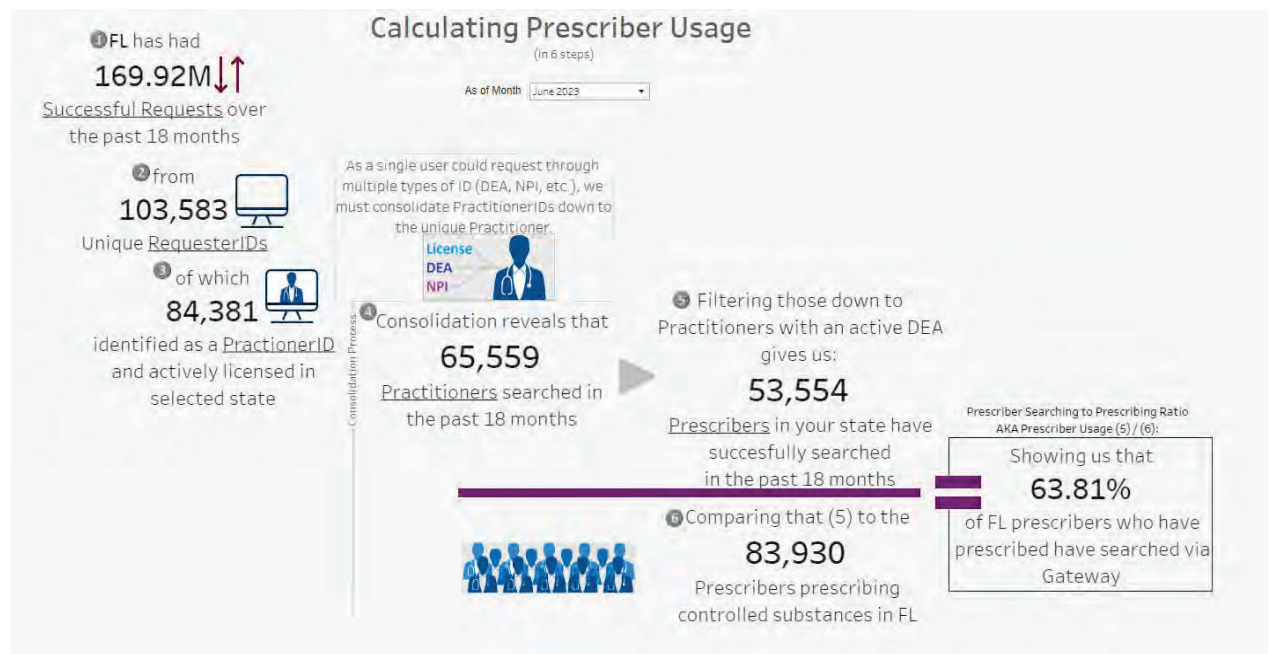
Extract date: September 20, 2023.



### Figure 4. Number of Florida prescribers who have searched the PDMS via an integrated solution and prescribed a controlled substance, January 2020 – June 2023.

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 RY23, the PDMP integrated into 2,719 entities' EHR and PDS across the state. Entities include physician offices, clinics, hospitals, health systems, and PDS. During RY23, the PDMP authorized prescribers and dispensers in 26 states and Puerto Rico to request information through an integrated solution.

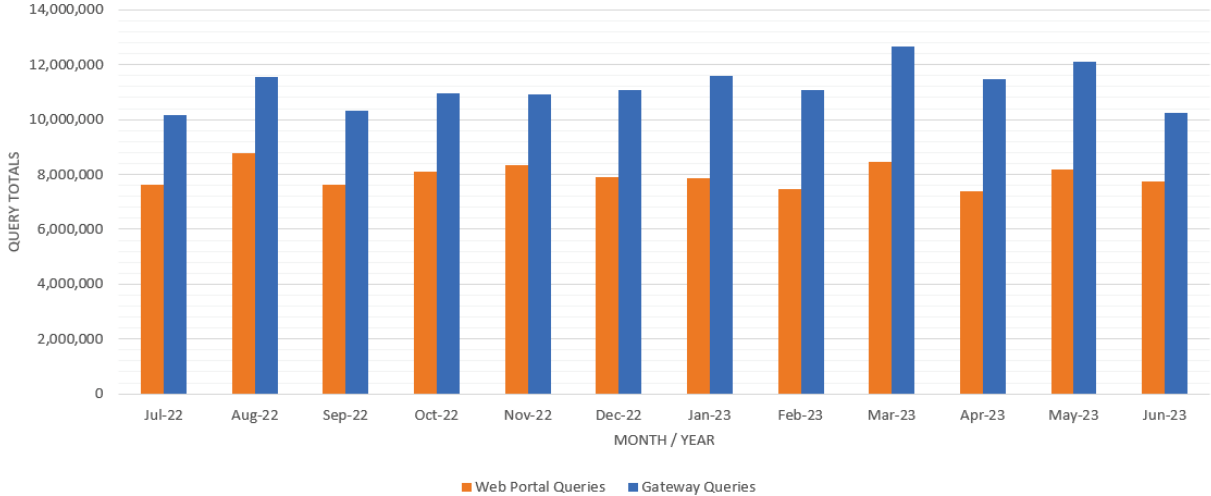
Analysis of EHR integration data for the past 18 months, as outlined in Figure 4 below, reveals Florida has had 169.9 million successful requests from 103,583 unique prescribers, of which 84,381 were licensed in Florida. Further consolidation based on practitioners with an active DEA registration number illustrates 53,554 prescribers out of 83,930 prescribers who prescribed controlled substances performed a patient lookup via their EHR solution. Compared to RY22, there has been a 15.2 percent increase from 55.4 percent to 63.8 percent in Florida prescribers who have prescribed and searched the PDMS via an integrated solution. With a 63.8 percent 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 RY23, Florida prescribers, dispensers, and designees made 229.6 million successful queries for PDMS information. Queries through EHR and PDS integrations totaled 134.1 million, while prescribers, dispensers, and designees made 95.5 million queries through the web portal.

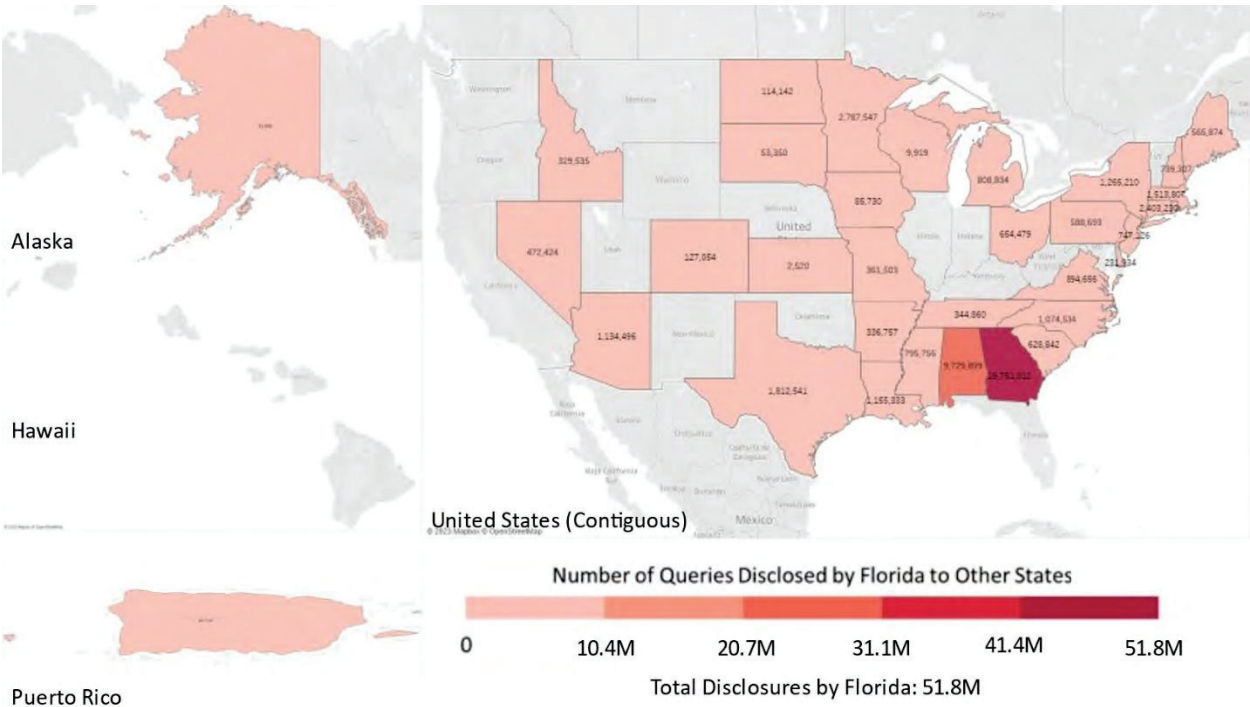


### Figure 6. Number of queries disclosed to other states' prescribers and dispensers.

Figure 6 illustrates that the PDMP disclosed 51.8 million queries to prescribers and dispensers in other states.

During RY23, Florida prescribers, dispensers, and designees made 51.8 million successful queries for PDMS information. Queries through EHR and PDS integrations totaled 35.3 million, while prescribers, dispensers, and designees made 16.5 million queries through the web portal.

The states with the most requests to the Florida PDMP were Georgia (19,751,012), Alabama (9,729,899), and Minnesota (2,787,547).

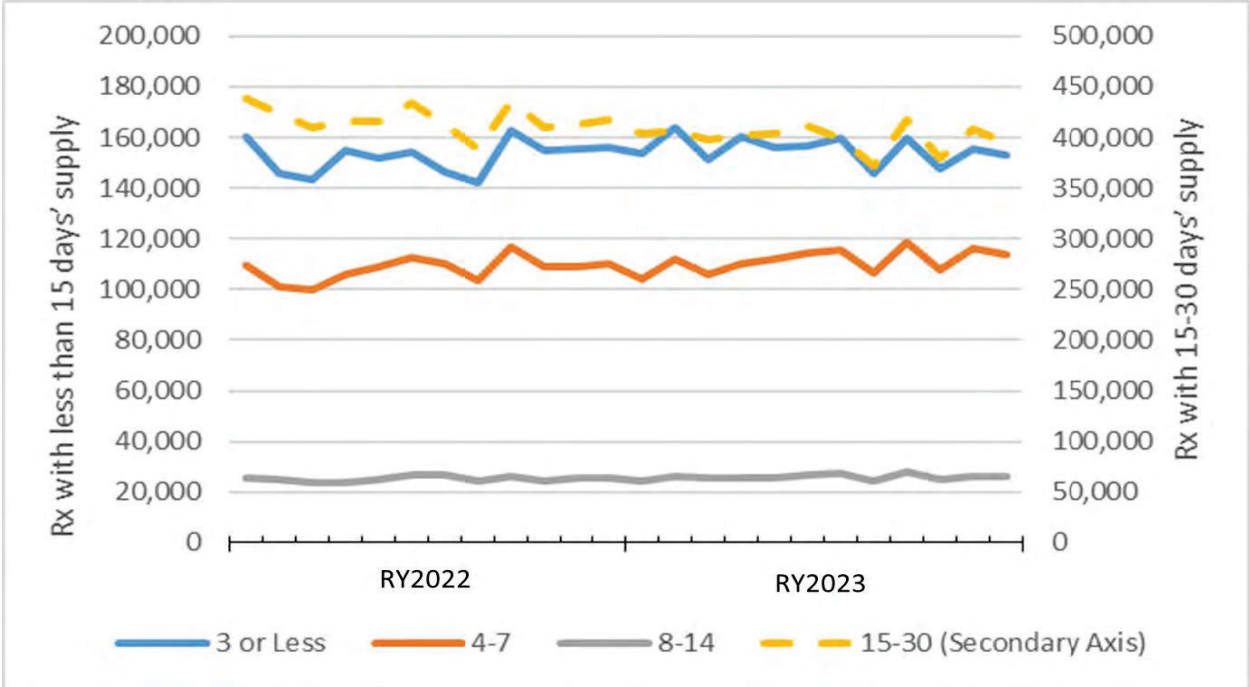




### Figure 7. Number of schedule II opioid prescriptions dispensed to Florida residents 18 years of age and older by prescription days' supply.

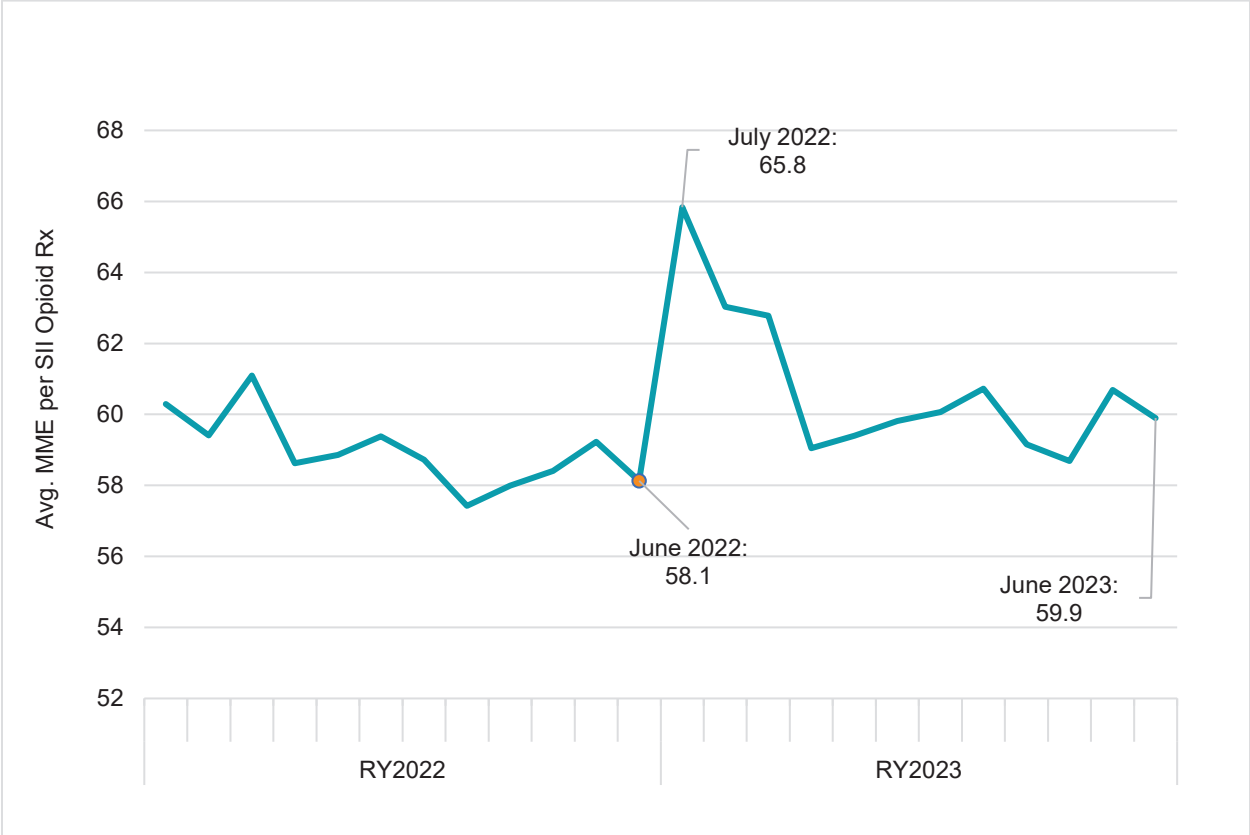
Figure 7 illustrates the number of schedule II opioid prescriptions dispensed to Florida residents during RY22 and RY23 by the days' supply. Prescribing patterns have remained steady throughout the last year across all days' supply ranges. For example, at the end of RY22, 156,130 prescriptions, which contained three or fewer days' supply, were dispensed. By the end of RY23, 153,179 prescriptions were dispensed, with three or fewer days' supply.

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



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

The daily MME prescriptions at the end of RY22 and RY23 were similar, with June 2022 at 58.1 and June 2023 at 59.9. The figure below notes a sharp increase from June 2022 to July 2022, marking the transition from RY22 to RY23, from 58.1 to 65.8.

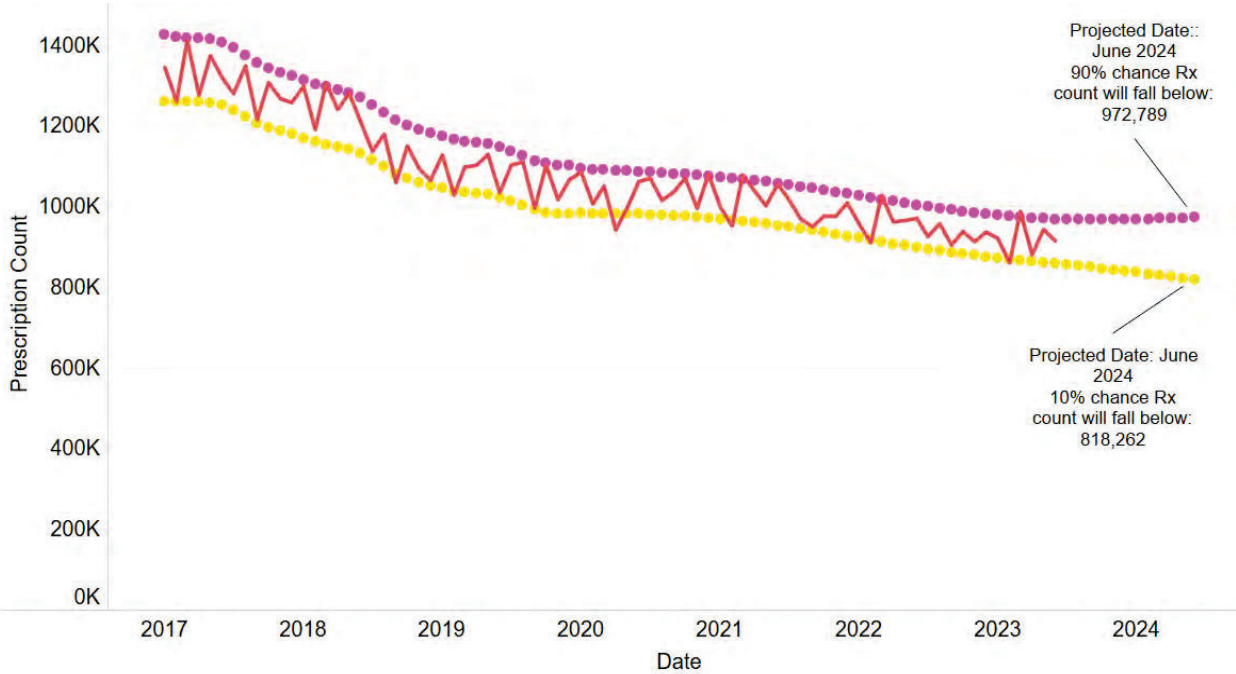


### Figure 9. Projected model of prescription count over time for opioid prescriptions.

Figure 9 is a projected model of prescription count over time for opioid prescriptions. The data end on June 30, 2023, and the model predicts a year in advance (June 2024).

The predictive dotted lines represent probabilities that a prescription count will fall below a given line. For example, in June 2024, the blue line illustrates a 90 percent chance that prescription counts will fall below 972,789, and the yellow line indicates a 10 percent chance that the prescription counts will fall below 818,162. Thus, there is an 80 percent chance that the prescriptions in June 2024 will fall between the two numbers/lines mentioned above.

Extract date: August 2023. Age groups: 18+ Florida residents only.



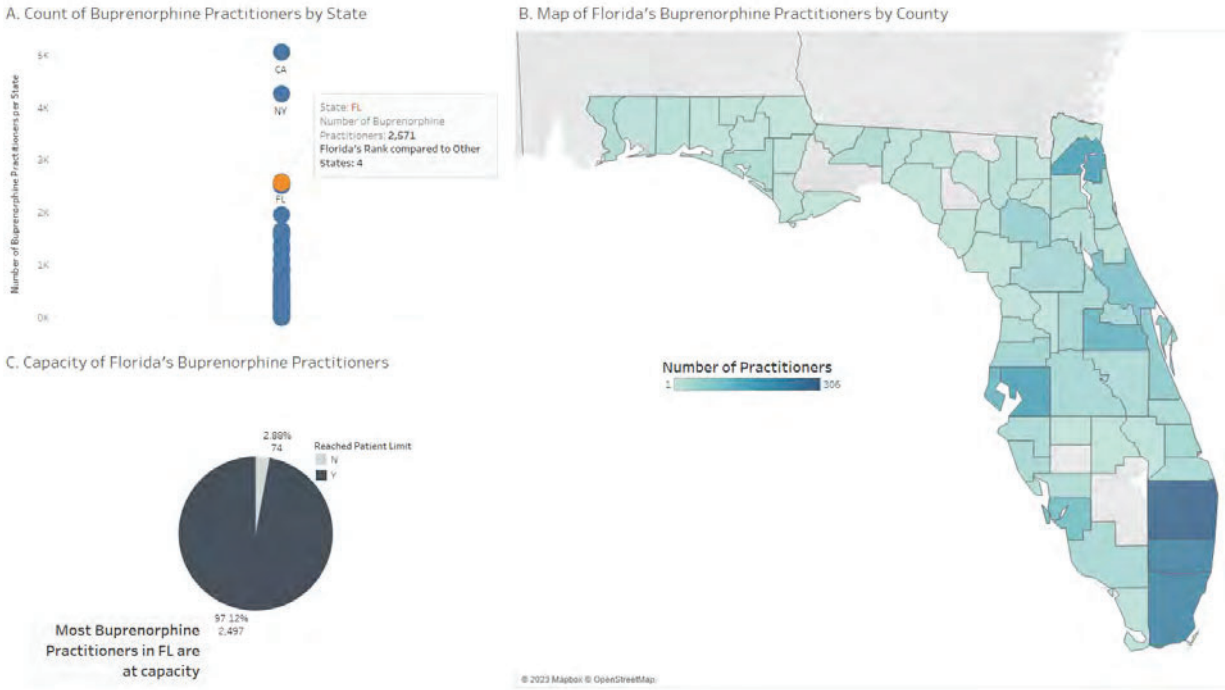
### Figure 10. Number, location, and capacity of opioid recovery centers in Florida with buprenorphine practitioners.

The data were downloaded from the Substance Abuse and Mental Health Services Administration's Buprenorphine Practitioner Locator,<sup>2</sup> 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 fourth-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** illustrates the capacity of the number of practitioners currently at the patient limit.



<sup>2</sup> <https://www.samhsa.gov>

