

Prescription Drug Monitoring Program

Annual Report

Florida
Department
of Health

Division of
Medical
Quality
Assurance

Reporting
Year

2025

Florida
HEALTH

RON DESANTIS

Governor

JOSEPH A. LADAPO, MD, PhD

State Surgeon General



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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 2024-25 Annual Report. The 2024-25 report year (RY) is July 1, 2024 through June 30, 2025, and is referred to as RY 25.

Report Highlights

Reduction of Opioid Prescriptions Dispensed

There has been a 1.6% decrease in schedules II through V opioid prescriptions dispensed to patients from 11.7 million in RY 24 to 11.5 million in RY 25 (Table 1).

Increase in Interoperability through Integrated Solutions

The Prescription Drug Monitoring Program (PDMP) has approved 3,866 electronic health record and pharmacy dispensing system integrations, allowing prescribers and dispensers to access PDMP information within their existing workflows. Integrated queries surged in RY 25, with prescribers and dispensers completing 321.5 million queries through an integrated solution — an increase of 86.2% from RY 24 (Figure 5). Analysis of integration data for the past 18 months indicates that 77.5% of prescribers have queried through electronic health record integration (Figure 4). During RY 25, the PDMP authorized prescribers and dispensers in 29 states and Puerto Rico to request information through an integrated solution.

Increase in Data Sharing

The PDMP shares data with 39 state PDMPs, Puerto Rico, the District of Columbia, and the Military Health System. During RY 25, 127.7 million interstate queries were disclosed to prescribers and dispensers in other states, an increase of 46.3% from RY 24 (Figure 6).

Increase in Enrollment and Utilization

Overall, including all user role types, enrollment increased by 6.3% from 182,045 to 193,441 registrants (Table 3). There was a 7.4% and 4.9% increase in prescriber and dispenser enrollment, respectively, compared to RY 24 (Table 3). Florida prescribers, dispensers, and designees made 339.9 million queries through the web portal and integrated solutions, which is an increase of 47.3% from RY 24 (Figure 5).

Decrease in Morphine Milligram Equivalents (MME)s per Prescription

There has been a 4.3% decrease in the average daily MMEs per opioid prescription in schedules II through V from 46.5 to 44.2 compared to RY 24 (Table 1). MMEs per prescription for schedule II opioids decreased by 8.0% from 59.0 to 54.3 (Figure 8).

Increase in the Number of Multiple Provider Episodes (MPEs)

There has been a 11.0% increase in the number of individuals doctor-shopping from 454 to 504 (Figure 2).

Legal Framework

Summary of Statutory Changes

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

Year	Bill Number	Summary of Changes
2009	SB 462	Created section 893.055, F.S., establishing the PDMP.
2009	SB 440	Created section 893.0551, F.S., exempting information contained in the PDMP from public record requirements.
2010	SB 2772	Amended sections 893.055 and 893.0551, F.S., establishing a "program manager" definition and requiring the program manager to work with specific stakeholders to promulgate rules for controlled substance abuse indicators. It also authorized the program manager to provide relevant information to law enforcement under certain circumstances.
2011	HB 7095	Amended section 893.055, F.S., to require dispensers to upload dispensing data to the PDMP within seven days of dispensing rather than 15 days; to prohibit the use of certain funds to implement the PDMP, and to require criminal background screening for all individuals who have direct access to the PDMP.
2013	HB 1159	Appropriated \$500,000 of nonrecurring general revenue funds for the general administration of the PDMP for the fiscal year 2013-2014.
2014	HB 7177	Amended sections 893.055 and 893.0551, F.S., renewing the public record exemption and requiring law enforcement and investigative agencies to enter a user agreement with the Department. Also, it limits the information shared with a criminal justice agency and requires the disclosing person or entity to take steps to ensure the continued confidentiality of the information, redacting any non-relevant information at a minimum. Finally, a criminal justice agency may only release information related to a criminal case to a state attorney in response to a discovery demand; unrelated information requires a court order to be released.
2015	SB 2500A	Appropriated \$500,000 of general revenue funds for the general administration of the PDMP for the FY 2015-2016.
2016	SB 964	Amended sections 893.055 and 893.0551, F.S., authorizing direct access to the information in the PDMP for designees of prescribers and dispensers and authorizing indirect access for impaired practitioner consultants.
2016	SB 1604	Created section 893.30, F.S., establishing the "Victoria Siegel Controlled Substance Safety Education and Awareness Act," requiring the Department to develop a written pamphlet relating to controlled substances, including specific educational information, and make it available to health care

		practitioners and entities to disseminate and display. The Department shall also encourage consumers to discuss controlled substance abuse risks with their health care providers.
2017	HB 557	Amended section 893.055, F.S., requiring dispensers of controlled substances in schedules II-IV to report to the Department dispensing information no later than the close of the next business day; clarifies the exemption from reporting of information for a rehabilitative hospital, assisted living facility, or nursing home dispensing a certain dosage of a controlled substance as needed; authorizes access to the database by an employee of the United States Department of Veteran Affairs under certain conditions.
2017	HB 5203	Amended section 893.055, F.S., authorizing the Department to use state funds appropriated through the General Appropriations Act to fund the PDMP's administration.
2017	HB 7097	Amended section 893.055, F.S., extending the Direct Support Organization's repeal for the PDMP until October 1, 2027.
2018	HB 21	Amended sections 893.055 and 893.0551, F.S., requiring mandatory consultation of the PDMP, expanded access by prescribers and dispensers at the United States Department of Defense and Indian Health Service; expanded access to Medical Examiners; authorized the exchange of information between states and integration into an EHR.
2019	HB 375	Amended section 893.055, F.S., defining an electronic health record system and authorizes the Florida Department of Health to enter into one or more reciprocal agreements or contracts with the U.S. Department of Veterans Affairs, the U.S. Department of Defense, or the Indian Health Service; and exempts prescribers or dispensers from consulting the PDMP for hospice patients.
2019	HB 1253	Amended sections 893.055 and 893.0551, F.S., defining an electronic health record and requiring the Department to assign a unique patient identifier to protect patient identity; expand access to Attorney General for active investigations or pending civil or criminal cases litigation involving prescribed controlled substances.
2019	HB 23	Created 456.47, F.S., establishing standards of practice for telehealth providers; authorizing certain telehealth providers to use telehealth to prescribe certain controlled substances under specified circumstances; providing registration requirements for out-of-state telehealth providers, etc. A telehealth provider prescribing a controlled substance to a Florida patient must consult the PDMS as HB 21 (2018) requires.
2020	HB 5001	Legislature transferred the PDMP budget appropriation of \$1,585,478 from General Revenue to the Florida Department of Health, Division of Medical Quality Assurance Trust Fund.

Program Operation

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

Reporting

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

Access

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

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

Data Warehouse

Through a U.S. Centers for Disease Control and Prevention (CDC) grant-funded initiative, the PDMP has implemented a cloud-based business intelligence 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 through 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.

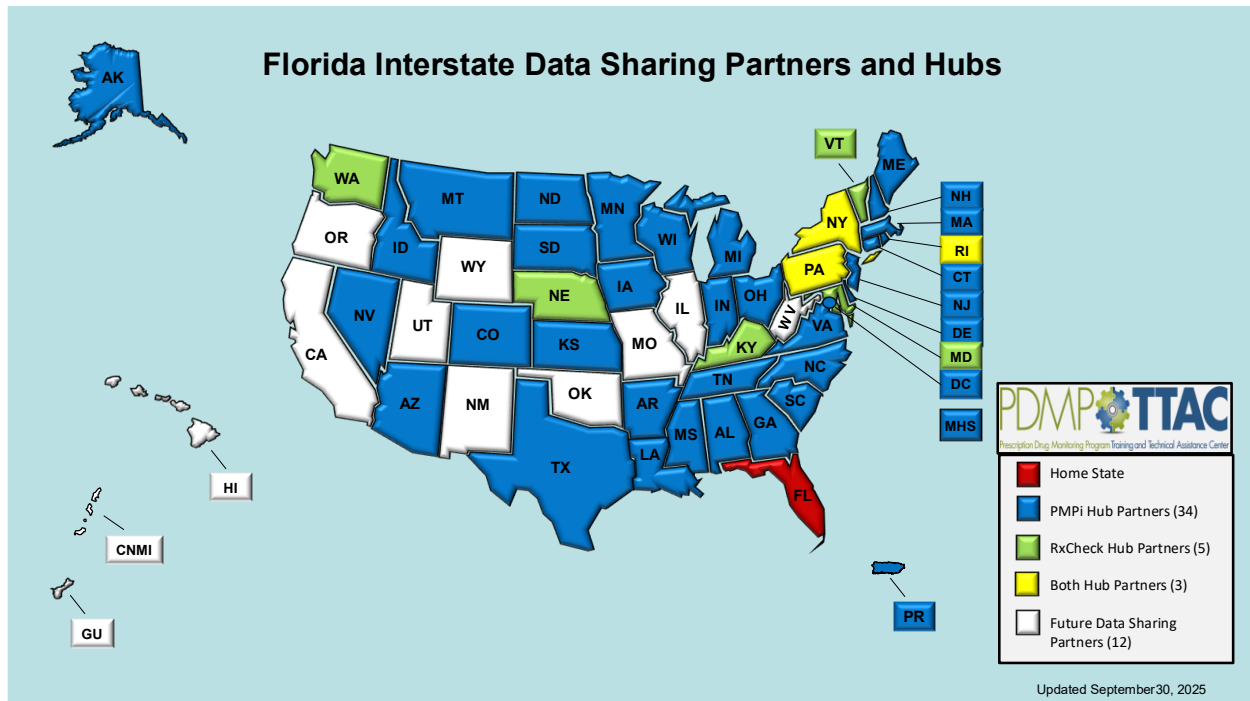
Interstate Data Sharing

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 42 partners and is working with 12 additional partners to expand its data-sharing capability. Of the 42 data-sharing partners, 39 states, the District of Columbia, Puerto Rico, and the Military Health System (MHS) share data using the PMPi hub. Five states share data with Florida through the RxCheck hub. New York, Pennsylvania, and Rhode Island share data with Florida through both hubs.



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 electronic health record 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, 2025, 3,866 entities have integrated with E-FORCSE®.

During RY 25, 321.5 million queries were requested through an integrated solution by authorized prescribers and dispensers in 29 states and Puerto Rico, District of Columbia and the Veterans Health Administration.

Grant Funded Projects

The PDMP has relied on grant funding to offset the PDMS implementation and enhancement costs. The PDMP worked on three grant-funded projects during RY 24-25, summarized below.

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

The PDMP is utilizing the grant funds to:

- a. Develop continuing education on the management of pain, focusing on dissemination to all clinicians who may treat acute, subacute, and chronic pain in outpatient settings.
- b. Develop continuing education on screening and diagnosis of substance use disorders, especially opioid use disorder and stimulant use disorder, intended for clinicians across a range of specialties.
- c. Implement and expand electronic information sharing among states in compliance with the National Prescription Monitoring Information Exchange (PMIX) architecture.
- d. Establish and maintain a two-way connection to exchange PDMP data with other state systems, ensuring that every request received is met with the correct response from the recipient's system.
- e. Implement universal PDMP registration and use that includes a streamlined and simplified PDMP registration process.
- f. Improve PDMP infrastructure or information systems to support proactive reporting and data analysis, including enhancing reporting systems to increase frequency and quality of reporting.
- g. Design, validate, or refine algorithms for identifying high-risk prescribing activity and other risk factors associated with overdose to use as a trigger for proactive reports (e.g., receiving prescriptions from multiple clinicians, and concurrent substance use or dangerous combinations that put patients at higher risk for opioid use disorder and overdose).
- h. Expand integration of PDMP data into electronic health records. The grant period ends September 30, 2028.

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

The PDMP is utilizing the grant funds to accomplish the following objectives:

- a. Expand integration of PDMP information into the Department's 67 county health departments' (CHD) electronic health record system known as the Health Management System (HMS).
- b. Enhancement of the E-FORCSE[®] PDMP to integrate existing nonfatal overdose event information into the patient's controlled substance dispensing history. This will be facilitated by leveraging the information reported to the existing Florida Health Information Exchange (HIE).

c. 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 electronic health record integration. Prescribers and pharmacists throughout Florida will benefit from nonfatal overdose information regarding their patients being included in their patients' controlled substance dispensing history within the E-FORCSE[®] PDMP.

The grant period ends on September 30, 2026.

Outcomes

Annually, the Department reports on outcome-targeted performance measures to the Governor, President of the Senate, and Speaker of the House of Representatives as required in section 893.055(14), F.S. This report contains information on the PDMP's operation, including basic program and system metrics, the status of critical operational objectives, and findings from various program evaluation activities. The overall goal of this report is to provide information to guide the operation of the PDMP, assess PDMP utilization, answer questions about the impact of PDMP information on clinical practice and patient outcomes, and evaluate the effect of the PDMP on community health.

<p>OUTCOME 1: Reduction of the rate of inappropriate use of controlled substances through Department education and safety efforts.</p> <p>Figures: 3, 9</p>	<p>OUTCOME 2: Reduction of the quantity of controlled substances obtained by individuals engaged in fraud and deceit.</p> <p>Tables: 1, 2 / Figures: 2, 3, 7, 8, 9</p>
<p>OUTCOME 3: Increased coordination among partners participating in the PDMP.</p> <p>Tables: 3, 4 / Figures: 4, 5, 6,</p>	<p>OUTCOME 4: Involvement in stakeholders achieving improved patient health care and safety and reduction of controlled substance abuse and diversion.</p> <p>Figure: 10</p>

Throughout the report, graphs and tables within performance measures are designed to address one or more of the above outcomes. Color bars 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

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Technical Notes

The current report year (RY 25) covers the period from July 1, 2024 (Q3-Q4 2024) to June 30, 2025 (Q1-Q2 2025). Direct year-to-year comparisons are based on report years.

Data downloaded from PMP Advanced Analytics™ between August 18, 2025 and August 21, 2025, summarizes the characteristics and prescribing patterns of the controlled substances reported to the PDMS. In this report, "patient" refers to Florida residents who are 18 years of age and older unless specified otherwise.

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

Source for RY 25 Population: U.S. Census Bureau. Release Date: 2020.

Table 1. Characteristics of Schedules II Through V Prescriptions Dispensed to Florida Residents 18 Years of Age and Older

There are 21,774,380 residents who are 18 years of age and older in Florida, 5.1 million of whom have been dispensed one or more schedules II through V controlled substances in RY 25, an increase of 0.6% from RY 24. Table 1 also illustrates that 6,252 pharmacies reported 30,536,520 controlled substance prescriptions dispensed to Florida patients during RY 25, a 1.1% increase in prescriptions from the prior year. The number of prescribers who issued one or more controlled substance prescriptions increased by 2.1% from 153,466 in RY 24 to 156,655 in RY 25. There was a 14.8% decrease in days' supply per capita from 44.0 to 37.5. The prescription quantity per capita decreased by 16.9% from 86.0 to 71.5. During RY 25, there were 11,512,243 opioid prescriptions dispensed to 2,995,081 Florida residents 18 years of age and older, a 1.6% decrease in prescriptions compared to RY 24 and a 1.0% decrease in patients. The average daily MME per opioid prescription decreased by 4.33% from 46.5 to 44.2.

Data Characteristics	RY 24	RY 25	RY 24-25 Change
Population 18 years and over	18,224,245	21,774,380	19.48%
Patient	5,078,432	5,106,964	0.56%
Prescriber	153,466	156,655	2.08%
Pharmacy	6,465	6,252	-3.29%
Prescription (Rx)	30,205,430	30,536,520	1.10%
Quantity (Qty)	1,568,262,142	1,555,949,681	-0.79%
Days' Supply / Rx	26.5	26.8	0.95%
Prescription Qty / Rx	51.9	51	-1.77%
Prescriptions / Patient	5.9	6	0.88%
Days' Supply / Patient	157.9	159.8	1.21%
Prescription Qty / Patient	308.8	304.7	-1.33%
Prescriptions / Capita	1.7	1.5	-9.50%
Days' Supply / Capita	44.0	37.5	-14.77%
Prescription Qty / Capita	86.0	71.5	-16.91%
Opioid Rx	11,699,632	11,512,243	-1.60%
Patient with Opioid Rx	3,024,162	2,995,081	-0.96%
Avg Daily MME per Opioid Rx	46.5	44.2	-4.33%

Table 2. Number and Percentage of Prescriptions of the Top 10 Dispensed Controlled Substances in Schedules II Through V

Table 2 illustrates that 33.6% of the controlled substances dispensed in RY 25 were oxycodone SA, alprazolam SA, and dextroamphetamine SA. Phentermine SA had the most significant decrease in prescriptions dispensed by 10.6%, followed by hydrocodone SA at a 3.1% decrease. Controlled substances with a marked increase in prescriptions dispensed include testosterone at 14.4% and dextroamphetamine SA at 10.5%.

Generic Name	Brand Example	RY 24	RY 24(%)	RY 25	RY 25(%)	RY 24-RY 25 % Change
Oxycodone SA	Percocet®	3,958,863	13.0%	3,993,110	13.1%	0.87%
Alprazolam SA	Xanax®	3,469,521	11.4%	3,417,754	11.2%	-1.49%
Dextroamphetamine SA	Adderall®	2,568,524	8.4%	2,838,246	9.3%	10.50%
Hydrocodone SA	Vicodin®	2,777,931	9.1%	2,692,982	8.8%	-3.06%
Tramadol SA	Ultram®	2,180,172	7.2%	2,140,705	7.0%	-1.81%
Clonazepam SA	Klonopin®	1,841,867	6.0%	1,813,652	5.9%	-1.53%
Zolpidem SA	Ambien®	1,710,668	5.6%	1,664,682	5.5%	-2.69%
Testosterone SA	Androderm®	1,416,768	4.7%	1,621,405	5.3%	14.44%
Lorazepam SA	Ativan®	1,475,443	4.8%	1,446,873	4.7%	-1.94%
Phentermine SA	Adipex®	1,006,319	3.3%	899,685	2.9%	-10.60%

Figure 1. Rank of Top 10 Controlled Substances Dispensed Between RY 22 – RY 25

Figure 1 depicts the rank of controlled substances dispensed between RY 22 and RY 25. Oxycodone SA and Alprazolam SA remain consistent while Dextroamphetamine SA has moved into Florida's top three dispensed controlled substances.

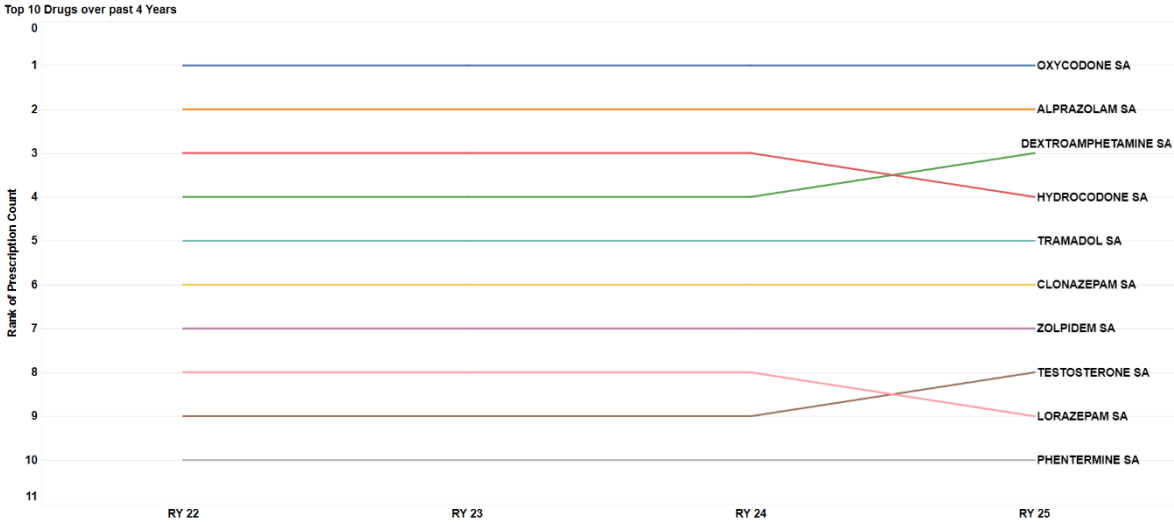


Table 3. User Registration by User Role Type, Report Year, and Percentage Change

Table 3 illustrates the cumulative number of registrants by user role type, report year, and percentage change. There was a 6.3% increase in registration from 182,045 in RY 24 to 193,441 in RY 25.

User Role Type	RY 24 Registrants	RY 25 Registrants	RY 24-25 % Change
Prescriber			
Dentist (DN)	8,410	8,546	1.62%
Medical Resident	1,297	1,466	13.03%
Military Prescriber	224	216	-3.57%
Nurse Practitioner (APRN)	15,778	17,814	12.90%
Optometrist (OD)	80	80	0.00%
Physician (ME OS)	52,277	54,188	3.66%
Physician Assistant (PA)	4,717	5,135	8.86%
Podiatrist (DPM)	1,213	1,224	0.91%
Prescriber Delegate: Unlicensed	46,595	49,847	6.98%
Prescriber without DEA	18,426	21,588	17.16%
VA Prescriber	564	587	4.08%
Telehealth out-of-state prescriber	342	386	12.87%
Subtotal	149,923	161,077	7.44%
Dispenser			
Military Dispenser	22	21	-4.55%
Pharmacist	23,533	24,642	4.71%
Pharmacists Delegate: Unlicensed	18,842	19,809	5.13%
VA Dispenser	158	173	9.49%
Subtotal	42,555	44,645	4.91%
Law Enforcement			
Drug Enforcement Administration (DEA)	155	171	10.32%
Federal Bureau of Investigation (FBI)	8	8	0.00%
U.S. Department of Health and Human Services (HHS)	20	20	0.00%
Local Police Jurisdiction	286	316	10.49%
Medicaid Fraud Unit	16	20	25.00%
Military Police	20	20	0.00%
State Attorney General	1	1	0.00%
State Police	48	51	6.25%
State Prosecutor	9	11	22.22%
Subtotal	563	618	9.77%
Medical Examiner			
Medical Examiner - Delegate	170	201	18.24%
Medical Examiner	26	29	11.54%
Subtotal	196	230	17.35%
Impaired Practitioner Consultant			
Impaired Practitioner Consultant	5	5	0.00%
Impaired Practitioner Consultant Admin	2	2	0.00%
Subtotal	7	7	0.00%
Investigative Agency Administration*			
Investigative Agency Administrator	197	197	0.00%
Subtotal	197	197	0.00%
TOTAL	182,045	193,441	6.3%

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

Table 4. Indirect User Requests by User Type

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

There was a 5.5% increase in the number of requests from indirect users from 10,329 during RY 24 to 10,894 in RY 25. From RY 24 to RY 25, law enforcement requests increased 12.6% from 4,694 to 5,286 and medical examiner requests increased by 0.8% from 5,198 to 5,240.

Requests made by impaired practitioner consultants decreased 48.5% from 33 to 17 requests, patient requests decreased 62.1% from 103 to 39; and there was a 12.1% reduction in regulatory agency administration requests from 365 to 321.

User Type	RY 24 Requests	RY 25 Requests	RY 24-25 Change
Law Enforcement	4,694	5,286	12.61%
Medical Examiner	5,198	5,240	0.81%
Impaired Practitioner Consultant	33	17	-48.48%
Regulatory Agency Administration*	365	321	-12.05%
Patient	39	30	-23.08%
TOTAL	10,329	10,894	5.47%

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

Figure 2. Number of Individuals Obtaining Controlled Substance Prescriptions from 5 (or 10) or More Prescribers and 5 (or 10) or More Dispensers by Quarter January 2012 – June 2025

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, electronic health record integration, and enhanced PDMS reports.

There has been an 11.0% increase in the number of individuals who visited five or more prescribers and five or more pharmacies in a 90-day period compared to FY 24 (454 to 504 for RY 25, respectfully).

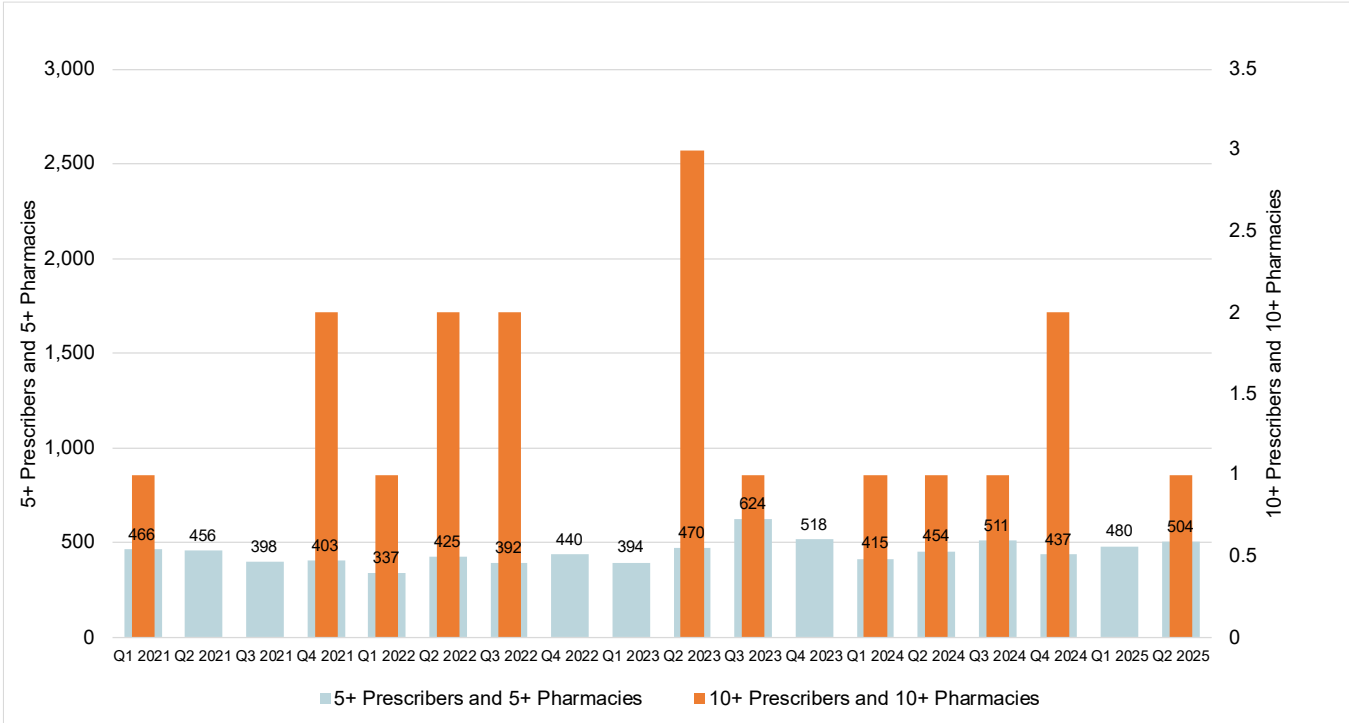
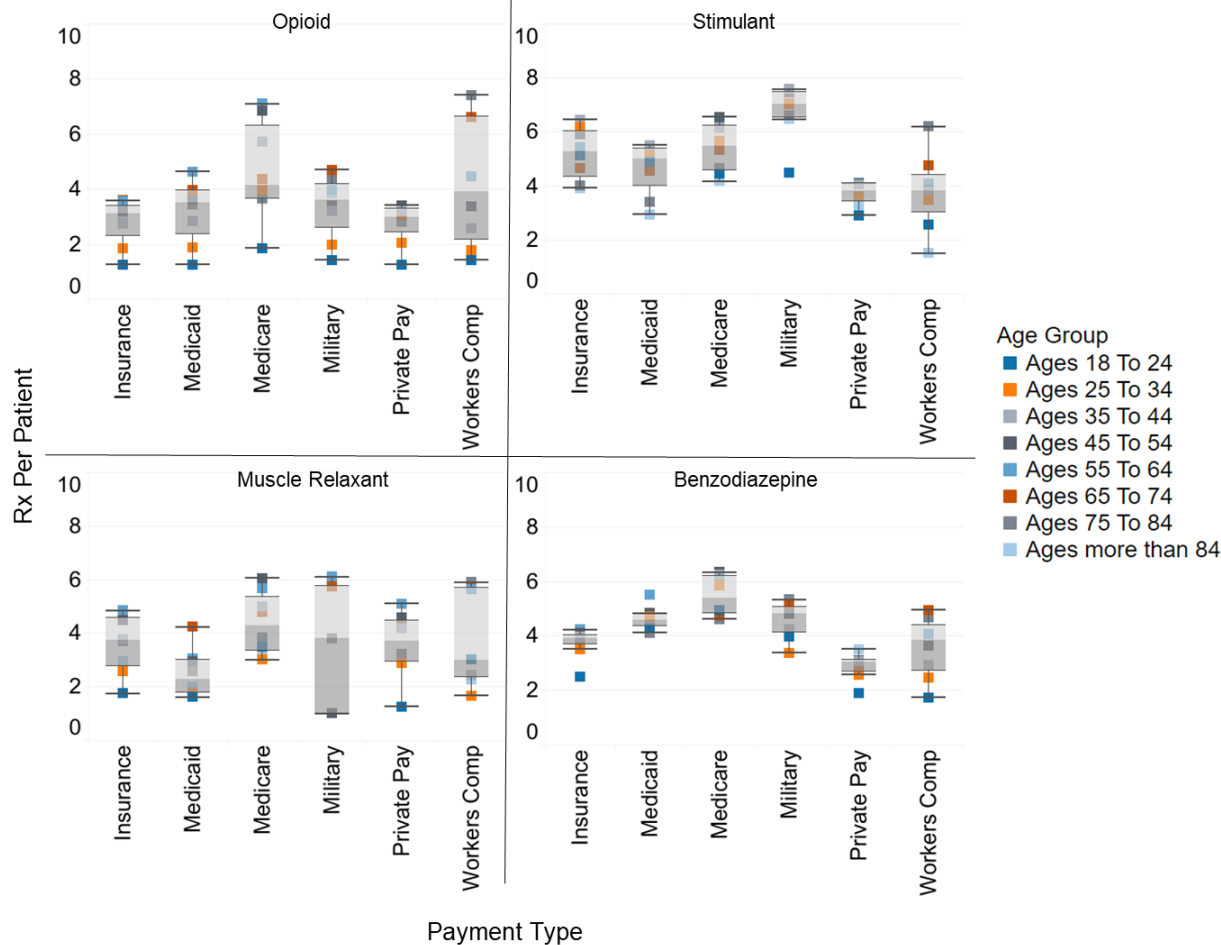


Figure 3. Number of Prescriptions per Patient as a Function of Age, Payment Type, and Drug Class

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



Extract date: August 16, 2025

Figure 4. Number of Florida Prescribers Who Have Searched the PDMS via an Integrated Solution and Prescribed a Controlled Substance, January 2024 – June 2025

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 RY 25, the PDMP was integrated into 3,866 entities' electronic health record and pharmacy dispensing system across the nation. Entities include physician offices, clinics, hospitals, health systems, and PDS. During RY 25, the PDMP authorized prescribers and dispensers in 29 states and Puerto Rico to request information through an integrated solution.

Analysis of electronic health record integration data for the past 18 months, as outlined in Figure 4 below, reveals that Florida has had 232.5 million successful requests from 156,177 unique prescribers, 117,512 of which were licensed in Florida. Further consolidation based on practitioners with an active U.S. Drug Enforcement Administration (DEA) registration number illustrates 69,763 prescribers out of 90,031 prescribers who prescribed controlled substances performed a patient lookup via their electronic health record solution.

Compared to RY 24, there has been a 10.9% increase (from 69.8% to 77.5%) in Florida prescribers who have prescribed and searched the PDMS via an integrated solution. With a 77.5% integrated solution utilization rate, Florida ranks within the top 25 states in the nation with integrated solution usage.

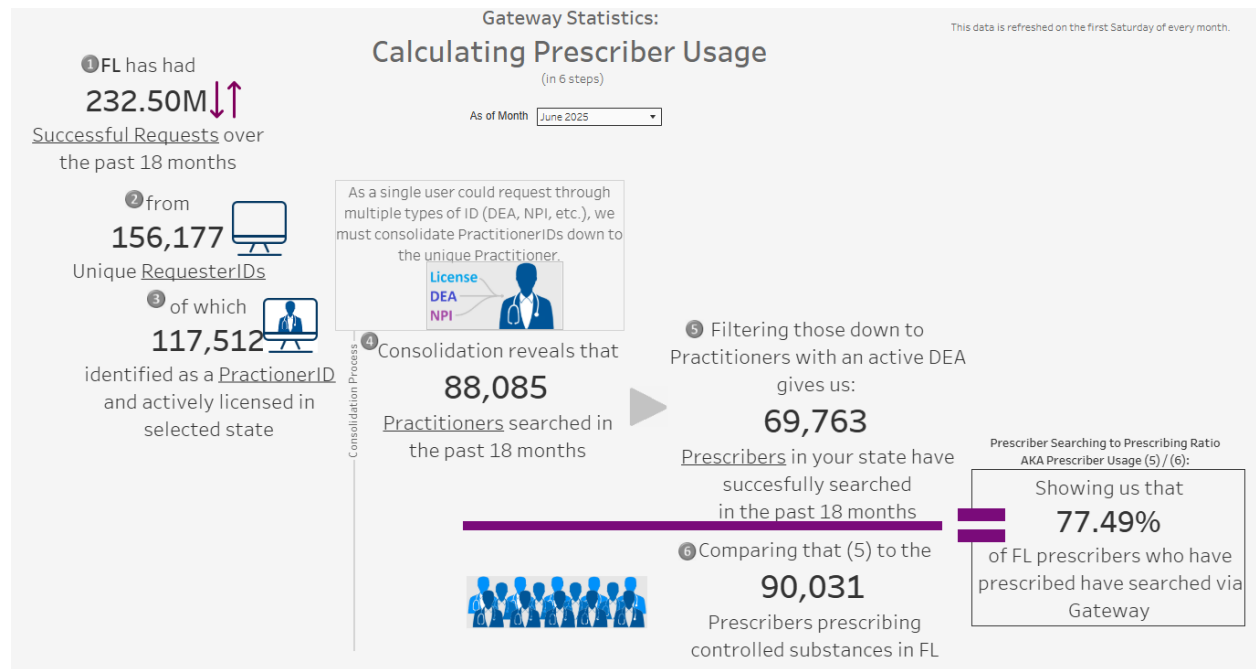


Figure 5. Number of Queries by Florida Prescribers, Dispensers, and Designees Through the Web Portal and Integrated Solutions by Month

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

During RY 25, Florida prescribers, dispensers, and designees made 339.9 million successful queries for PDMS information. Queries through electronic health record and pharmacy dispensing system integrations totaled 321.5 million, while prescribers, dispensers, and designees made 18.5 million queries through the web portal.

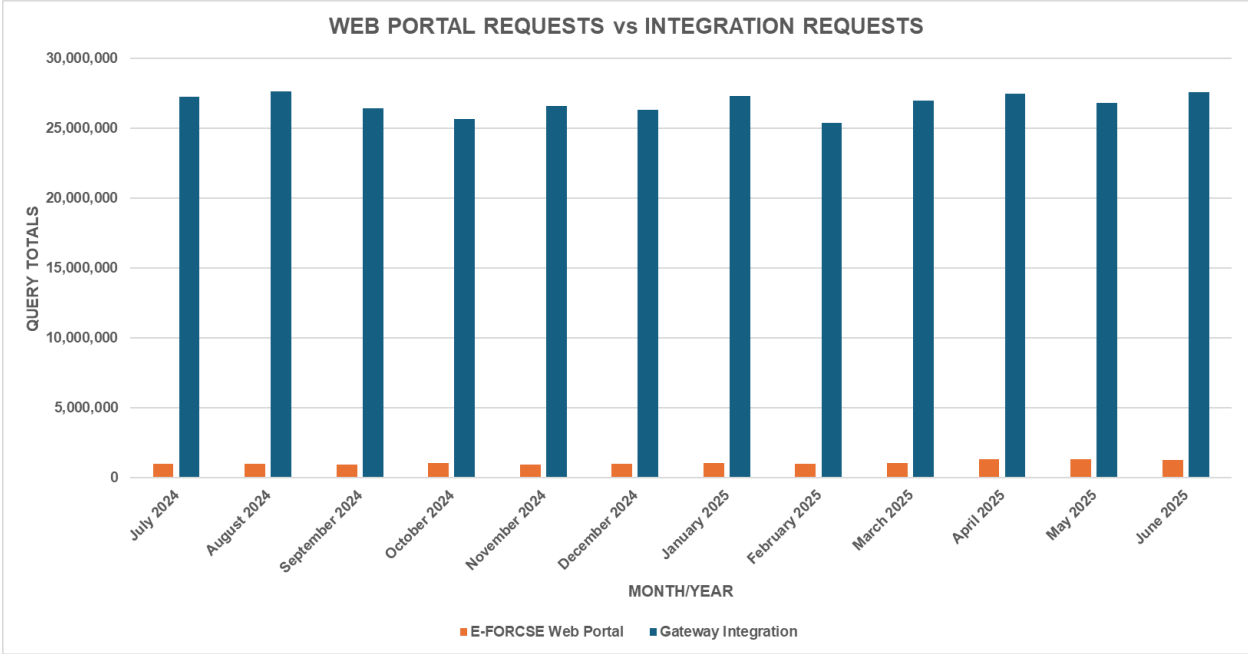


Figure 6. Number of Queries Disclosed to Other States' Prescribers and Dispensers

Figure 6 illustrates that the PDMP disclosed 127,690,288 million queries to prescribers and dispensers in other states.

The states with the most requests to the Florida PDMP were Georgia (41,710,202), Alabama (21,910,743), and Colorado (9,163,559). The figure below represents interstate queries made through the interstate electronic health record integrations via PMP Gateway.

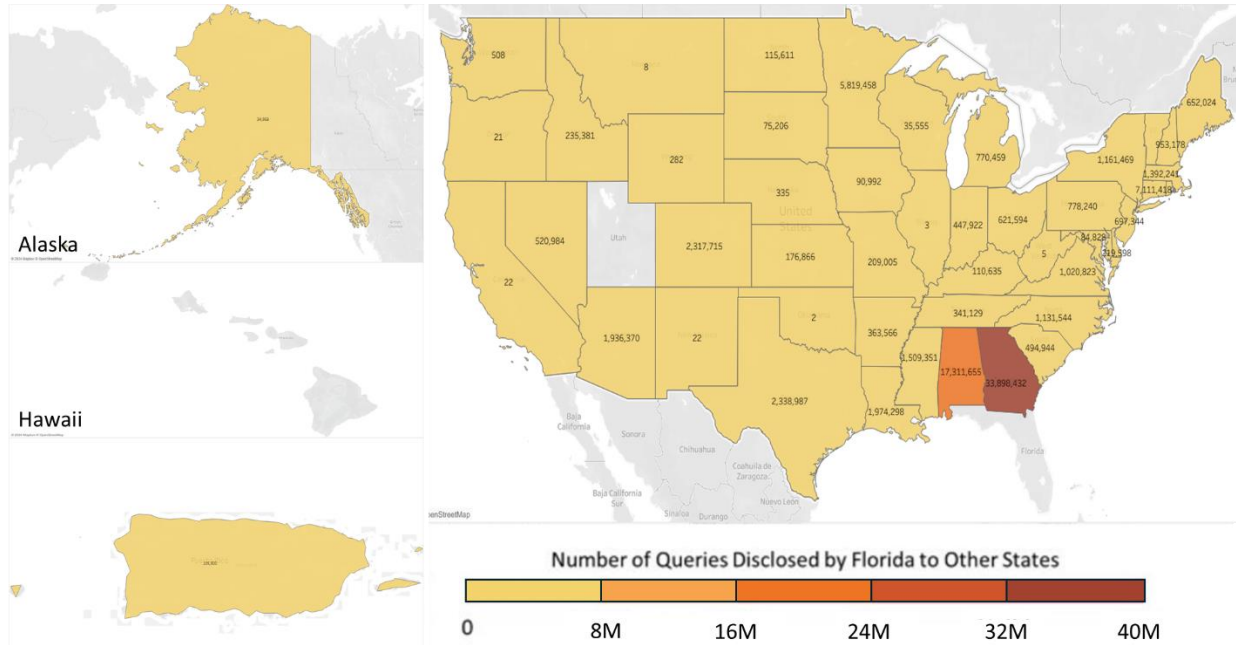


Figure 7. Number of Schedule II Opioid Prescriptions Dispensed to Florida Residents 18 Years of Age and Older by Prescription Days' Supply.

Figure 7 illustrates the number of schedule II opioid prescriptions dispensed to Florida residents during RY 24 and RY 25 by the days' supply. Prescribing patterns have remained steady throughout the last year across all days' supply ranges. For example, at the end of RY 24, 152,183 prescriptions were dispensed with three or fewer days' supply.

At the end of RY 25, 154,669 prescriptions were dispensed with three or fewer days' supply.

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

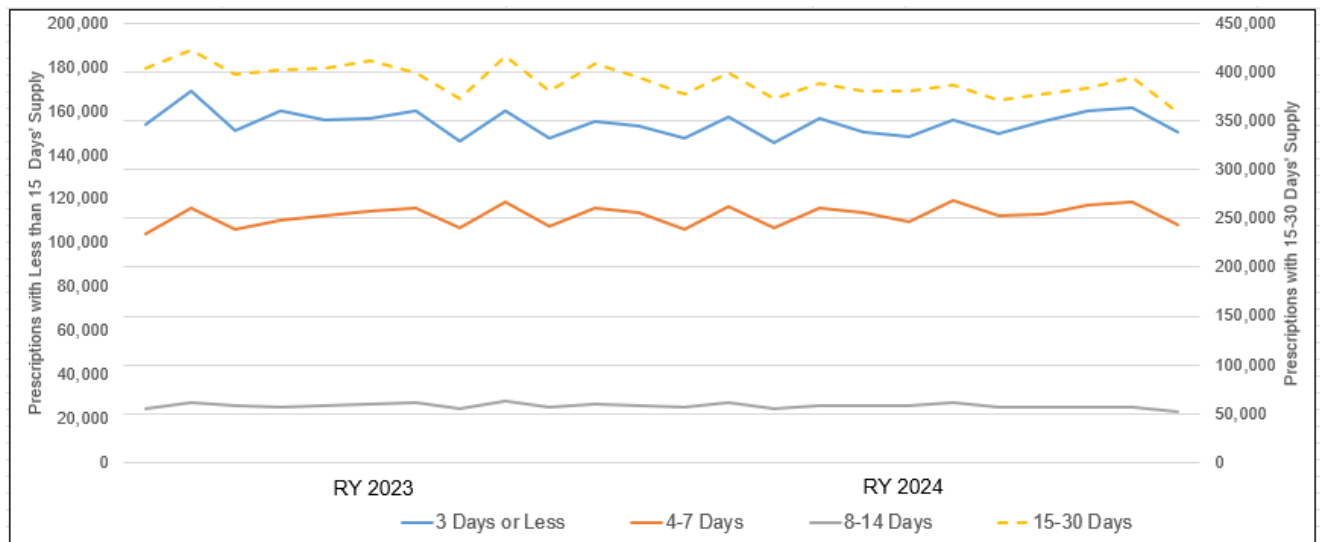


Figure 8. Average Daily Morphine Milligram Equivalent per Schedule II Opioid Prescriptions

The daily MME per prescription appeared to show a consistent decline from RY 24 to RY 25. For example, in July 2023, the beginning of RY 24, the average daily MME per prescription for schedule II opioids was 59.0. However, by June 2024, the end of RY 24, the MME per prescription went down to 54.3, a 8.0% decrease.

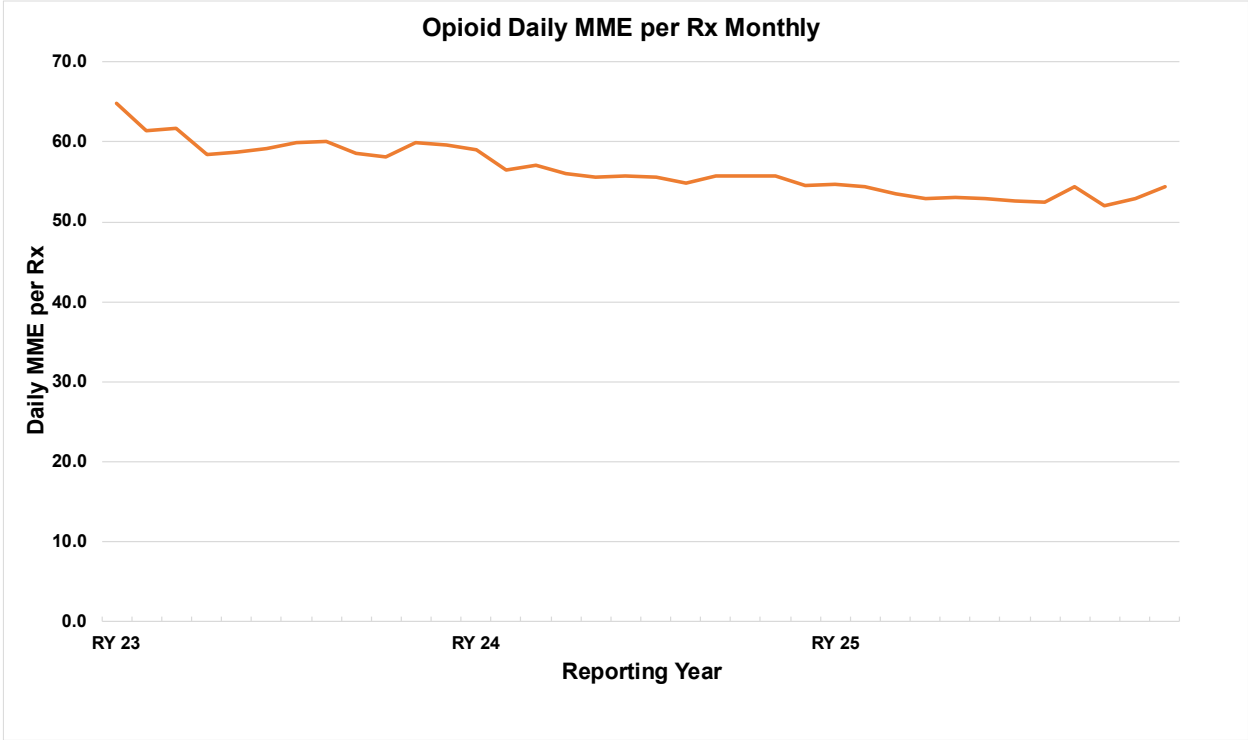


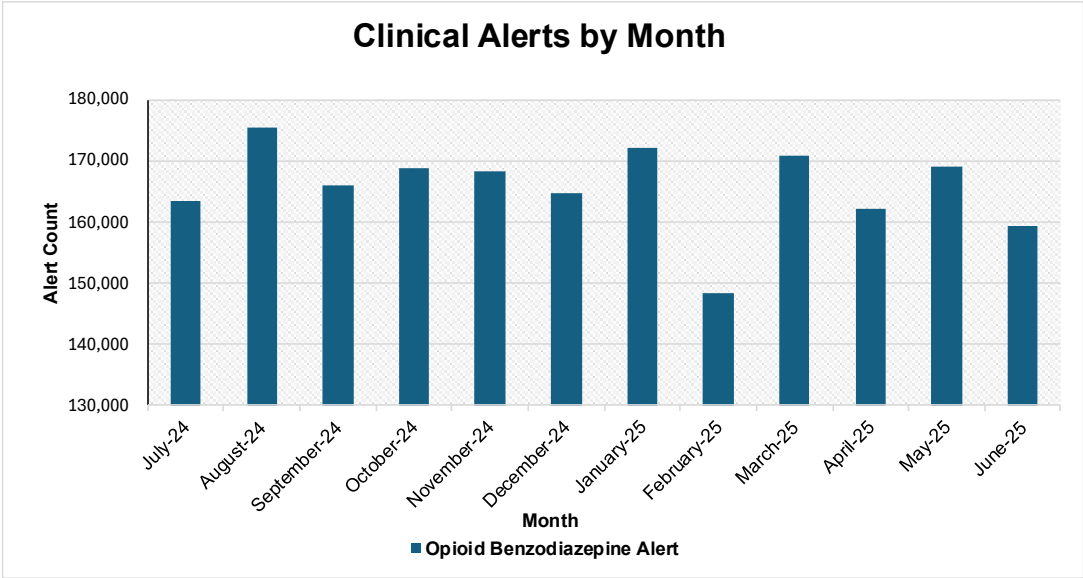
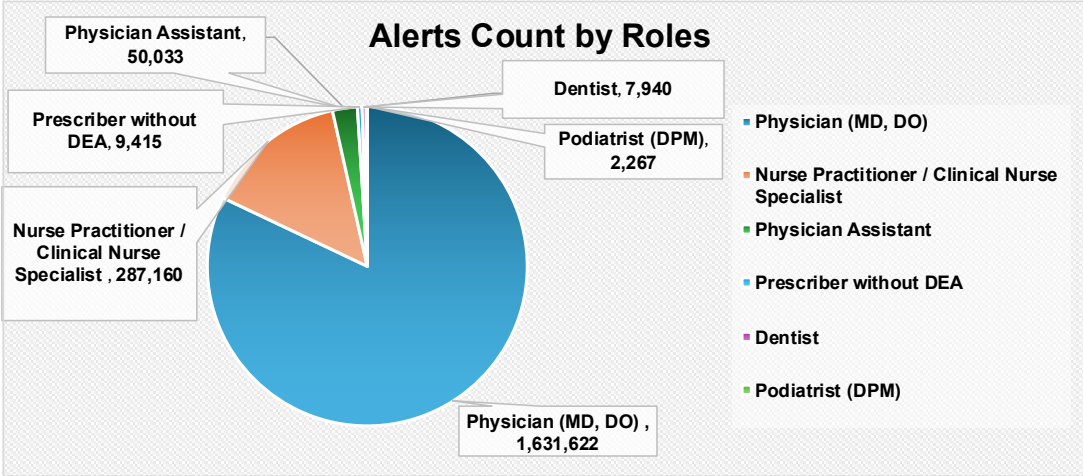
Figure 9. Clinical Alerts by Prescriber Role Type and Monthly Trends

PDMP clinical alerts are data-driven safety or compliance warnings that appear within the PDMP system or an integrated electronic health record. They identify prescription patterns or patient behaviors that may indicate risk for misuse, abuse, diversion, or overdose.

E-FORCSE® currently provides two types of clinical alerts: multiple provider episodes and overlapping opioid / benzodiazepine prescriptions.

Over the current reporting year, E-FORCSE® provided 1.9 million opioid benzodiazepine alerts, which has provided insight to practitioners across the state.

Figure 9. A illustrates the percentage of clinical alerts sent to practitioners by role type whereas Figure 9. B illustrates counts of clinical alerts sent with a monthly breakdown.



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