Annual Report

Minnesota Board of Pharmacy | Prescription Monitoring Program

Supporting Patient Care Since 2010.

mn.gov/boards/pharmacy-pmp

2024

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DEFINITIONS

The following definitions apply to terms as used throughout this report.

PHARMACY

A place of business in which prescription drugs are prepared, compounded, or dispensed by or under the supervision of a pharmacist and from which related clinical pharmacy services are delivered.

PRACTITIONER

A licensed physician, physician assistant, dentist, veterinarian, podiatrist, optometrist, advanced practice registered nurse, clinical nurse specialist, or pharmacist authorized to prescribe medications.

RECIPIENT

The individual who lawfully obtains and possesses a Reportable Substance for their own use or to administer to an animal under their direct care. Prescription Monitoring Program data is reported as dispensed to an individual recipient. The individual identified by the dispenser as the person for whom a prescription was dispensed.

PATIENT

An individual receiving or registered to receive medical treatment or; is the subject of a query submitted by a PMP authorized account holder.

DISPENSER

A person authorized by law to dispense a Reportable Substance, pursuant to a valid prescription. For the purposes of this report, a dispenser does not include a licensed hospital pharmacy distributing Reportable Substances for inpatient hospital care or a veterinarian dispensing prescriptions directly from their office.

REPORTABLE SUBSTANCE(S)

All Minnesota scheduled II-V controlled substances, butalbital and gabapentin.

MINNESOTA SCHEDULE

The controlled substance schedule as assigned by Minnesota Statute Section 152.02.

PRESCRIPTIONS REPORTED

A dispensation of a Reportable Substance that has been reported to the MN PMP for an individual recipient in a suitable container appropriately labeled.

PRESCRIPTION COUNT

Summation of the number of Prescriptions Reported.

PRESCRIPTION QUANTITY

The total amount of medication dispensed, expressed in standardized units such as tablets, capsules, milliliters, or grams, that contribute to the Prescription Count.

REGISTERED USER OR USER

An individual who has been approved for access to the Minnesota Prescription Monitoring (MN PMP) and maintains a registered account.

PRESCRIPTION HISTORY REPORT OR RX HISTORY REPORT

A report generated by an authorized Registered User, containing the detailed information of Prescriptions Reported for a specific Recipient within a defined timeframe.

SEARCH

The act of a Registered User submitting a query with the intent to generate and view a Patient History Report for a specific Patient.

MIXED AMPHETAMINE SALTS

Refers to DEXTROAMPHETAMINE SULF-SACCHARATE / AMPHETAMINE SULF-ASPARTATE combination drug products. Used in this report to simplify reference to this drug formulation.

ACKNOWLEDGEMENTS

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DATE PUBLISHED: SEPTEMBER 5, 2025

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EXECUTIVE SUMMARY

2024 marked the 15th year of operation of the Minnesota Board of Pharmacy's Prescription Monitoring Program (PMP). In 2009, MN Stats. §152.126 required the Board of Pharmacy (Board) to develop and maintain a database of dispensed controlled substance prescriptions to promote public health and welfare by detecting abuse, misuse, and diversion of these medications. Pharmacies, as well as prescribers dispensing from their office, submit prescription data to the PMP system for all Minnesota controlled substances schedules II-V, butalbital, and gabapentin dispensed in or into Minnesota. This protected health information is securely collected and maintained. Minnesota-licensed prescribers, pharmacists, and their delegated staff may be authorized to access this data when providing patient care. The purpose of the PMP is to support safe prescribing and dispensing practices as well as reduce the misuse of controlled substance prescriptions.

The Minnesota Board of Pharmacy is in its sixth year of utilizing a more robust PMP report within Bamboo Health's PMP AWARxE© system. This upgraded system presents an enhanced, interactive report to prescribers and pharmacists. Providing the PMP data in a more efficient, meaningful way assists healthcare providers in their assessment of the prescription data presented in a report. It is intended to present this information in a more easily digestible format and highlight potential high-risk prescription histories or activities, possibly leading to referrals to treatment if needed. A treatment locator is embedded within the report.

The Board of Pharmacy has sought to make the PMP database **more meaningful**, with the upgraded report tools, as well as **more efficient**, through integrated one-click access. Through grants received from the federal government and other state agencies, the Board has been able to continue funding a statewide license to enable one-click access to the state's PMP database using a third-party vendor solution. With integrated PMP access, a prescriber's electronic health record (EHR) or pharmacist's dispensing software system, when prompted by an authorized PMP account holder, will immediately return a view of the patient's PMP report, without leaving their clinical workflow. The Board's initiative for integrated access began in the fall of 2020 and continued through 2024. With integrated access, the volume of searches performed by prescribers and pharmacists has significantly increased.

The quality of PMP prescription data continues to be an important focus of the program. The Board has launched several new initiatives to increase quality and timeliness of data reporting. In 2024, the program launched a new initiative to streamline the error correction process for dispensers through increasing access to a feature called Rx Management. This tool offers a more user-friendly interface to individuals responsible for monitoring daily error reports and ensuring error corrections are completed in a timely manner. Utilizing the Board of Pharmacy's licensing database, program staff locate and enable Rx Management for the PMP accounts of individuals registered with the Board as Pharmacist-in-Charge (PIC). Access to Rx Management, previously available only upon request, is now granted by default to PICs of pharmacies located in Minnesota. Once enabled, instructions and additional support tools are made available to the individual. Eligibility is reviewed on an ongoing basis and access is granted and removed as PIC designations change.

The program continues to use a daily reporting dashboard, released in 2022 and created by Bamboo Health in collaboration with several state program administrators, to assist with monitoring reporting frequency

compliance . Due to the Board's heavy involvement in the development of this new tool, the program has been successful in its efforts to improve daily reporting compliance. This has not only saved time but enabled additional outreach to dispensers, providing one-on-one guidance regarding missing or late reports. As a result, communication and follow up has improved significantly.

Operational Findings

PMP Searches INCREASED by

126.3%*

Since statewide license to integrate access for providers. (2020 - 2024)

873,755 Controlled Substances Reported

Controlled substances required to be reported to the MN PMP increased by 9.9% in 2024.

OPIOIDS DECREASE 2.4%

There were 2,186,454 opioid prescriptions reported in 2024.

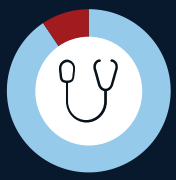
30,797

total prescriber & pharmacist account holders

17.0% increase

2,547

Minnesota Hospitals, Clinics, & Pharmacies with INTEGRATED PMP Access



97.6% of top 500 prescribers have a PMP Account!*

of the top 100 prescribers of C.S.'s 98% have a PMP account.

*Minnesota prescribers of federal schedule II-V controlled substances

additional findings...	2020	2021	2022	2023	2024	change in last 5 yrs
Total Searches via an Integrated System	1,383,204	2,549,502	3,233,675	4,347,908	5,228,319	278.0%
Total Web-Portal Searches	839,243	809,729	838,710	852,256	796,973	-5.9%
Searches of MN PMP performed by authorized account holders OUTSIDE of MN	6,963,568	7,260,787	7,489,467	7,784,677	8,838,820	26.9%
Searches performed by MN account holders to OTHER STATES' PMP databases.	983,834	1,098,350	1,435,908	1,677,689	1,943,966	97.6%
Report Requests from Law Enforcement	616	515	519	349	230	- 62.7%
Partial Opioid Agonists Reported	189,613	208,378	220,537	238,543	257,030	35.5%
Stimulants Reported	1,696,830	1,829,014	2,014,817	2,196,646	2,472,215	45.7%
Highest Increase in Opioid Rate by County: Traverse County	590.9	604.8	578.7	549.9	720.5	21.9%
Highest DECREASE in Opioid Rate by County: Pipestone County	503.1	448.7	402.0	372.2	388.7	-22.7%

INTRODUCTION TO THE MN PMP

Prescription drug monitoring programs (PDMP/PMP) play an important role in the fight against prescription drug abuse. PMPs have proven to be effective in reducing prescription drug abuse, misuse, and diversion; assisting prescribers and pharmacists in managing patient care, identifying potential high-risk behavior, and aiding in drug-related investigations, amongst other efforts. The timeline below shows significant dates related to the MN PMP.

2007

Governor Signs PMP Law

To begin addressing prescription drug abuse in the State, on May 25, 2007, the Governor signed into law MN Stats. §152.126, which requires the Minnesota Board of Pharmacy (Board) to establish an electronic system for the reporting of controlled substance prescriptions that are dispensed to residents of the state. The Board subsequently implemented the Minnesota Prescription Monitoring Program (PMP).

2010

Schedule II-V Data Collection and Access Open

Collection of data from dispensers of controlled substances began on January 4, 2010, with authorized access to the data commencing on April 15, 2010.

MN Stats. §152.126 also requires the Board to appoint an advisory task force. This task force consists of at least one representative of the Department of Health and Department of Human Services; each health-related licensing board that licenses prescribers; professional associations representing the medical community, pharmacy community, nurses, and dentists; a consumer privacy or security advocate; a consumer or patient rights organization; and an association of medical examiners and coroners. The advisory task force advises the Board on the development and operation of the Minnesota Prescription Monitoring Program, including technical standards for reporting and proper analysis and interpretation of PMP data.

2016

Began Collection of Gabapentin

In 2016, legislation passed to require dispensers to report gabapentin to the MN PMP. Gabapentin is not classified as a controlled substance at the federal or state level but must be reported to the MN PMP when dispensed.

2017

Required Account Registration

In July 2017, prescribers and dispensers of controlled substances in MN were required to register for and maintain a MN PMP account.

2018

NEW MN PMP Software System

On December 4, 2018, the PMP database was migrated from the MN PMP RxSentry© system to the PMP AWARxE© system, which is operated by Bamboo Health, formerly Appriss Health. Prescription data previously reported to the MN PMP's database was migrated to the new system. The new system included more sophisticated (BI) tools, more advanced address-resolving processes, and a superior patient consolidation algorithm for patient-matching. As a result, previous reports containing data reported prior to 2018 are not directly comparable.

2020

State-funded Integration

In August 2020, the Board of Pharmacy, through grants received from the federal government and other state agencies, made available a statewide license of a third-party vendor solution enabling one-click access to the state's PMP database for a one-year time frame. Prior to that several healthcare providers in Minnesota that were already utilizing this technology solution to access MN PMP reports from within their electronic health record (EHR) or pharmacy dispensing software (PDS) systems. By utilizing this statewide license, these established providers, along with entities requesting a new connection, were able to forgo the typical licensing fees related to this service.

2021

Required Review of PMP

On January 1, 2021, MN Stats § 152.126 Subd.6 (d) began requiring prescribers in Minnesota to review a patient's PMP history report prior to issuing an initial opiate prescription. Additionally, a PMP history review is required every three months if the patient is being prescribed an opiate for chronic pain or medically assisted treatment for an opioid use disorder. There are nine exceptions to this requirement, for the treatment of patients in palliative or hospice care, patients being treated for pain related to a cancer diagnosis, certain post-operative situations, as well as for prescribers experiencing operational or technical difficulties.

Operations

Staffing and Funding

The program is staffed by three full time positions: Program Administrator, Program Coordinator, and a Data Analyst. The program, along with the Opiate Product Registration Fee Program, are overseen by the Director of the Controlled Substance Reporting Section. Funding for the program is apportioned between the health licensing boards based on the portion of prescribers and pharmacists they license. These boards consist of the Board of Medical Practice, Board of Nursing, Board of Dentistry, Board of Podiatric Medicine, and the Board of Pharmacy

In 2024, the Board administered a Harold Rogers Prescription Drug Monitoring Program grant from the U.S. Department of Justice/Office of Justice Programs/Bureau of Justice Assistance. The PMP also received funding through interagency agreements between the Minnesota Department of Health and the Minnesota Department of Human Services. Funding received was used for attending national meetings and conferences, promote access and utilization of the PMP using a statewide integration solution, and enhancing the system to provide increased awareness for providers reviewing their patients' reports.

Data Reporting

Prescription data is submitted to the PMP database by pharmacies and dispensing prescribers. All entities dispensing reportable substances in or into the State of Minnesota are required to report data on a daily basis. Pharmacies not dispensing a reportable substance on any given day must submit a "zero report" for that day. PMP staff, in collaboration with a contracted vendor, audit the submission of data and the data itself to ensure compliance to reporting and data integrity requirements. Those found to be noncompliant receive communications of various types, and those who fail to respond are referred to the Board's regulatory section for further consideration. At the end of 2024, the Board licensed over 2,000 pharmacies, of which over 1,600 were required to report data to the PMP database. Current law allows an exemption from reporting when:

1. The pharmacy is a licensed hospital pharmacy that distributes controlled substances for inpatient hospital care only;
2. The prescription is for an individual who resides in a health care facility as defined in MN Stats, 151.58, subd. 2(b), when the medication is distributed using an automated drug distribution system according to section 151.58;
3. The prescription is for a drug sample that was packaged by a manufacturer and provided to the dispenser for dispensing as a professional sample pursuant to Code of Federal Regulations, title 21, part 203, subpart D;
4. The pharmacy or facility never dispenses controlled substances in or into the State of Minnesota.

Opioid Treatment Program Data

(Currently not reported to MN PMP)

On August 14th, 2020, the Confidentiality of Substance Use Disorder (SUD) Patient Records regulation, 42 CFR Part 2 was revised. Part of this revision permitted Opioid Treatment Programs (OTP) to report medications prescribed or dispensed by the program, so long as the recipient consents and the reporting is required by state law. Those opposing this reporting raise concerns about patient stigma, while those in favor contend that excluding information about a patient's SUD therapy from OTPs in the PMP has potential negative patient safety implications. For more information regarding these changes, see 42 CFR Part 2.

Error Correction

PMP data submitters and dispensers receive system-generated *File Status Reports* when errors or warnings occur in their submissions to the PMP database. Each submission undergoes a validation process to ensure certain data standards in required fields are met. When fields fail validation, the corresponding errors are communicated to the responsible party via the *File Status Report.* Errors are required to be resolved within seven days. Failure to do so may result in a referral to the Board of Pharmacy's regulatory investigators for further action. PMP staff monitor for error resolution and other matters of noncompliance as data integrity and completeness are important priorities for MN PMP staff.

Additional Data Qualifiers

- Prescription data in the PMP database is only as accurate as the information dispensers submit. Required fields and validation checks are in place to aid pharmacies in achieving clean data submission. Dispensers may edit, remove, or submit prescription records at any time to ensure dispensation histories are accurate. As a result, the same statistic may defer slightly when analyzed at different times.
- The data in the MN PMP contains schedule II-V controlled substances as listed in Minnesota Statutes Sect. 152.02, plus gabapentin, and all formulations of butalbital. Minnesota's Schedules II-V list includes additional substances not federally scheduled at the time of publication, such as human growth hormone, pseudoephedrine (only reported when dispensed pursuant to a prescription), and chorionic gonadotropin. In previous years, the dispensation tables and figures were primarily based solely on federally scheduled substances. To present a more comprehensive view, dispensation totals, unless indicated otherwise, represent all prescriptions required to be reported in Minnesota.

- Reports showing prescriptions reported by generic name over time (2020-2024) may display different totals compared to previous annual reports published. This year, efforts have been made to consolidate similar formulations of the same substance (e.g., testosterone and testosterone micronized; midazolam HCl, midazolam HCl/PF, and midazolam).

  Beginning in 2024, the medication classes used to report dispensation volume have been revised. Please review *Table 1* to view the medication classes, changes made to categories in 2024 and additional notes.

Table 1. Medication Class and Category Change Details

Medication Class	Category Status	Notes
Opioids	Updated, additional medications added.	Now includes all formulations of medications containing opioids.
Partial Opioid Agonists	No change	
Stimulants	No change	
Non-Benzodiazepine Sedatives	Updated, additional medications added.	All medications with sedative effects not belonging to the benzodiazepine class of drugs. Includes substances previously categorized as muscle relaxants and gabapentinoids.
Benzodiazepines	No change	
Muscle Relaxants	Removed	Now categorized as non-benzodiazepine sedatives.
Antitussives	Removed	Now categorized based on their controlled substance ingredients.
Gabapentinoids	Removed	Now categorized as non-benzodiazepine sedatives.
Antidiarrheals	No change	
Androgenic Hormones	Added	This category was not examined in previous annual reports. Minnesota state law schedules additional androgenic hormones not federally classified as controlled substances.

- In the interest of patient privacy, when there are less than ten dispensations of a medication, it is reported as “<10” throughout the report.

Prescription Data

Over the past 5 years (2020 to 2024), the number of reportable prescriptions being reported as dispensed has **increased by 12.9%** and the count of individual doses has **increased by 6.2%**.

The top three dispensed reportable substances in 2024 were unchanged from 2023: gabapentin, mixed amphetamine salts, and oxycodone.

Table 2 shows the top 20 prescriptions reported, by generic name. *Table 3* shows the top 20 prescriptions reported by quantity of doses.

Figure 1. Total Prescription Counts by Year

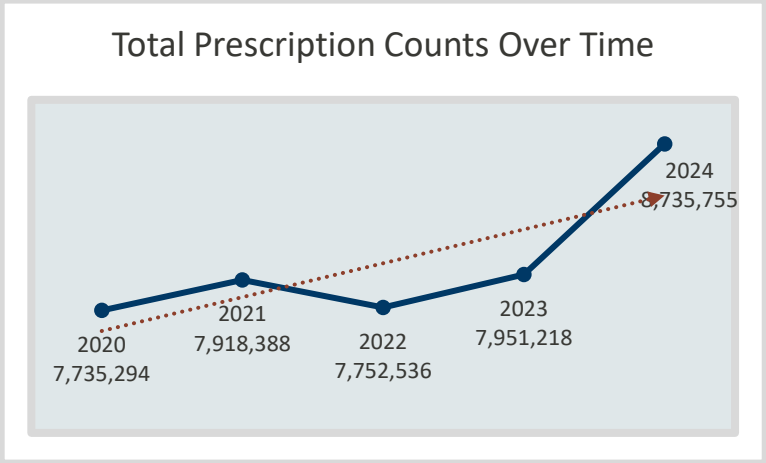
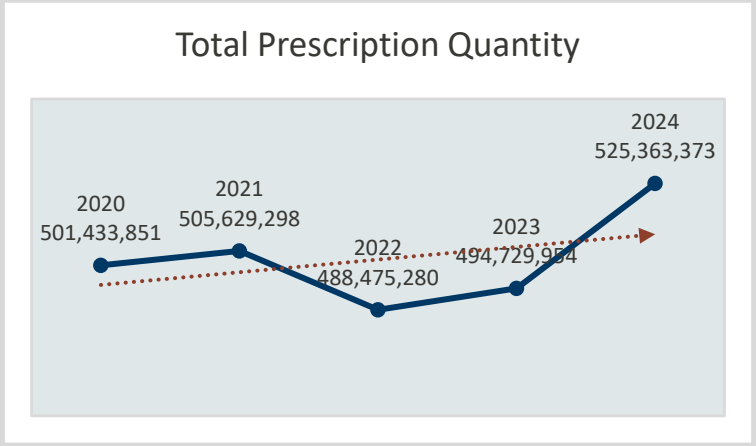


Table 2. Top 20 Medications by Prescription Count (Generic Name)

Drug	% Change from '23 to '24	2024 Rx Count	2023 Rx Count	2022 Rx Count	2021 Rx Count	2020 Rx Count
GABAPENTIN	4.2%	1,365,690	1,310,522	1,261,917	1,271,324	1,214,894
MIXED AMPHETAMINE SALTS	15.3%	1,263,447	1,095,744	1,049,695	992,828	911,127
OXYCODONE HCL	12.5%	758,736	674,216	642,201	642,706	597,183
METHYLPHENIDATE	11.0%	524,946	472,893	438,193	422,900	404,635
HYDROCODONE BITARTRATE/ACETAMINOPHEN	-3.1%	480,269	495,848	526,669	591,438	606,542
LORAZEPAM	3.9%	447,706	431,041	431,557	460,835	474,454
TRAMADOL HCL	-1.0%	350,348	353,868	371,089	413,884	440,052
LISDEXAMFETAMINE DIMESYLATE	21.1%	333,353	275,317	221,924	199,688	178,534
TESTOSTERONE	162.5%	326,850	124,521	132,168	130,072	94,987
CLONAZEPAM	0.9%	306,629	303,928	308,310	333,313	350,320
ZOLPIDEM TARTRATE	0.1%	297,947	297,551	310,589	340,239	356,120
PREGABALIN	16.5%	284,574	244,184	216,337	200,498	176,722
ALPRAZOLAM	0.6%	249,278	247,747	255,499	276,930	288,873
OXYCODONE HCL/ACETAMINOPHEN	-7.4%	187,703	202,765	215,461	250,939	274,663
PHENTERMINE HCL	27.1%	183,428	144,359	108,808	95,592	87,319

Drug	% Change from '23 to '24	2024 Rx Count	2023 Rx Count	2022 Rx Count	2021 Rx Count	2020 Rx Count
BUPRENORPHINE HCL/NALOXONE HCL	4.1%	182,744	175,486	169,442	163,075	149,209
DIAZEPAM	4.9%	131,461	125,344	125,522	134,026	129,454
MORPHINE SULFATE	3.7%	119,062	114,799	117,440	129,693	137,586
HYDROMORPHONE HCL	1.9%	106,042	104,043	94,925	95,985	91,552
BUPRENORPHINE	28.5%	73,093	56,882	46,534	43,753	38,825
top 20 in 2022, 2021, 2020						
CODEINE PHOSPHATE WITH ACETAMINOPHEN	-7.9%	57,732	62,718	70,232	81,718	88,705
top 20 in 2023						
DEXMETHYLPHENIDATE HCL	8.2%	68,166	62,993	50,452	44,603	38,601

Figure 2. Total Prescription Quantities by Year



4.8%

Total prescription quantities increased in last 5 yrs.

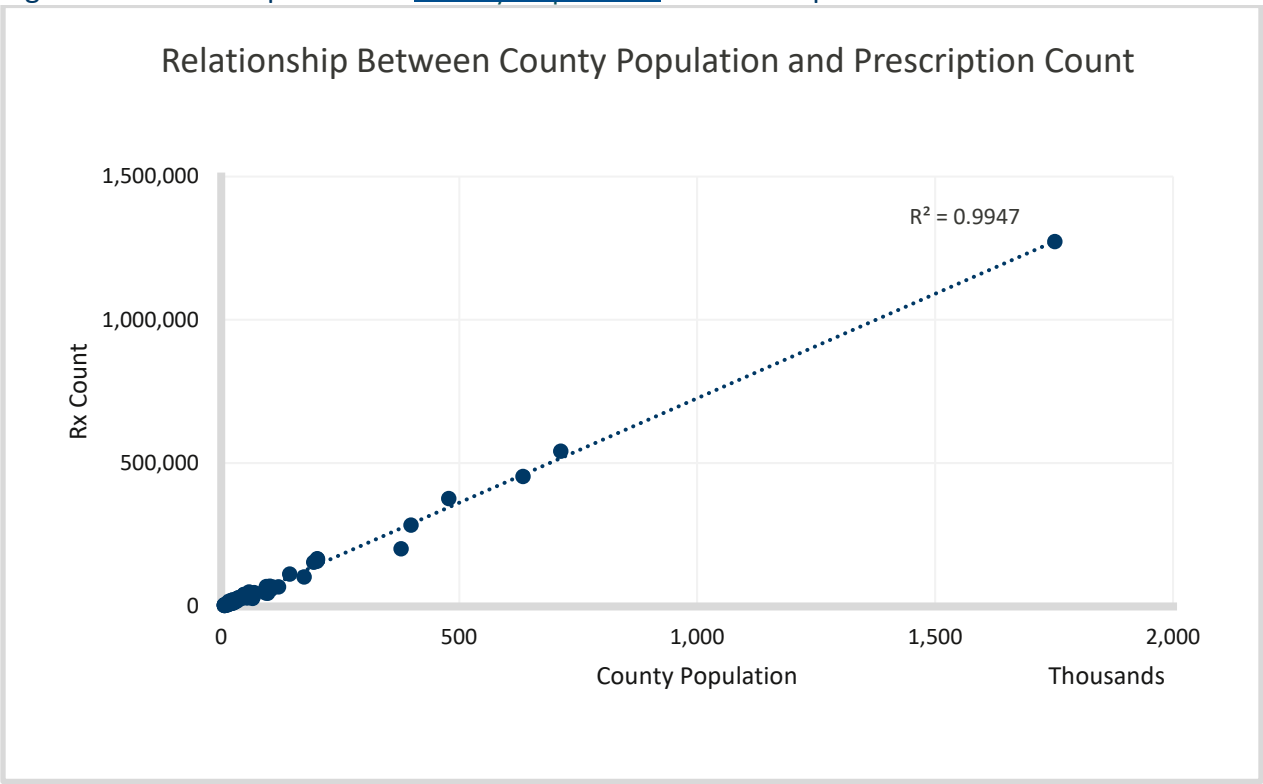
Table 3. Top 20 Medications by Prescription Quantity (Generic Name)

Drug	% Change from '23 to '24	2024 Rx Count	2023 Rx Count	2022 Rx Count	2021 Rx Count	2020 Rx Count
GABAPENTIN	3.7%	187,627,110	180,932,296	177,335,961	182,970,651	174,966,025
MIXED AMPHETAMINE SALTS	14.1%	52,431,862	45,968,312	44,220,302	42,672,526	39,599,909
OXYCODONE HCL	7.5%	31,498,935	29,296,570	28,843,350	30,987,339	31,247,808
PREGABALIN	17.6%	25,206,080	21,431,563	18,901,423	17,351,864	15,126,270
METHYLPHENIDATE	9.9%	22,888,896	20,820,047	19,633,976	19,400,801	18,653,523
HYDROCODONE BITARTRATE/ACETAMINOPHEN	-2.2%	22,175,579	22,681,209	24,180,993	27,319,448	29,272,243
TRAMADOL HCL	-2.8%	20,630,976	21,222,576	22,718,389	25,868,181	28,463,223
CLONAZEPAM	-0.1%	16,197,635	16,211,176	16,701,289	18,369,320	19,427,342
LORAZEPAM	1.3%	16,141,348	15,930,620	16,288,476	17,876,988	18,832,512
OXYCODONE HCL/ACETAMINOPHEN	-3.3%	12,138,356	12,550,216	13,202,342	14,929,577	16,286,439
ALPRAZOLAM	-0.9%	11,283,187	11,382,881	12,074,812	13,297,783	14,082,132
ZOLPIDEM TARTRATE	1.5%	10,491,186	10,340,335	10,750,998	11,775,283	12,249,863
LISDEXAMFETAMINE DIMESYLATE	20.2%	10,311,974	8,576,844	6,971,895	6,263,142	5,627,049
CODEINE PHOSPHATE/GUAIFENESIN	1.6%	8,744,230	8,605,083	9,507,111	7,550,557	9,662,630
BUPRENORPHINE HCL/NALOXONE HCL	9.1%	7,721,563	7,075,188	6,484,927	6,000,455	5,512,863
PHENTERMINE HCL	26.5%	7,325,495	5,792,092	4,481,933	3,905,459	3,558,005
TESTOSTERONE	55.4%	6,710,670	4,319,430	4,213,020	3,991,072	3,855,126
LACOSAMIDE	18.9%	5,836,632	4,907,029	4,069,487	3,861,510	3,570,538
MORPHINE SULFATE	1.4%	4,994,919	4,926,039	5,127,619	5,864,039	6,366,006
HYDROMORPHONE HCL	-2.2%	4,452,078	4,552,459	4,324,081	4,604,052	4,554,240
top 20 in 2022						
DIAZEPAM	1.7%	4,309,234	4,235,537	4,305,570	4,875,348	5,053,134
top 20 in 2020						
PHENOBARBITAL	4.3%	3,850,869	3,690,926	3,466,550	3,754,189	3,797,922

DISPENSED BY COUNTY

A Pearson Correlation Test and t-test run on 'Prescription Count' and the 'County Population' revealed a coefficient value of 0.997 and an R-squared value of 0.994, indicating a significant positive correlation. Expectedly, the most populated county, Hennepin County, was the county with the highest volume of reportable substance dispensations in 2024.

Figure 3. Relationship Between County Population and Prescription Count



A more detailed look at the dispersion of the dispensations reported is presented in *Table 4.* The total prescription count, 2024 population estimates as made available by the U.S. Census Bureau, and the rate of prescriptions per 1,000 residents are shown at a county level. When assessing crude prescription dispensation rates, the county with the highest was Mahnomen County (2,518.1), while Houston County had the lowest (875.5).

The statewide crude rate was 1,507.9 prescriptions per 1,000 population. This was calculated by dividing the total number of prescriptions reported as dispensed to all recipients with Minnesota addresses by the overall state population.

Table 4. Prescription Count by Recipient Count

Recipient County	2024 Rx Count	2024 Pop	Rate per 1,000 residents	Rank (1-87)
MINNESOTA	**8,735,755**	**5,793,151**	**1,507.9**	**-**
AITKIN	29,221	16,335	1,788.9	19
ANOKA	478,273	376,840	1,269.2	69

Recipient County	2024 Rx Count	2024 Pop	Rate per 1,000 residents	Rank (1-87)
MINNESOTA	**8,735,755**	**5,793,151**	**1,507.9**	**-**
BECKER	50,958	35,444	1,437.7	52
BELTRAMI	93,751	46,762	2,004.9	8
BENTON	47,868	41,881	1,143.0	84
BIG STONE	10,479	5,067	2,068.1	7
BLUE EARTH	102,557	70,700	1,450.6	49
BROWN	39,568	25,710	1,539.0	38
CARLTON	68,235	36,745	1,857.0	13
CARVER	144,184	112,628	1,280.2	67
CASS	54,276	31,442	1,726.2	25
CHIPPEWA	15,776	12,299	1,282.7	65
CHISAGO	104,451	59,105	1,767.2	20
CLAY	109,017	66,848	1,630.8	32
CLEARWATER	18,254	8,630	2,115.2	5
COOK	6,640	5,571	1,191.9	80
COTTONWOOD	17,140	11,338	1,511.7	42
CROW WING	120,482	68,642	1,755.2	22
DAKOTA	634,120	453,156	1,399.3	57
DODGE	22,602	21,242	1,064.0	85
DOUGLAS	62,480	39,933	1,564.6	36
FARIBAULT	25,050	13,886	1,804.0	18
FILLMORE	26,670	21,502	1,240.3	73
FREEBORN	36,552	30,314	1,205.8	79
GOODHUE	69,045	47,982	1,439.0	51
GRANT	10,726	6,109	1,755.8	21
HENNEPIN	1,751,510	1,273,334	1,375.5	59
HOUSTON	16,067	18,352	875.5	87
HUBBARD	33,232	22,050	1,507.1	43
ISANTI	64,767	43,687	1,482.5	46
ITASCA	97,621	45,442	2,148.3	4
JACKSON	14,660	9,861	1,486.7	44
KANABEC	30,007	16,608	1,806.8	16
KANDIYOHI	55,694	44,674	1,246.7	71
KITTSON	7,532	3,992	1,886.8	10
KOOCHICHING	24,390	11,594	2,103.7	6
LAC QUI PARLE	10,898	6,636	1,642.3	31

Recipient County	2024 Rx Count	2024 Pop	Rate per 1,000 residents	Rank (1-87)
MINNESOTA	**8,735,755**	**5,793,151**	**1,507.9**	**-**
LAKE	18,550	10,698	1,734.0	24
LAKE OF THE WOODS	7,002	3,797	1,844.1	14
LE SUEUR	34,872	29,458	1,183.8	81
LINCOLN	6,717	5,564	1,207.2	78
LYON	34,511	25,577	1,349.3	61
MAHNOMEN	13,336	5,296	2,518.1	1
MARSHALL	11,944	8,771	1,361.8	60
MARTIN	33,326	19,561	1,703.7	27
MCLEOD	59,490	36,780	1,617.5	34
MEEKER	30,488	23,491	1,297.9	64
MILLE LACS	66,251	27,577	2,402.4	2
MORRISON	52,679	34,520	1,526.0	40
MOWER	47,780	40,900	1,168.2	82
MURRAY	10,837	8,044	1,347.2	62
NICOLLET	48,337	34,493	1,401.4	56
NOBLES	23,371	21,969	1,063.8	86
NORMAN	10,157	6,284	1,616.3	35
OLMSTED	201,907	166,424	1,213.2	76
OTTER TAIL	93,398	60,884	1,534.0	39
PENNINGTON	26,275	13,652	1,924.6	9
PINE	51,916	30,319	1,712.3	26
PIPESTONE	13,083	9,100	1,437.7	53
POLK	56,506	30,413	1,858.0	12
POPE	17,889	11,495	1,556.2	37
RAMSEY	713,747	542,015	1,316.8	63
RED LAKE	6,749	3,882	1,738.5	23
REDWOOD	21,598	15,254	1,415.9	54
RENVILLE	21,936	14,453	1,517.7	41
RICE	95,136	69,025	1,378.3	58
ROCK	15,919	9,525	1,671.3	30
ROSEAU	27,575	15,265	1,806.4	17
SAINT LOUIS	377,700	200,794	1,881.0	11
SCOTT	201,333	157,206	1,280.7	66
SHERBURNE	174,107	103,059	1,689.4	29
SIBLEY	19,298	15,194	1,270.1	68

Recipient County	2024 Rx Count	2024 Pop	Rate per 1,000 residents	Rank (1-87)
MINNESOTA	**8,735,755**	**5,793,151**	**1,507.9**	**-**
STEARNS	202,655	163,997	1,235.7	74
STEELE	55,409	37,434	1,480.2	47
STEVENS	11,883	9,819	1,210.2	77
SWIFT	14,116	9,666	1,460.4	48
TODD	32,304	25,955	1,244.6	72
TRAVERSE	6,778	3,134	2,162.7	3
WABASHA	32,026	21,574	1,484.5	45
WADENA	26,544	14,437	1,838.6	15
WASECA	27,080	18,684	1,449.4	50
WASHINGTON	399,088	283,960	1,405.4	55
WATONWAN	13,742	11,204	1,226.5	75
WILKIN	10,673	6,268	1,702.8	28
WINONA	58,295	49,973	1,166.5	83
WRIGHT	194,399	154,593	1,257.5	70
YELLOW MEDICINE	15,271	9,373	1,629.3	33

Table 5 and Table 6 show the number of reportable substance prescriptions dispensed to Minnesota recipients by Minnesota Schedule and the per capita rate of prescriptions, respectively.

Table 5. Prescription Count by Minnesota Schedule

MN Schedule	% Change from '23 to '24	2024	2023	2022	2021	2020
II	9.7%	3,942,107	3,595,092	3,454,435	3,480,758	3,358,313
III	49.8%	703,046	469,324	466,127	440,857	396,420
IV	3.8%	2,233,299	2,151,048	2,149,552	2,303,869	2,374,892
V	11.1%	448,362	403,682	377,891	380,751	364,678
Drugs of Concern	5.8%	1,408,941	1,332,072	1,304,531	1,312,153	1,240,991
Total	**9.9%**	**8,735,755**	**7,951,218**	**7,752,536**	**7,918,388**	**7,735,294**

Table 6. Average Prescription Count by Minnesota Schedule per Population

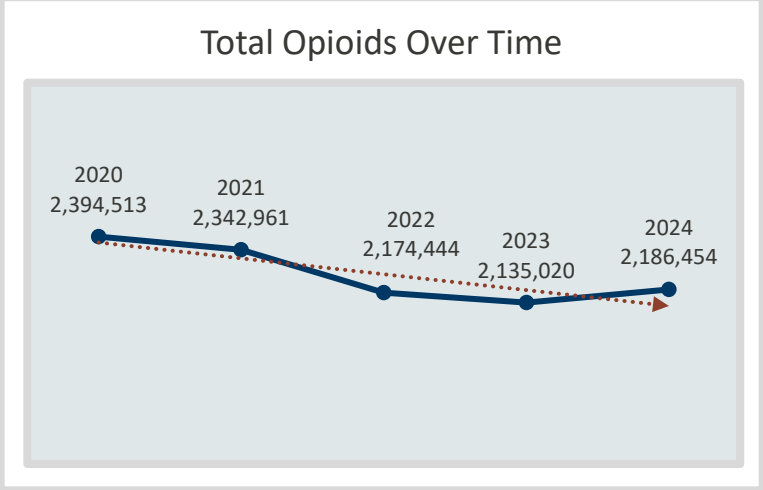
MN Schedule	% Change from '23 to '24	2024	2023	2022	2021	2020
II	5.7%	0.66	0.62	0.60	0.60	0.58
III	8.9%	0.09	0.08	0.08	0.08	0.07
IV	0.1%	0.37	0.37	0.37	0.40	0.41
V	7.2%	0.07	0.07	0.07	0.07	0.06
Drugs of Concern	1.7%	0.23	0.23	0.23	0.23	0.21
Total	**3.8%**	**1.42**	**1.37**	**1.34**	**1.37**	**1.34**

DISPENSED BY CLASS

Opioids

In 2024, more dispensations of opioid prescriptions were reported compared to in 2023. However, a net **8.7% reduction** remains when compared to 2020. *Figure 4* shows the **total** number of opioid prescriptions reported over the previous five years. In 2024, Oxycodone HCl was again the most reported opioid dispensed. *Table 7* lists the **top twenty** opioid agonists reported by prescription count in 2024, along with data from the preceding five years.

Figure 4. Total Opioid Prescription Counts[1]



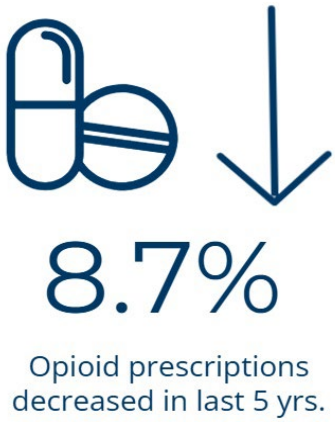


Table 7. Opioid Prescription Counts (Top 20)

Drug	% Change from '23 to '24	2024	2023	2022	2021	2020
OXYCODONE HCL	12.5%	758,736	674,216	642,201	642,706	597,183
HYDROCODONE BITARTRATE/ACETAMINOPHEN	-3.1%	480,269	495,848	526,669	591,438	606,542
TRAMADOL HCL	-1.0%	350,348	353,868	371,089	413,884	440,052
OXYCODONE HCL/ACETAMINOPHEN	-7.4%	187,703	202,765	215,461	250,939	274,663
MORPHINE SULFATE	3.7%	119,062	114,799	117,440	129,693	137,586
HYDROMORPHONE HCL	1.9%	106,042	104,043	94,925	95,985	91,552
CODEINE PHOSPHATE WITH ACETAMINOPHEN	-7.9%	57,732	62,718	70,232	81,718	88,705
CODEINE PHOSPHATE/GUAIFENESIN	2.4%	54,906	53,642	58,216	44,512	57,041
FENTANYL	-4.7%	27,819	29,185	29,814	35,797	40,694
METHADONE HCL	4.7%	27,621	26,384	27,498	31,812	35,443
OXYCODONE MYRISTATE	-13.3%	3,808	4,394	4,841	4,981	3,634
CODEINE PHOSPHATE/BUTALBITAL/ACETAMINOPHEN/CAFFEINE	3.3%	2,081	2,015	2,188	2,389	2,480

[1] Prescriptions dispensed in Minnesota to recipients with an address outside of Minnesota are not included in these totals.

Drug	% Change from '23 to '24	2024	2023	2022	2021	2020
TRAMADOL HCL/ACETAMINOPHEN	-7.5%	1,872	2,023	2,210	2,638	3,020
CODEINE	4.6%	1,691	1,617	1,723	2,304	2,631
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE	-7.0%	1,659	1,784	1,862	2,048	2,371
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	3.0%	1,499	1,455	1,413	1,663	1,544
TAPENTADOL HCL	1.1%	1,036	1,025	1,233	1,432	1,733
CODEINE/PROMETHAZINE HCL	-22.2%	842	1,082	2,075	3,031	2,957
HYDROCODONE BITARTRATE	-7.1%	638	687	655	815	802
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	-27.2%	359	493	647	662	769
top 20 2022, 2021, 2020						
HYDROCODONE/IBUPROFEN	-34.6%	285	436	1,040	1,338	1,608

Figure 5 and Figure 6 show the most common opioid medications reported as dispensed throughout the year.

Figure 5. Common Opioid Prescriptions, by Month

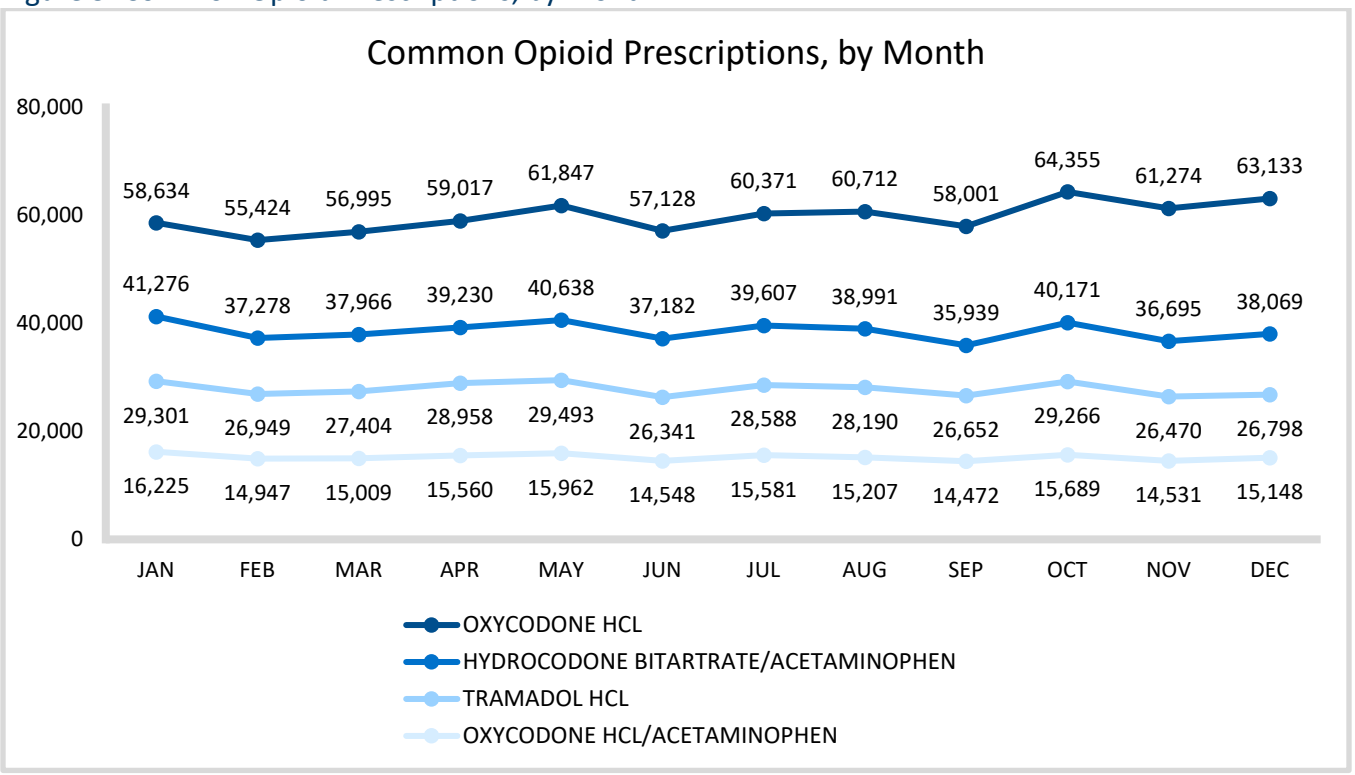


Figure 6. Common Opioid Prescriptions, by Month (cont.)

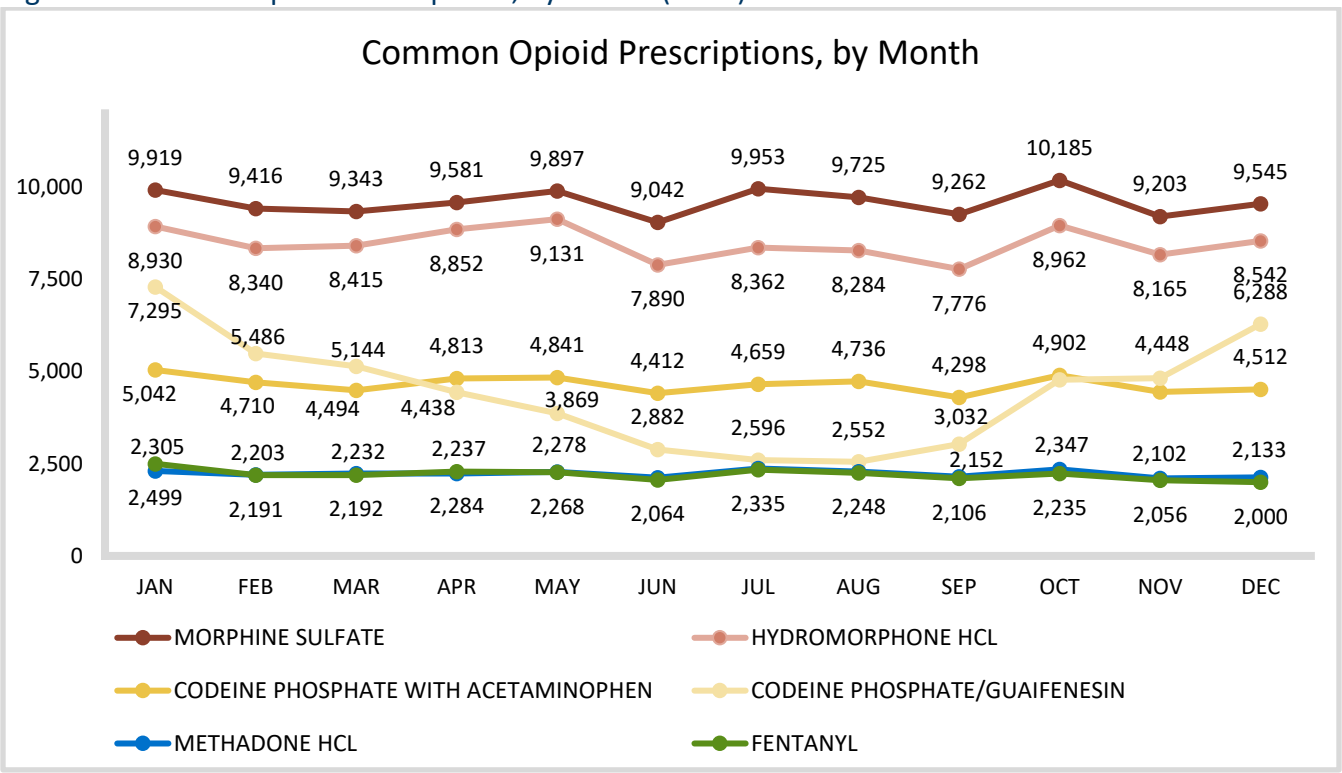


Table 8 shows the crude rate of opioid prescriptions, by drug, per 1,000 population. The crude rate is based on prescriptions reported per recipient residence county and the county's population, per U.S. Census Bureau 2024 population estimates.

Table 8. Crude Rate of Opioid Prescriptions, per 1,000 Population by Recipient County[2]

Demographics	All Opioids	OXYCODONE	HYDRO-CODONE	TRAMADOL	MOPHINE	HYDRO-MORPHONE	CODEINE	METHADONE	FENTANYL
STATEWIDE	**352.5**	**155.7**	**80.3**	**58.2**	**19.9**	**17.6**	**10.6**	**4.6**	**5.2**
AITKIN	632.1	277.4	156.0	94.7	45.5	19.4	16.7	4.0	18.1
ANOKA	324.2	159.4	70.3	43.3	16.6	16.4	9.1	4.5	4.3
BECKER	342.1	120.4	116.1	58.7	15.8	11.3	11.0	5.7	2.9
BELTRAMI	461.2	123.8	133.6	147.2	25.0	11.0	10.5	2.6	7.2
BENTON	302.4	131.8	57.1	61.4	23.6	7.1	9.9	5.5	5.9
BIG STONE	562.9	123.0	183.5	153.7	52.1	1.4	24.1	2.6	22.5
BLUE EARTH	330.8	135.9	66.5	72.2	21.1	18.6	9.3	2.0	5.2
BROWN	400.4	154.8	104.4	82.8	23.2	14.3	6.9	4.3	9.7
CARLTON	520.4	168.6	168.6	97.0	27.4	27.7	15.4	6.6	9.1
CARVER	282.0	123.9	76.1	40.2	11.6	15.1	8.6	3.2	2.7
CASS	496.8	184.9	148.9	97.9	25.1	13.4	15.0	3.6	7.6
CHIPPEWA	348.3	109.0	91.7	83.0	34.6	8.9	9.8	1.5	9.7
CHISAGO	518.9	255.1	105.9	64.0	35.7	21.0	15.0	6.1	15.7
CLAY	295.9	100.5	101.3	52.8	16.2	12.1	6.3	2.6	3.5
CLEARWATER	660.0	153.8	233.8	196.4	21.9	13.2	26.8	1.3	11.6
COOK	350.9	134.4	113.1	58.2	15.4	11.3	9.3	0.0	9.2
COTTONWOOD	430.2	130.8	104.7	139.8	15.4	7.1	13.7	5.1	12.3
CROW WING	450.6	201.8	113.5	69.4	31.6	10.7	10.2	3.2	9.6
DAKOTA	332.9	160.6	70.5	44.8	17.5	18.8	11.0	5.2	4.1
DODGE	227.5	104.1	34.3	53.9	8.9	16.3	6.1	2.4	1.1
DOUGLAS	424.6	159.5	109.9	90.9	33.9	8.3	12.2	1.8	8.1
FARIBAULT	548.5	189.0	136.0	149.7	31.3	13.0	16.1	2.6	10.3
FILLMORE	344.1	124.4	61.2	98.5	20.2	21.3	8.9	2.8	5.9
FREEBORN	316.6	125.7	53.9	85.5	24.9	11.1	5.8	4.1	4.5
GOODHUE	404.1	187.5	65.5	78.6	28.4	19.7	11.5	5.4	5.9
GRANT	451.6	184.8	120.2	89.5	30.0	13.6	10.1	0.2	3.3
HENNEPIN	299.8	150.3	59.8	37.3	16.3	18.9	9.8	4.4	2.7
HOUSTON	248.3	59.4	66.4	72.9	29.0	4.3	4.9	5.1	6.1

[2] Prescriptions dispensed in Minnesota to recipients with an address outside of Minnesota are not included in these totals.

Demographics	All Opioids	OXYCODONE	HYDRO-CODONE	TRAMADOL	MOPHINE	HYDRO-MORPHONE	CODEINE	METHADONE	FENTANYL
STATEWIDE	**352.5**	**155.7**	**80.3**	**58.2**	**19.9**	**17.6**	**10.6**	**4.6**	**5.2**
HUBBARD	406.3	145.9	122.1	83.5	25.1	9.8	14.6	1.1	4.2
ISANTI	426.6	217.6	90.8	49.5	22.3	18.1	13.4	6.8	7.8
ITASCA	563.1	218.3	152.7	103.1	24.9	31.7	19.1	7.4	5.5
JACKSON	362.3	84.4	115.2	125.5	14.1	5.2	10.0	0.7	7.2
KANABEC	606.6	301.4	142.9	61.7	38.0	22.0	10.3	5.8	23.7
KANDIYOHI	324.3	114.3	70.0	85.6	25.0	10.2	11.2	3.6	4.2
KITTSON	528.3	140.3	134.3	184.1	22.0	6.5	15.5	0.8	24.8
KOOCHICHING	602.3	190.2	181.7	143.6	30.4	14.5	25.2	5.4	11.2
LAC QUI PARLE	504.2	120.3	145.6	151.1	38.9	4.8	13.0	6.9	23.7
LAKE	515.0	188.6	153.2	88.1	29.7	24.2	14.7	8.6	7.9
LAKE OF THE WOODS	723.5	191.2	228.9	204.4	22.4	12.9	39.8	7.6	15.8
LE SUEUR	334.7	144.1	74.0	71.2	14.9	12.8	11.1	2.5	3.0
LINCOLN	365.7	82.3	94.4	124.4	20.7	7.0	10.4	2.7	21.0
LYON	342.8	86.8	101.8	103.3	22.3	5.9	10.2	1.6	10.9
MAHNOMEN	497.4	162.8	182.0	82.7	24.2	20.8	15.5	0.6	8.9
MARSHALL	399.4	102.4	113.7	127.8	18.0	6.0	12.1	2.4	14.8
MARTIN	476.5	159.8	125.1	119.9	26.3	14.6	16.5	1.7	12.5
MCLEOD	436.5	184.9	108.9	67.3	27.5	25.7	11.5	5.2	4.9
MEEKER	394.7	171.1	78.5	82.6	35.1	10.0	6.6	6.1	4.6
MILLE LACS	725.2	359.7	165.9	93.2	50.2	23.0	15.4	8.5	9.4
MORRISON	474.6	171.2	135.9	105.6	30.7	8.6	11.3	2.7	8.5
MOWER	259.7	110.6	45.2	57.3	16.5	17.3	6.1	3.4	3.2
MURRAY	348.7	91.6	95.7	127.2	10.4	2.5	7.2	7.0	7.1
NICOLLET	302.0	113.0	67.7	76.4	13.5	16.3	9.0	1.1	4.7
NOBLES	296.1	60.8	92.8	95.0	21.9	6.3	11.5	0.8	6.0
NORMAN	406.6	126.5	125.6	92.9	33.3	12.6	12.7	1.4	1.6
OLMSTED	260.8	117.6	31.5	55.4	12.2	28.3	7.4	4.2	4.0
OTTER TAIL	425.4	146.4	128.1	96.2	25.7	9.1	10.7	3.0	5.8
PENNINGTON	463.4	155.4	124.5	120.9	22.5	6.2	18.0	4.2	10.8
PINE	615.9	266.7	149.8	88.3	48.6	21.8	14.4	8.2	17.8
PIPESTONE	374.6	100.0	98.9	107.8	34.1	9.6	6.7	3.5	13.1
POLK	478.4	145.0	148.3	114.0	20.9	10.4	19.9	4.3	14.7
POPE	462.5	163.4	125.8	99.3	20.4	10.7	11.6	4.1	26.9

Demographics	All Opioids	OXYCODONE	HYDRO-CODONE	TRAMADOL	MOPHINE	HYDRO-MORPHONE	CODEINE	METHADONE	FENTANYL
STATEWIDE	**352.5**	**155.7**	**80.3**	**58.2**	**19.9**	**17.6**	**10.6**	**4.6**	**5.2**
RAMSEY	318.6	163.6	55.0	38.9	17.3	21.7	11.5	6.1	4.1
RED LAKE	466.3	126.5	152.8	120.0	34.3	4.1	16.5	1.3	10.8
REDWOOD	441.6	145.5	129.1	98.9	27.5	9.0	9.9	10.2	11.5
RENVILLE	437.2	159.2	131.0	92.9	19.6	8.2	12.0	1.8	10.6
RICE	379.6	170.1	85.3	64.4	28.1	13.8	9.5	2.6	5.6
ROCK	569.2	135.4	199.4	166.8	25.5	5.1	8.5	5.8	22.7
ROSEAU	472.6	139.5	135.6	109.5	25.6	16.0	22.7	1.8	21.9
SCOTT	309.3	165.5	136.5	81.0	19.6	31.5	12.4	9.3	6.8
SHERBURNE	440.1	143.0	74.5	39.8	15.4	18.3	11.0	4.0	3.1
SIBLEY	347.9	203.9	106.4	63.6	26.7	17.2	9.4	4.9	7.6
ST. LOUIS	463.1	150.4	92.5	57.3	13.6	17.1	9.1	2.2	5.7
STEARNS	328.3	135.5	72.0	71.8	24.4	6.2	10.0	3.5	4.4
STEELE	307.8	128.7	73.0	62.6	20.9	11.3	6.8	1.5	2.2
STEVENS	340.9	116.0	114.6	75.9	14.3	2.2	10.2	0.0	7.7
SWIFT	427.3	122.9	130.9	115.8	25.0	8.3	17.6	2.6	3.9
TODD	404.7	142.7	128.1	78.7	31.8	3.8	9.9	4.1	4.0
TRAVERSE	654.8	150.3	247.3	159.9	30.6	17.5	16.3	0.0	30.0
WABASHA	425.7	172.1	69.7	109.8	24.2	30.6	8.5	4.0	6.7
WADENA	565.4	198.0	170.7	107.0	36.7	12.0	16.7	4.6	19.7
WASECA	339.8	150.2	67.2	75.0	16.5	16.4	8.1	2.4	4.0
WASHINGTON	348.1	171.1	67.9	46.1	18.7	20.7	11.1	6.1	5.5
WATONWAN	380.8	143.1	87.9	89.9	20.1	19.9	11.2	3.8	4.8
WILKIN	362.0	122.7	122.0	84.4	12.9	11.8	5.9	0.2	2.1
WINONA	327.6	115.0	81.5	85.2	17.7	8.7	7.4	3.8	8.2
WRIGHT	330.3	154.8	83.2	45.4	20.1	10.8	8.4	3.6	3.5
YELLOW MEDICINE	581.1	110.6	172.1	185.1	49.6	18.8	14.3	8.1	22.5

Table 9 shows the total opioid prescription counts by recipient residence county over the past 5 years.

Table 9. Opioid Prescription Counts by Recipient County

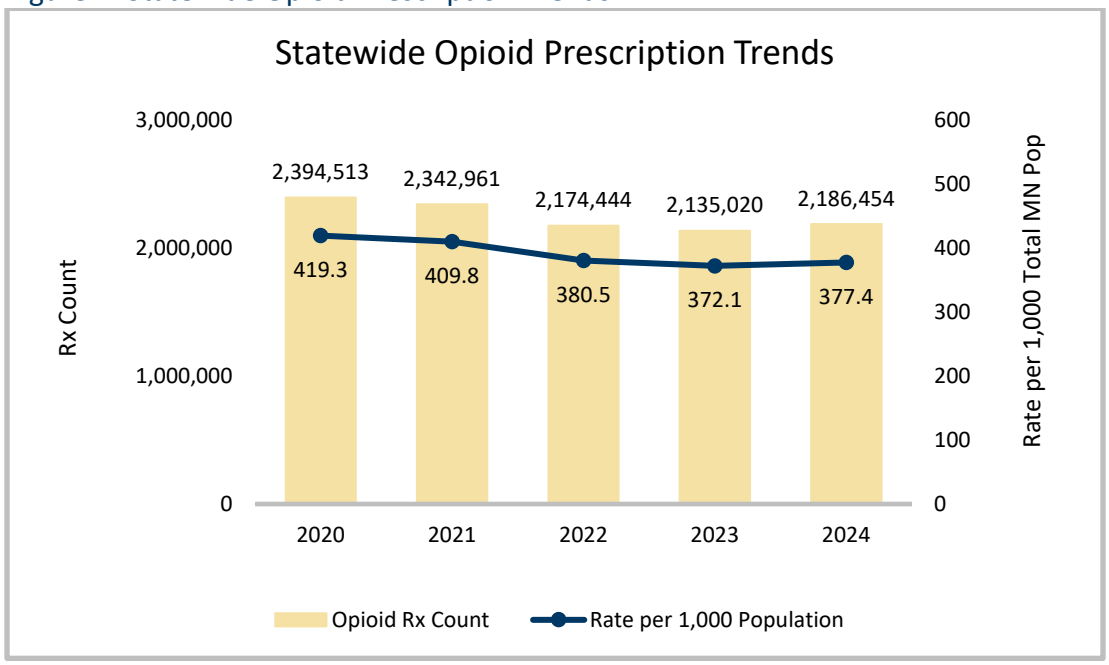
Geography	2024	2023	2022	2021	2020
STATEWIDE	**2,091,787**	**2,078,338**	**2,115,909**	**2,208,461**	**2,250,190**
AITKIN	10,509	10,823	10,720	11,182	11,799
ANOKA	125,254	126,276	130,485	138,930	142,217
BECKER	12,399	12,046	12,723	13,246	14,330
BELTRAMI	22,181	21,387	20,809	21,010	21,703
BENTON	12,820	12,891	13,157	13,772	14,119
BIG STONE	3,013	2,842	3,011	3,047	3,042
BLUE EARTH	23,746	23,831	23,802	24,988	25,199
BROWN	10,697	10,579	10,990	10,719	11,310
CARLTON	19,507	19,508	19,832	21,127	21,971
CARVER	33,009	31,351	31,651	33,025	32,894
CASS	16,096	16,052	16,295	16,283	16,822
CHIPPEWA	4,339	4,362	4,432	4,562	4,593
CHISAGO	31,344	29,884	29,957	31,518	33,039
CLAY	20,431	20,225	20,049	20,010	20,465
CLEARWATER	5,835	5,661	5,883	5,978	6,130
COOK	1,964	1,995	1,792	1,916	1,949
COTTONWOOD	4,926	5,072	5,031	5,247	5,523
CROW WING	32,272	31,504	31,694	31,941	32,628
DAKOTA	154,500	154,531	153,740	160,792	162,498
DODGE	4,925	5,075	4,977	5,147	5,200
DOUGLAS	17,308	17,500	17,610	17,144	17,124
FARIBAULT	7,718	7,848	7,943	8,202	8,293
FILLMORE	7,503	7,590	7,568	7,857	7,615
FREEBORN	9,689	10,044	10,584	10,591	10,806
GOODHUE	19,822	20,226	20,757	22,088	22,034
GRANT	2,847	3,063	3,145	3,249	3,117
HENNEPIN	392,171	389,368	407,197	420,717	429,490
HOUSTON	4,574	4,541	4,490	4,542	4,567
HUBBARD	9,147	8,877	8,556	9,065	9,376
ISANTI	18,977	19,608	20,159	22,331	22,246
ITASCA	26,132	26,106	26,881	28,801	29,008
JACKSON	3,646	3,477	3,569	3,533	3,603
KANABEC	10,342	9,887	10,114	10,627	11,026
KANDIYOHI	14,637	14,284	14,181	14,598	14,750
KITTSON	2,300	2,117	2,230	2,185	2,169
KOOCHICHING	7,203	7,211	7,356	7,440	8,242
LAC QUI PARLE	3,425	3,241	3,527	3,613	3,711
LAKE	5,664	5,551	5,639	5,773	6,155
LAKE OF THE WOODS	2,794	2,776	2,652	2,616	2,655
LE SUEUR	10,145	10,153	10,517	10,329	10,325

Geography	2024	2023	2022	2021	2020
STATEWIDE	**2,091,787**	**2,078,338**	**2,115,909**	**2,208,461**	**2,250,190**
LINCOLN	2,141	2,085	2,103	2,299	2,406
LYON	8,933	9,052	8,505	9,121	9,883
MAHNOMEN	2,705	2,598	2,590	2,686	3,148
MARSHALL	3,670	3,545	3,066	3,780	4,076
MARTIN	9,476	9,574	9,893	10,095	10,276
MCLEOD	16,503	16,213	16,531	17,193	17,843
MEEKER	9,436	9,673	9,796	10,042	10,335
MILLE LACS	20,262	20,937	21,380	22,331	23,477
MORRISON	16,537	16,013	15,698	16,943	17,786
MOWER	10,717	10,940	10,932	11,280	11,319
MURRAY	2,852	2,981	2,948	3,383	3,381
NICOLLET	10,602	10,987	11,132	11,582	10,995
NOBLES	6,744	6,623	6,732	6,565	6,541
NORMAN	2,684	2,426	2,397	2,330	2,339
OLMSTED	44,623	43,671	43,935	46,440	44,550
OTTER TAIL	26,926	25,994	26,026	26,772	26,647
PENNINGTON	6,526	6,545	6,394	7,015	7,310
PINE	19,226	17,984	17,635	18,548	18,757
PIPESTONE	3,537	3,482	3,749	4,197	4,738
POLK	15,137	14,324	14,861	16,010	16,897
POPE	5,514	5,553	5,923	5,855	5,949
RAMSEY	176,043	176,435	181,348	193,858	200,208
RED LAKE	1,874	1,880	1,874	2,044	2,129
REDWOOD	6,884	7,008	6,416	6,518	6,553
RENVILLE	6,442	6,386	6,781	7,180	7,468
RICE	26,604	26,420	26,379	27,772	26,585
ROCK	5,647	5,572	5,227	5,472	5,247
ROSEAU	7,513	7,500	7,461	7,803	8,157
SCOTT	50,252	45,789	49,536	52,106	52,092
SHERBURNE	46,186	5,804	46,588	48,463	49,068
SIBLEY	5,628	93,966	5,538	6,176	5,729
ST. LOUIS	94,653	49,136	94,668	100,490	102,552
STEARNS	54,546	55,095	56,777	58,921	61,064
STEELE	11,731	12,011	12,441	13,495	13,332
STEVENS	3,501	3,426	3,567	3,308	3,246
SWIFT	4,353	4,282	4,433	4,338	4,459
TODD	10,599	10,719	11,097	10,866	11,602
TRAVERSE	2,258	1,801	1,876	1,979	1,982
WABASHA	9,318	9,223	9,590	9,849	10,457
WADENA	8,238	8,356	8,172	8,549	8,784
WASECA	6,448	6,942	6,535	7,076	7,138
WASHINGTON	101,316	99,290	101,178	105,925	105,632
WATONWAN	4,311	4,582	4,608	4,942	5,035

Geography	2024	2023	2022	2021	2020
STATEWIDE	**2,091,787**	**2,078,338**	**2,115,909**	**2,208,461**	**2,250,190**
WILKIN	2,383	2,320	2,133	2,466	2,536
WINONA	16,949	15,767	16,193	16,798	17,329
WRIGHT	51,967	52,741	52,232	52,307	53,585
YELLOW MEDICINE	5,581	5,324	5,330	5,552	5,825

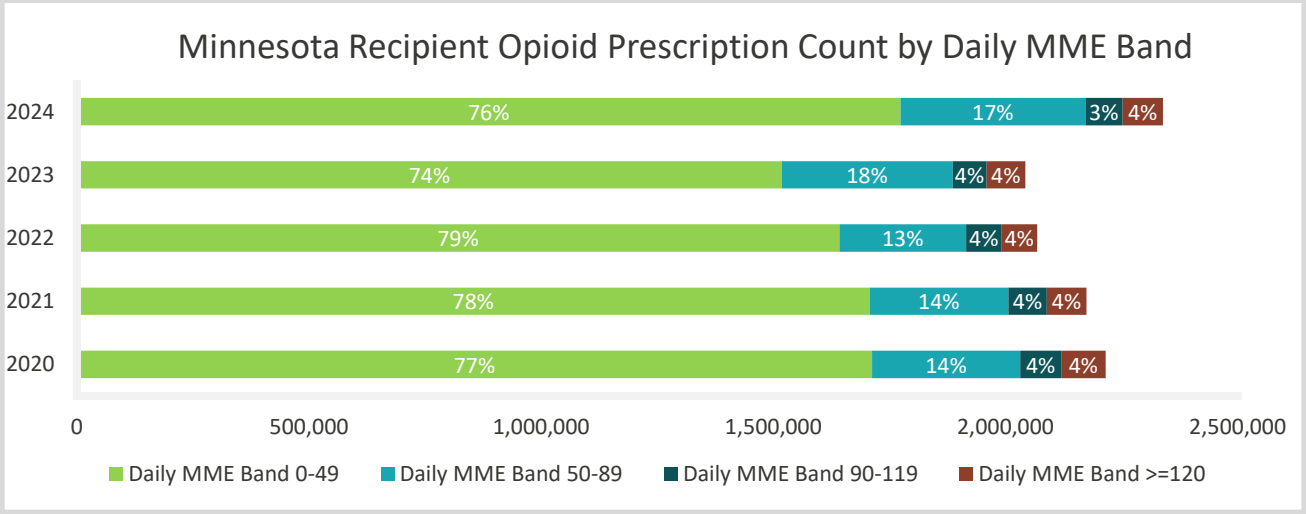
For the first time in the last 5 years, both the total prescription count and the crude rate of opioid prescriptions dispensed increased. Total number of opioid prescriptions **increased by 2.4%**, while the rate per 1,000 residents **increased by 1.4%.**

Figure 7. Statewide Opioid Prescription Trends



Morphine Milligram Equivalents (MMEs) represent the potency of an opioid dose relative to morphine, allowing for direct comparison of different opioid prescriptions. The following figure separates prescriptions based on the average daily MME (MMEs/day) into one of four ranges: 0-49, 50-89, 90-119, and ≥120. This number is calculated by dividing the total MMEs for a dispensed prescription by the days' supply (the number of days the dispensation would last the patient if taken as directed). As shown in *Figure 8,* across five years of recorded data, most opioid prescriptions fell into the 0-49 Daily MME band.

Figure 8. Opioid Prescriptions by Daily MME Band[3]

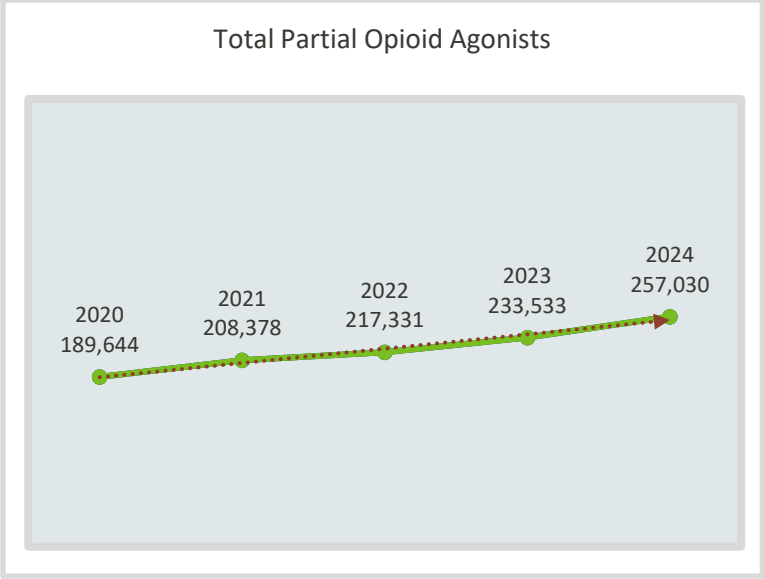


[3] For the purposes of this analysis, opioid dosage forms that are not commonly used in the outpatient setting were excluded (ampuls, cartridges, powders, syringes, and vials).

Partial Opioid Agonists

Partial opioid agonists are more commonly prescribed to treat opioid use disorder (OUD) than for pain management. The combination product buprenorphine/naloxone (Suboxone®, Bunavail®, Zubsolv®) remained the most frequently dispensed partial opioid agonist in 2024. *Figure 9* shows the prescription count of all partial opioid agonists reported over the past five years. *Table 10* lists the prescription count of each partial opioid agonist reported as dispensed, from 2020 to 2024.

Figure 9. Total Partial Opioid Agonist Prescription Counts by Year



35.5%

Partial opioid agonists quantities increased in last 5 yrs.

Table 10. Partial Opioid Agonists Prescriptions

Drug	% Change from '23 to '24	2024	2023	2022	2021	2020
BUPRENORPHINE HCL/NALOXONE HCL	4.1%	182,744	175,486	169,442	163,075	149,209
BUPRENORPHINE	28.5%	73,093	56,882	46,534	43,753	38,825
BUTORPHANOL TARTRATE	3.5%	1,123	1,085	1,277	1,443	1,461
PENTAZOCINE HCL/NALOXONE HCL	-12.5%	70	80	78	107	149

Stimulants

The stimulants reported below include anorexigenic agents, central nervous system stimulants, and wakefulness-promoting agents. Prescription counts for these agents have continued to trend upward, with the largest increases occurring during the last three years. *Figure 10* shows total stimulant prescription counts from 2020 to 2024. The **top ten** prescription counts by drug from 2020 through 2024 are listed in *Table 11*.

Figure 10. Total Stimulant Prescriptions by Year

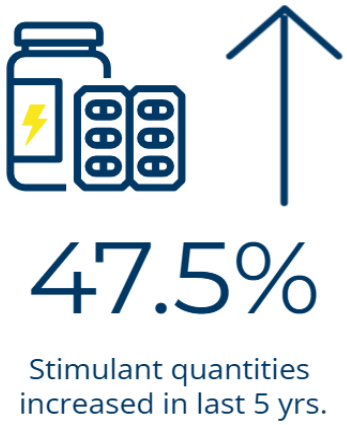


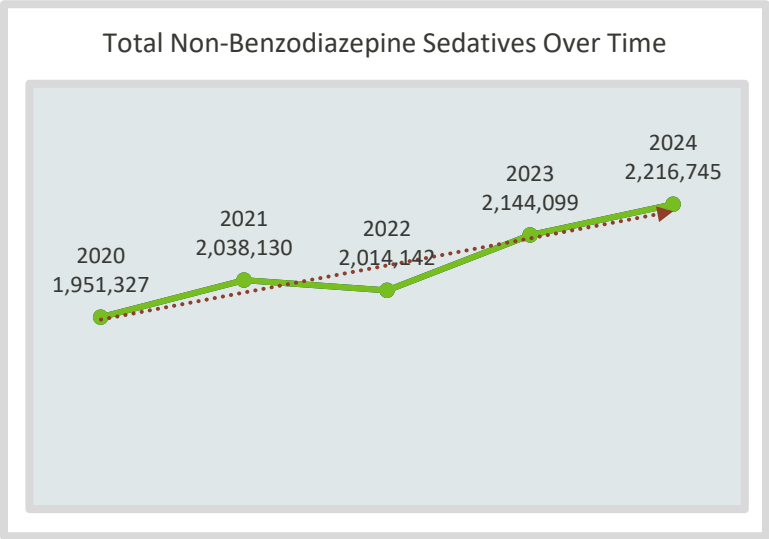
Table 11. Stimulant Prescriptions (Top 10)

Prescription	% Change from '23 to '24	2024	2023	2022	2021	2020
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	15.3%	1,263,447	1,095,744	1,049,695	992,828	911,127
METHYLPHENIDATE	11.0%	524,946	472,893	438,193	422,900	404,635
LISDEXAMFETAMINE DIMESYLATE	21.1%	333,353	275,317	221,924	199,688	178,534
PHENTERMINE HCL	27.1%	183,428	144,359	108,808	95,592	87,319
DEXMETHYLPHENIDATE HCL	8.2%	68,166	62,993	50,452	44,603	38,601
MODAFINIL	6.8%	38,637	36,172	34,218	34,412	32,995
DEXTROAMPHETAMINE SULFATE	6.9%	30,554	28,594	25,943	26,074	25,426
ARMODAFINIL	2.9%	13,260	12,883	13,038	12,832	12,112
PHENTERMINE HCL/TOPIRAMATE	50.0%	9,327	6,217	4,854	3,880	3,209
SOLRIAMFETOL HCL	19.3%	2,411	2,021	1,687	1,368	915

Non-Benzodiazepine Sedatives

The group of non-benzodiazepine sedatives consists of anxiolytics, hypnotics, and sedatives not belonging to the benzodiazepine class. Of these, gabapentin (i.e., Neurontin®, Gralise®, Horizant® etc.) was the leading non-benzodiazepine sedative reported as dispensed, while zolpidem tartrate (Ambien®, Ambien CR®, etc.) remained the most dispensed of those classified as a controlled substance . *Figure 11* shows **total** sedative prescription counts over the past five years. *Table 12* lists the **top twenty** sedatives reported as dispensed, by prescription count, for the past five years.

Figure 11. Total Non-Benzodiazepine Sedative Prescription Counts by Year



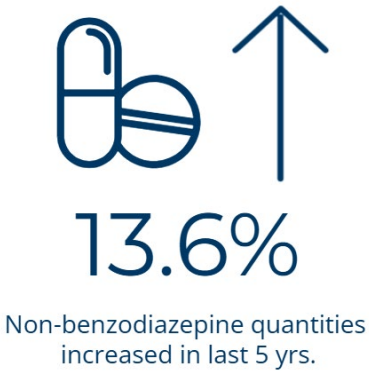


Table 12. Non-Benzodiazepine Sedative Prescriptions (Top 20)

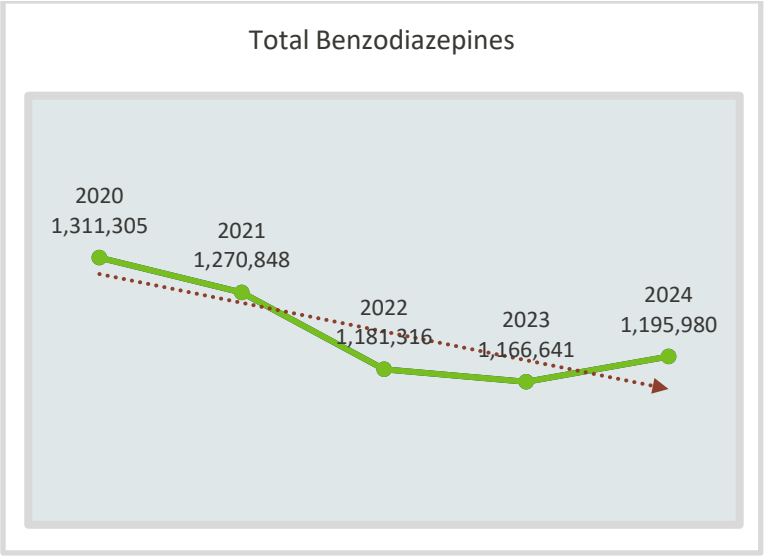
Drug	% Change from '23 to '24	2024	2023	2022	2021	2020
GABAPENTIN	2.2%	1,365,690	1,336,087	1,261,917	1,271,324	1,214,894
ZOLPIDEM TARTRATE	-3.0%	297,947	307,244	310,589	340,239	356,120
PREGABALIN	13.0%	284,574	251,883	216,337	200,498	176,722
ESZOPICLONE	5.1%	61,874	58,861	54,641	54,872	53,070
LACOSAMIDE	18.0%	44,846	37,997	31,765	31,178	29,236
PHENOBARBITAL	3.9%	35,388	34,062	30,644	32,538	33,085
GABAPENTIN ENACARBIL	-0.2%	22,311	22,354	21,653	17,860	2,889
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	-3.6%	19,874	20,625	19,853	21,878	22,396
ZALEPLON	5.7%	17,824	16,869	15,737	17,440	17,660
KETAMINE HCL	7.8%	12,699	11,784	11,242	10,951	8,648
SUVOREXANT	3.3%	9,605	9,297	7,802	7,475	7,262
BRIVARACETAM	17.9%	9,073	7,693	6,379	5,337	4,162
CARISOPRODOL	-8.7%	8,753	9,590	9,781	11,473	12,713
ESKETAMINE HCL	26.6%	6,521	5,152	2,558	1,448	838
CENOBAMATE	73.0%	4,156	2,402	1,413	835	0
BUTALBITAL/ASPIRIN/CAFFEINE	-12.6%	3,069	3,513	3,712	4,400	5,020
PERAMPANEL	5.5%	3,054	2,896	2,799	2,867	2,555

Drug	% Change from '23 to '24	2024	2023	2022	2021	2020
SODIUM OXYBATE/CALCIUM OXYBATE/MAGNESIUM OXYBATE/POT OXYBATE	7.7%	2,104	1,953	1,238	467	23
LEMBOREXANT	74.7%	1,906	1,091	988	751	115
SODIUM OXYBATE	9.9%	1,690	1,538	1,786	2,240	2,618
TOP 20 IN 2020						
DICHLORALPHENAZONE	n/a	0	0	0	80	269
TOP 20 IN 2022, 2020						
MEPROBAMATE	-14.1%	55	64	110	125	153
TOP 20 IN 2023, 2022, 2021, 2020						
BUTALBITAL/ACETAMINOPHEN	3.0%	1,066	1,035	1,108	1,091	812

Benzodiazepines

Benzodiazepine medications may have anticonvulsant, anxiolytic, hypnotic, muscle relaxant, and/or sedative properties. *Figure 12* shows the **total** prescription count of benzodiazepines over the previous five years. *Table 13* lists the **top ten** benzodiazepine medications by prescription count in 2024, as well as the previous four years.

Figure 12. Total Benzodiazepine Prescription Counts by Year



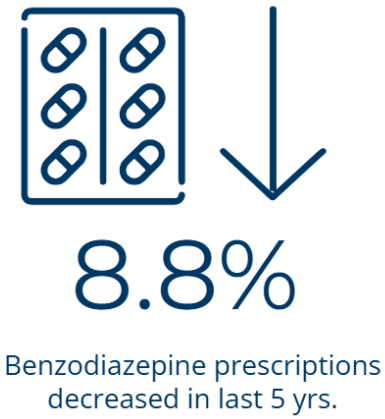


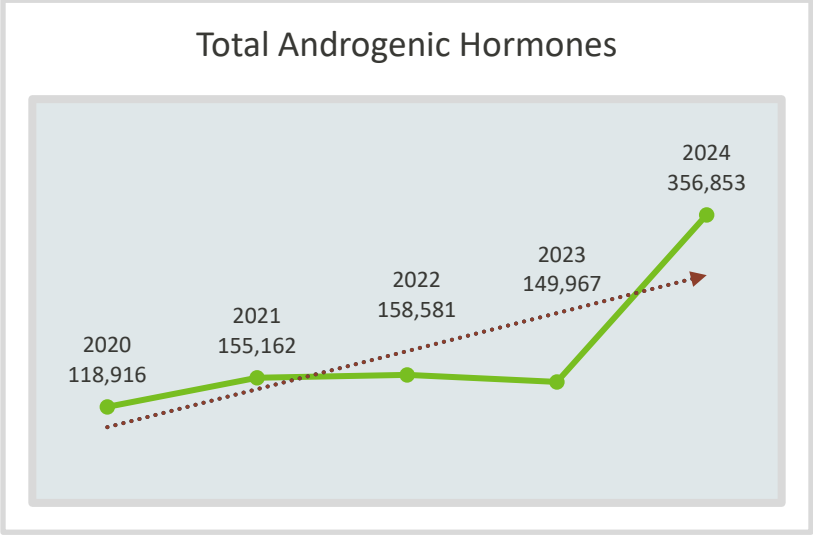
Table 13. Benzodiazepine Prescriptions (Top 10)

Drug	% Change from '23 to '24	2024	2023	2022	2021	2020
LORAZEPAM	3.9%	447,706	431,041	431,557	460,835	474,454
CLONAZEPAM	0.9%	306,629	303,928	308,310	333,313	350,320
ALPRAZOLAM	0.6%	249,278	247,747	255,499	276,930	288,873
DIAZEPAM	4.9%	131,461	125,344	125,522	134,026	129,454
TEMAZEPAM	-4.3%	32,190	33,619	36,564	41,528	45,218
CLOBAZAM	14.1%	12,640	11,076	9,622	9,027	8,365
TRIAZOLAM	19.9%	8,260	6,890	6,964	7,442	6,896
CLORAZEPATE DIPOTASSIUM	0.7%	1,910	1,896	1,964	2,303	2,392
CHLORDIAZEPOXIDE HCL	5.0%	1,650	1,571	1,623	1,849	2,065
MIDAZOLAM	24.0%	2,916	2,352	1,925	1,399	1,081

Androgenic Hormones

Compared to federal law, Minnesota classifies additional androgenic hormones as controlled substances, including chorionic gonadotropin, somatropin, and human growth hormones. As such, prescriptions for these substances are also required to be reported to the MN PMP. *Figure 13* shows the total count of androgenic hormones reported by year. *Table 14* lists the five androgenic hormones with the highest dispensation counts in 2024, with comparisons to the previous four years. Notably, reported testosterone dispensations rose **162.5%** compared to 2023.

Figure 13. Total Androgenic Hormones by Year



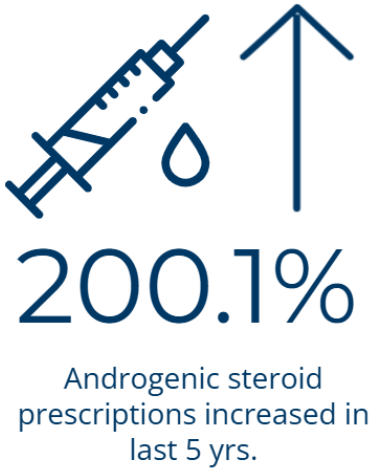


Table 14. Androgenic Hormone Prescriptions (Top 5)

Drug	% Change from '23 to '24	2024	2023	2022	2021	2020
TESTOSTERONE	162.5%	326,850	124,521	132,168	130,072	94,987
SOMATROPIN	25.4%	18,136	14,458	15,798	12,622	12,951
CHORIOGONADOTROPIN ALFA	2.1%	6,168	6,042	5,911	6,733	5,496
CHORIONIC GONADOTROPIN, HUMAN	7.8%	3,872	3,593	3,431	4,187	3,702
METHYLTESTOSTERONE/ESTROGENS,ESTERIFIED	-12.5%	786	898	964	1,198	1,424

Muscle Relaxants[4]

Now included under non-benzodiazepine sedatives.

Antitussives

Reclassified based on class of controlled substance contained (most commonly opioids).

Gabapentinoids

Now included under non-benzodiazepine sedatives.

Prescription Volume by Class/ Category

Table 15 shows the combined total prescription counts by classification. Stimulants remained the most dispensed classification, as in 2023, while androgenic hormones recorded the largest percentage increase in prescription counts compared to the previous year. While causation cannot be established, the greatest decrease was observed in the cannabinoid classification, and Minnesota legalized recreational cannabis in August 2023.

Table 15. Prescription Volume by Class/ Category, by Year

Class/ Category	% Change from '23 to '24	2024	2023	2022	2021	2020	2019
Stimulants	15.6%	2,472,215	2,138,811	1,950,333	1,835,887	1,696,846	1,674,126
Non-Benzodiazepine Sedatives	6.9%	2,216,808	2,072,907	2,011,741	2,038,130	1,951,212	1,959,356
Opioids	2.4%	2,186,454	2,135,020	2,174,444	2,342,961	2,394,513	2,683,776
Benzodiazepines	2.5%	1,195,980	1,166,641	1,181,316	1,270,848	1,311,305	1,355,928
Androgenic Hormones	138.0%	356,853	149,967	158,581	155,162	118,916	113,958
Partial Opioid Agonists	10.1%	257,030	233,533	217,331	208,378	189,644	163,101
Pseudoephedrine	-8.5%	27,671	30,229	34,449	39,873	45,047	59,388
Antidiarrheals	2.4%	21,119	20,624	20,593	22,788	23,079	25,302
Cannabinoids	-53.4%	1,625	3,486	3,748	4,361	4,732	5,234

[4] See Table 1 Class and Category Changes

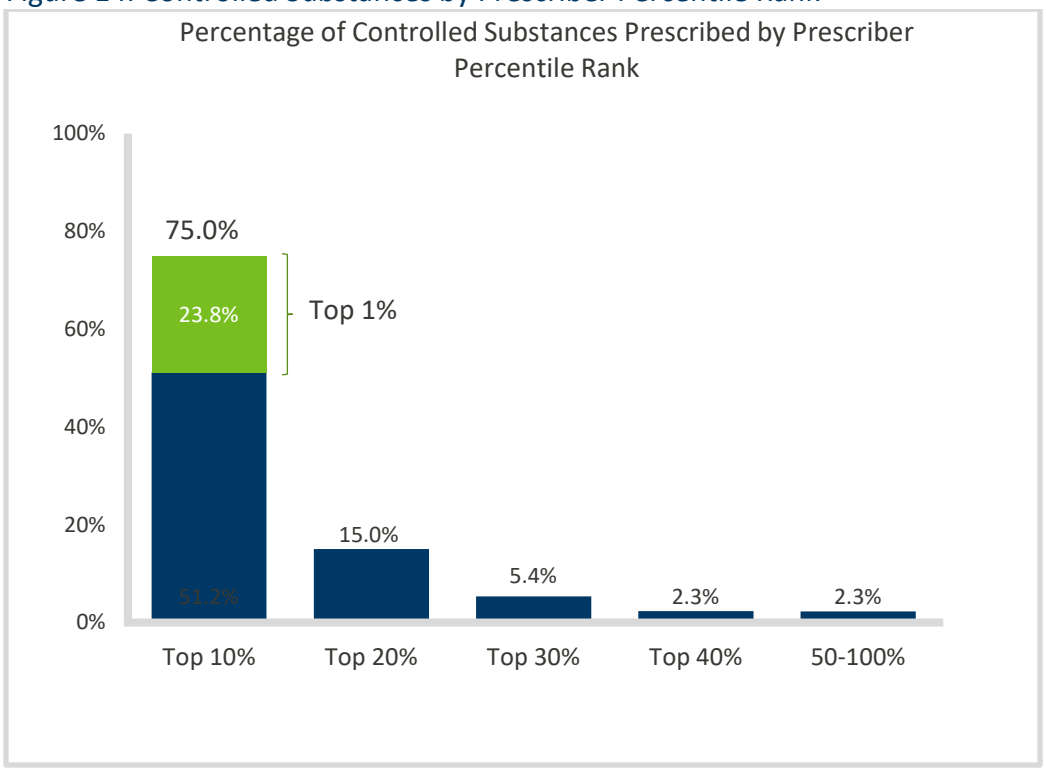
KEY FINDINGS – PRESCRIBERS AND RECIPIENTS, 2024

Data from the PMP database was analyzed to identify the key findings noted below:

- The **top 500** prescribers prescribed **19.0%** of all federal schedule II-V controlled substance prescriptions reported.
- Of the **top 100** prescribers of federal schedule II-V controlled substances reported, **98%** have requested and obtained access to the MN PMP.
- Of the **top 500** prescribers of federal schedule II-V controlled substances by volume, **97.6%** have requested and obtained access to the MN PMP.
- *Figure 14* shows the percentage of federal schedule II-V controlled substance prescriptions written by prescribers by percentile ranking. This is based on prescriber identifiers and names as reported by dispensers. As such, derivations in these fields may inadvertently count a unique prescriber as more than one in the figure below.

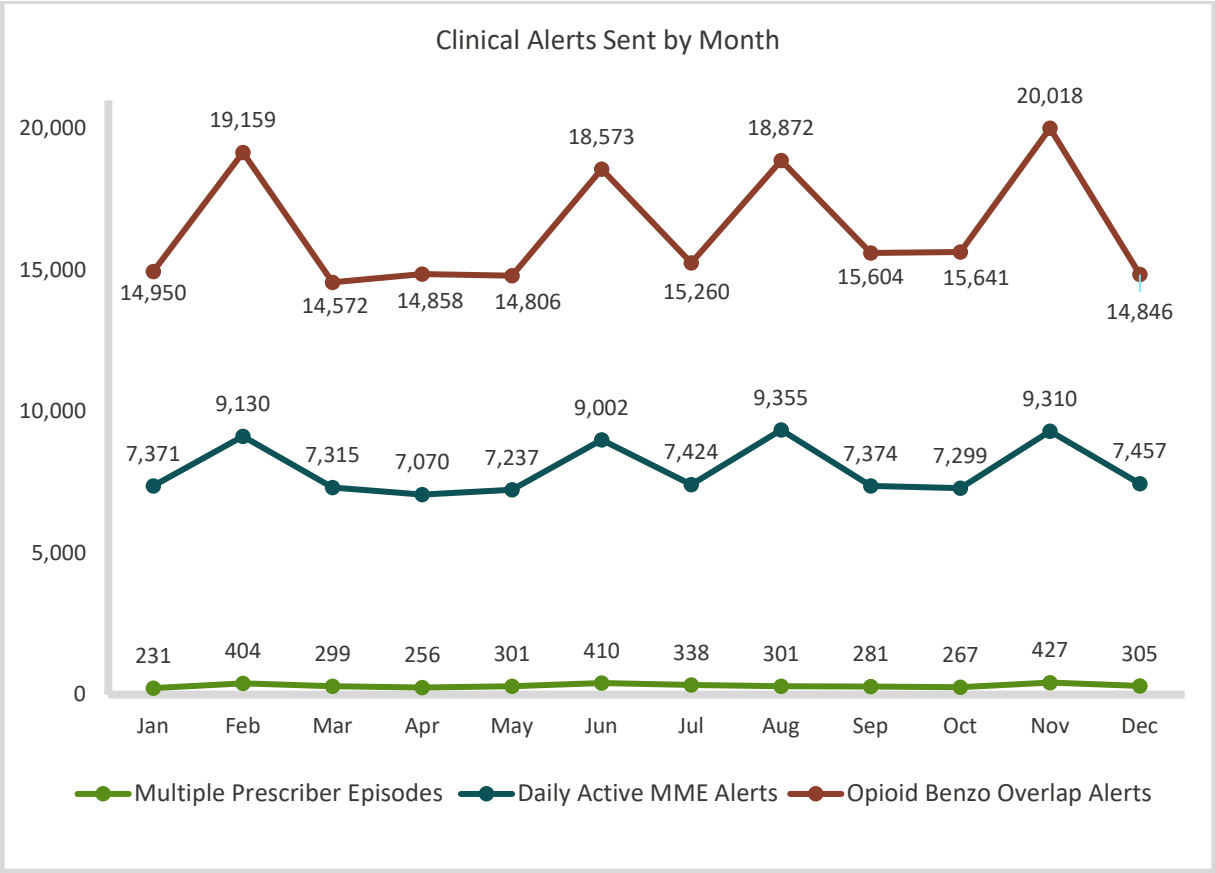
  Of note, the top **1% of prescribers** contributed to **23.8%** of federal schedule II-V controlled substances reported to the MN PMP.

Figure 14. Controlled Substances by Prescriber Percentile Rank



- In 2024 the PMP continued to send automated, customizable Clinical Alerts from within the PMP AWARxE system. The alert system runs continuously to analyze PMP data for **three** different high-risk indicators, and alerts PMP account holders. Alerts are generated when an individual patient's dispensations meet one or more of the following criteria: exceeding a specified number of prescribers and dispensers within a set timeframe (*Figure 15, green*); exceeding a threshold of daily MMEs prescribed (*Figure 15, blue*); and/or having overlapping prescriptions for an opioid and a benzodiazepine (*Figure 15, red*). Prescribers of the contributing prescription(s) see these alerts on their PMP AWARxE dashboard, in the Patient Alerts module, and are notified monthly of any new alerts. Active alerts also appear on the patient's PMP report presented as flags or risk indicators for all authorized account holders who access it.

Figure 15. Clinical Alerts Sent by Month



- 2024 marked the 5th full year that qualifying prescribers began receiving PMP Prescriber Reports. The report is intended to give Minnesota PMP prescriber account holders insight into their controlled substance prescribing patterns. PMP Prescriber Reports are electronically distributed on a quarterly basis to prescribers with an active PMP account, a defined role and specialty in their account, and have written at least one opioid, stimulant, or sedative prescription that was dispensed in the previous six months. The report is an aggregated view of prescribing as compared to peers, which is meant to serve as a point of reference. PMP Prescriber Reports are strictly informational and should not be used to impede the appropriate prescribing of controlled substances for legitimate medical purposes. *Figure 16* presents an excerpt from a Prescriber Report displaying the top three controlled substances prescribed in the 6-month reporting period and opioids prescribed by month, in comparison to one's peers within the same specialty. *Table 16* shows the volume of prescriber reports distributed since the launch of this tool.

Figure 16. Prescriber Report – Excerpt

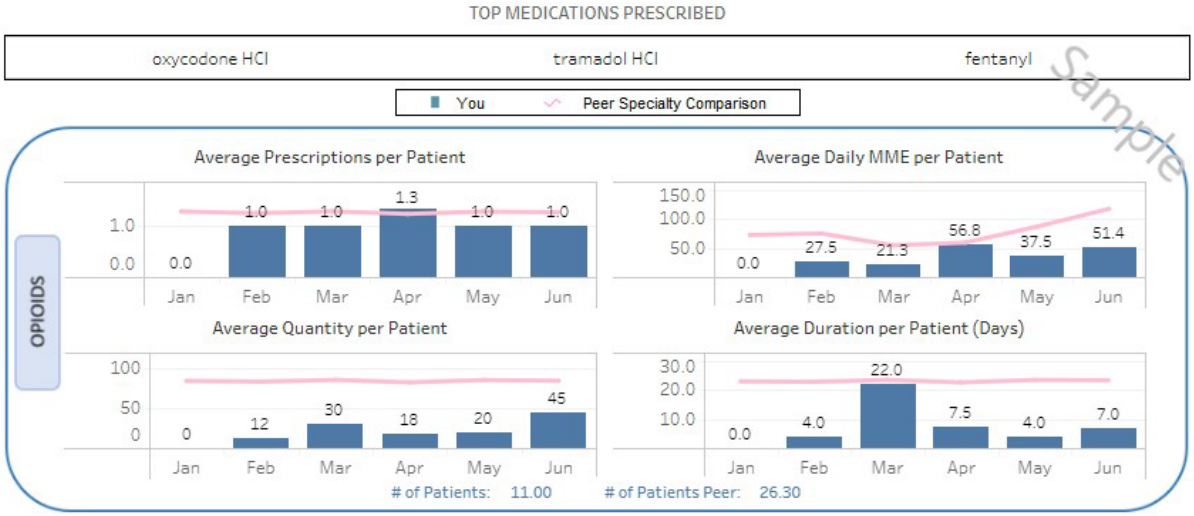


Table 16. Volume of PMP Prescriber Reports Distributed Over Time

Year	Count of Prescriber Reports Distributed
2024	72,012
2023	68,336
2022	64,949
2021	59,677
2020	50,326

DATABASE ACCOUNTS & ACCESS

The following sections provide an overview of PMP system account holders and their use of the PMP database. During the 2016 legislative session, MN Stats. §152.126 was amended to require prescribers and pharmacists practicing within Minnesota to register for and maintain a PMP account. By July 1, 2017, all prescribers licensed by MN health-licensing boards who are practicing within Minnesota, authorized to prescribe controlled substances for humans, and hold a current registration issued by the federal Drug Enforcement Administration (DEA), as well as all pharmacists licensed by the Board and practicing within Minnesota, were required to register for and maintain a user account with the MN PMP. It is important to note that not all prescribers and pharmacists licensed in MN meet the above criteria and, therefore, not all are required to register and maintain a PMP user account.

In 2024, estimates indicate that **50.7% of licensed healthcare prescribers**[5] **and 62.9% of licensed pharmacists** maintained an active MN PMP account. The remaining licensed prescribers and pharmacists may represent those individuals not practicing in MN, or whose practice does not warrant or allow for access to the PMP (e.g., prescribers without a DEA registration).

Table 17. Average New Accounts Approved per Day

Year	New Account Requests (Average)
2024	**11.1 per day**
2023	10.4 per day
2022	11.4 per day
2021	12.9 per day
2020	14.2 per day
2019	20.4 per day

Prescribers and Pharmacists may request an account through the online registration system. Once the system verifies that the applicant has an appropriate, active Minnesota healthcare license and, in the case of prescribers, an active DEA registration number, the account may be granted access to the MN PMP.

[5] Optometrist licensees not included in calculation due to minimal controlled substance prescribing. (13.0% of optometrists have an active PMP account.)

In *Figure 17,* the dark blue bars represent the **number of individuals who had an approved MN PMP** account at any point during 2024, grouped by the licensing board. The green bars represent the **number of individuals listed as licensed** by each board at the end of 2024.

Note: The prescriber counts include all prescriber licensees by the respective boards, regardless of whether the licensee meets the eligibility criteria to possess a PMP account.

Figure 17. Registered Users vs. Total Licensed Professionals by Board

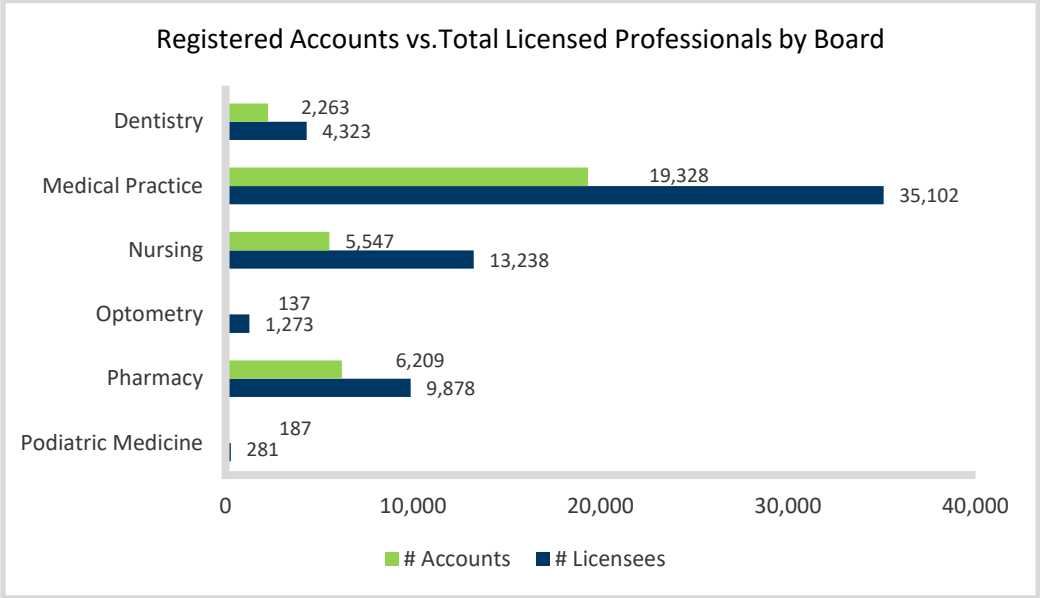
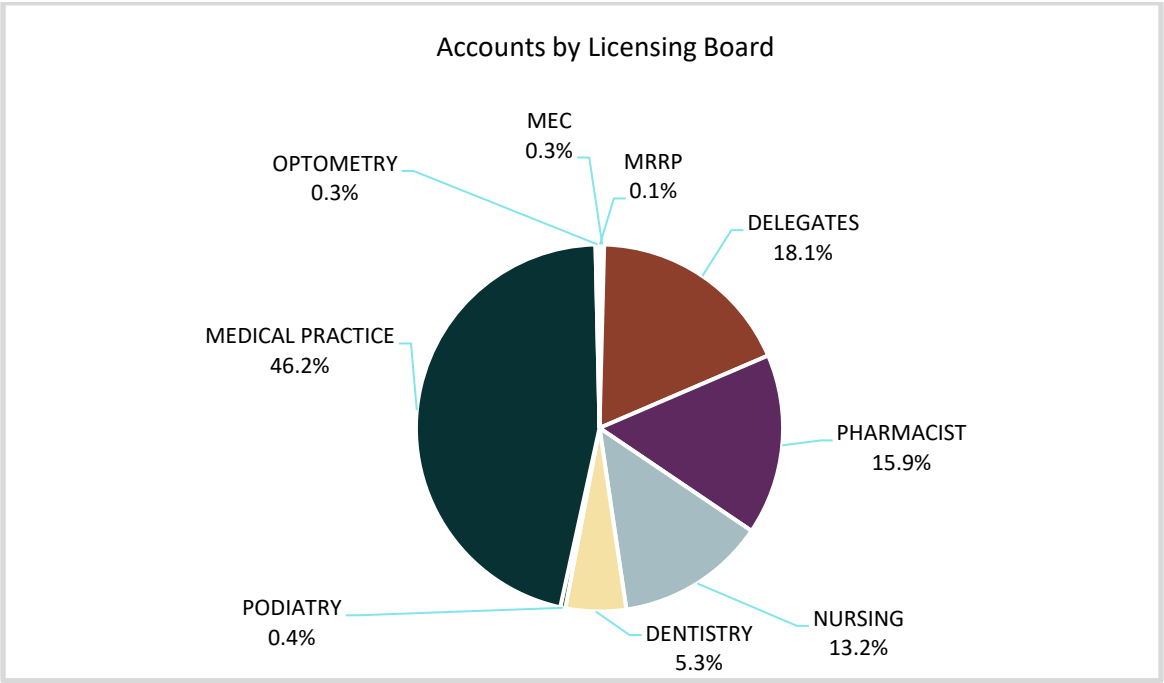


Figure 18 shows the licensing board of active registered account holders, with the highest percentage of registered accounts belonging to those licensed by the Board of Medical Practice, which includes physicians, physician assistants, and medical residents. This has been consistent since the program's inception.

Figure 18. Active User Accounts by Licensing Board/Account Role Type (End of Year)



DATABASE UTILIZATION

Figure 19 shows the total number of PMP searches conducted during the past five years, along with the number of individuals utilizing the database over time. While the number of account holders increased by only 4.3% in 2024, the number of PMP **searches rose by over 12.4%.**

Figure 19. Total Searches and Searchers

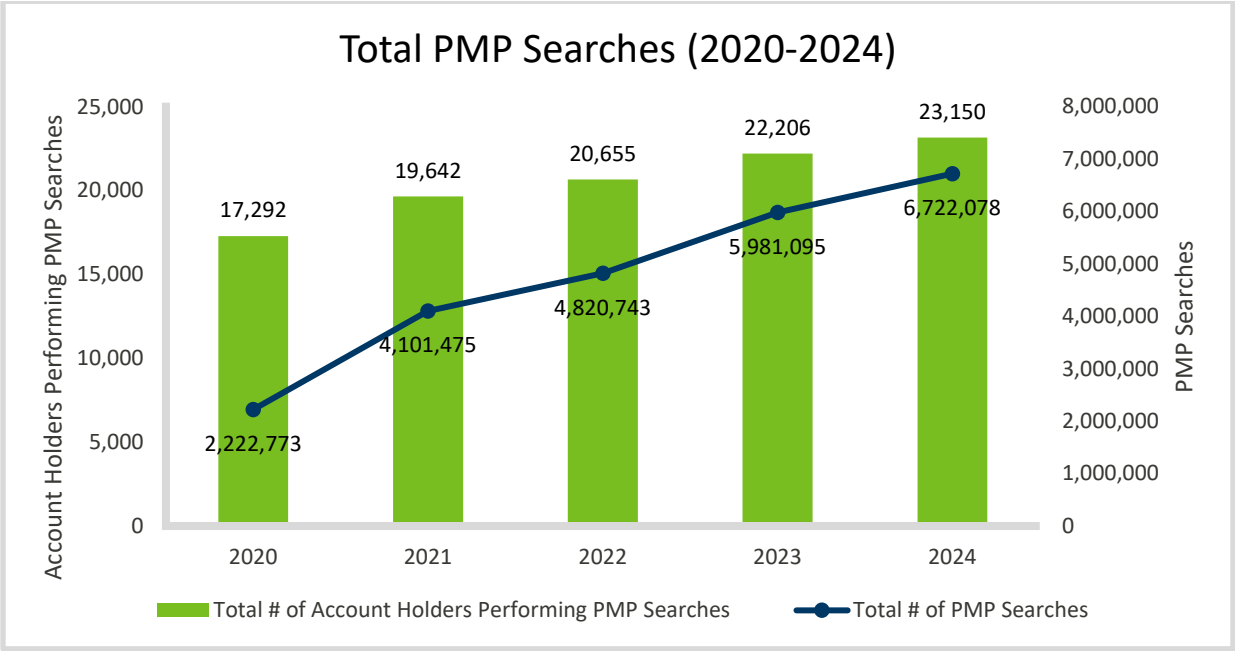
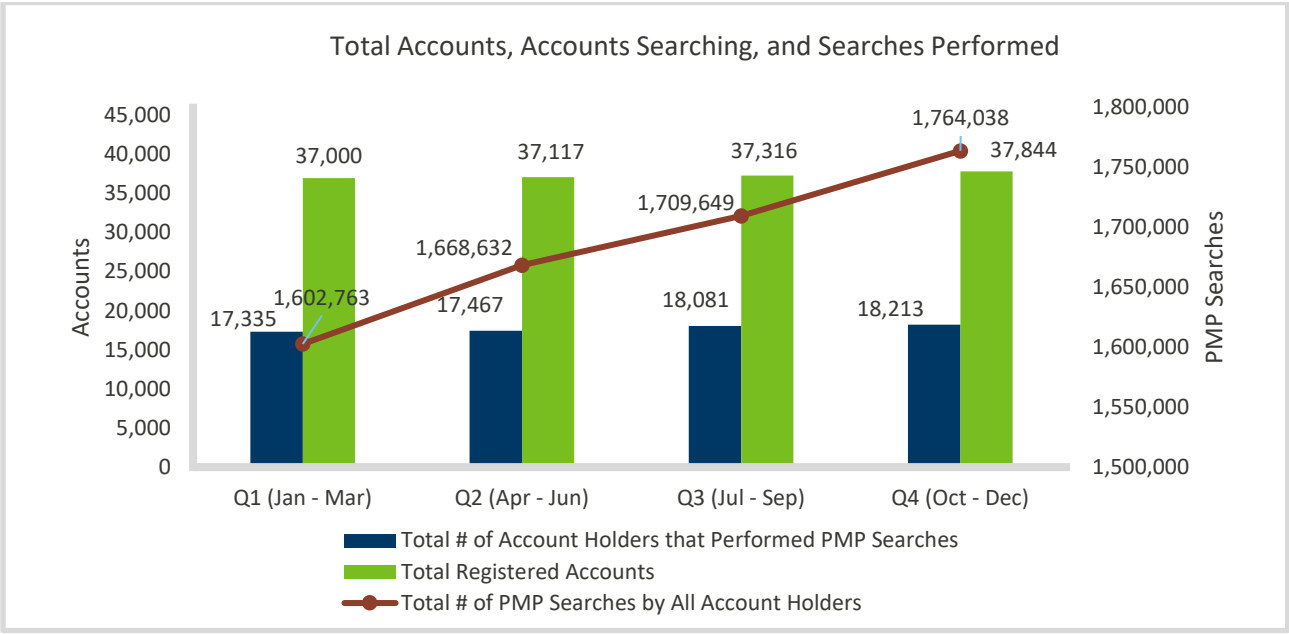


Figure 20 represents the quarterly utilization of the PMP throughout 2024. It shows the total number of registered account holders, the number of those who searched the PMP during that quarter, and the volume of searches performed.

Figure 20. Total Accounts, Accounts Searching, and Searches Performed



METHODS OF VIEWING AN MN PMP HISTORY REPORT

Authorized PMP account holders in Minnesota have multiple ways to access their patients' controlled substance histories. An account holder can choose to access their PMP account by using a web browser and navigating to the Minnesota PMP AWARxE **web portal.** This process requires entering their username and password, then selecting the option to perform a patient search. After entering sufficient identifying information for the patient, a search is initiated.

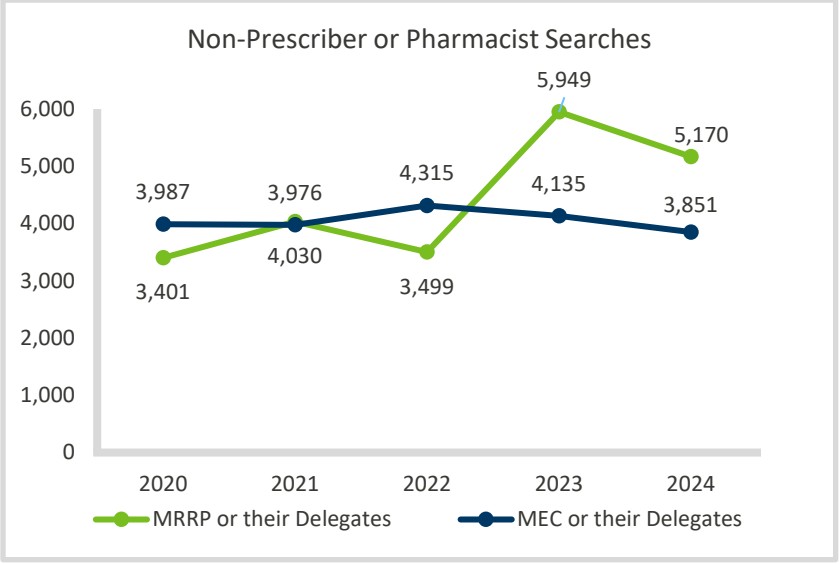
Minnesota statute also allows authorized account holders to **designate one or more delegates** to conduct patient searches on their behalf. The authorization of delegates is intended to increase efficiency by reducing the time prescribers and pharmacists spend performing searches themselves. Authorized delegates prepare the report for the prescriber or pharmacist to review.

An alternate method of accessing PMP reports is through **integrated one-click access**. In this setup, healthcare entities work with a vendor to embed a "link" to the MN PMP database into their EHR or PDS system. When an authorized prescriber or pharmacist accesses this link, their MN PMP account credentials and the patient's demographic information are securely transmitted to the MN PMP, which then provides an immediate view of the patient's PMP report, without the user needing to leave their clinical workflow.

Medical Examiners, Coroners, and Medicaid Restricted Recipient Program account holders do not have integrated one-click access. Both supervisors and delegates of these account holders search only through the web portal.

Figure 21 shows the number of total searches performed by Medical Examiner/Coroner and Medicaid Restricted Recipient Program account holders.

Figure 21. Searches by Non-Prescriber/ Non-Pharmacist Role Types



Web Portal Access

In 2020, prescriber and pharmacist role types showed a decrease in web portal searches for the first time in five years. This reflects the increased availability of integrated one-click access to PMP searches within an EHR or PDS system, reducing the need to log into the web portal to perform searches. In 2024, there was a 7.3% decrease in the number of searches performed via the web portal.

Figure 22 and *Figure 23* illustrate the number of PMP searches performed via the web portal by each account holder role type over time.

Figure 22. Searches via Web Portal by License/ Role Type

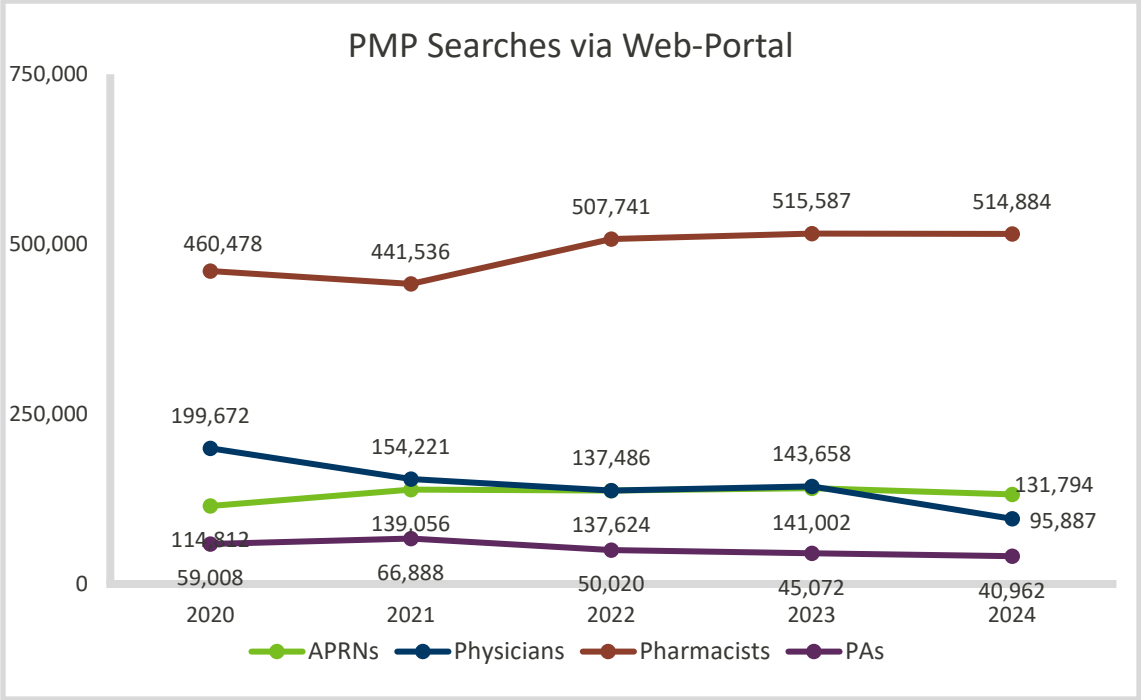
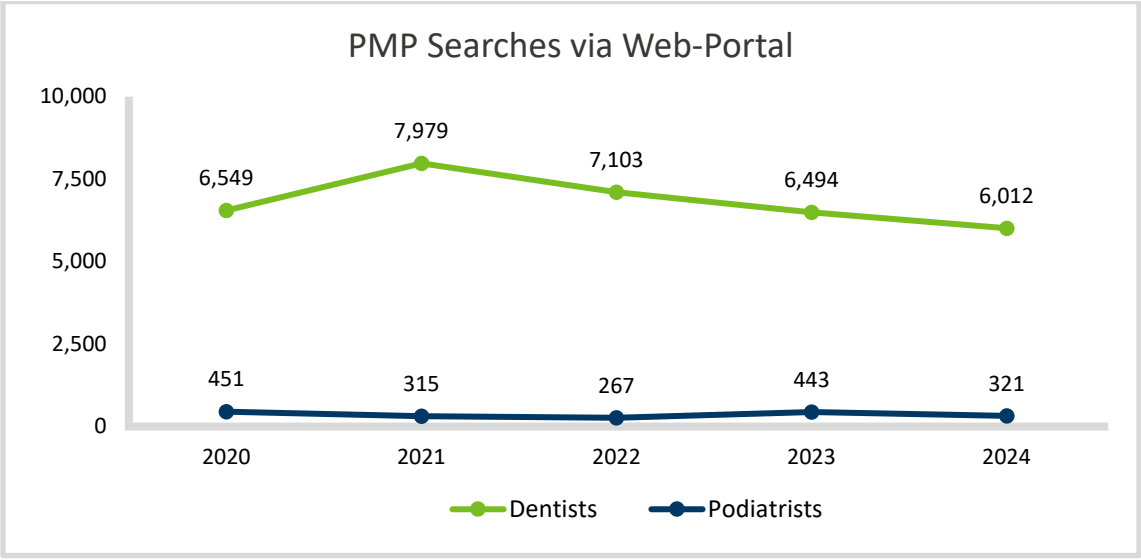


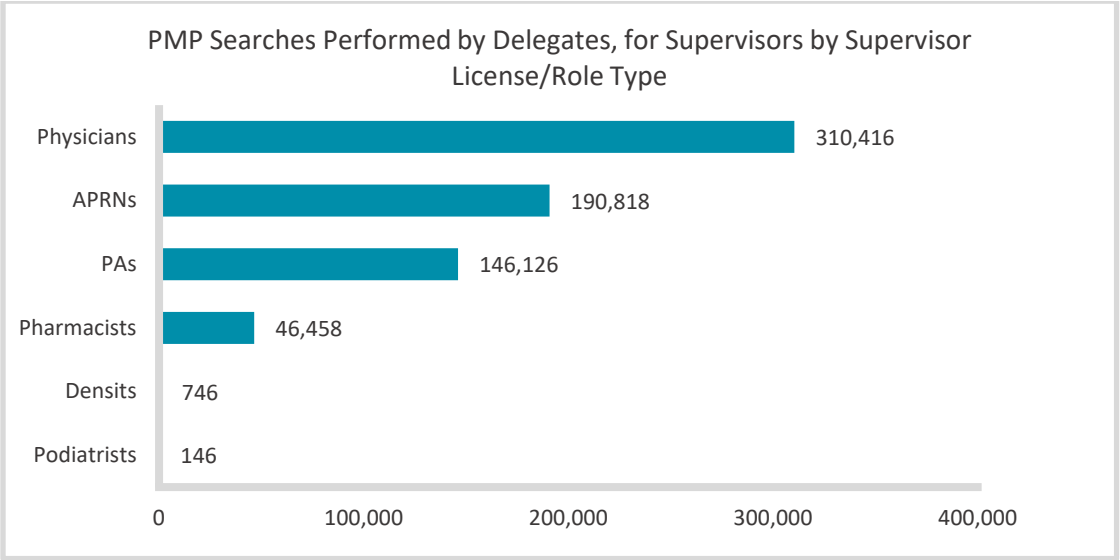
Figure 23. Searches via Web Portal by License/ Role Type (cont.)



Delegate Access

Figure 24 shows the distribution of delegate searches performed, categorized by the supervisor role type on whose behalf the delegate performed the search.

Figure 24. Delegate Searches by Supervisor License/Role Type



Integrated One-Click Access

The Minnesota PMP continued to experience a **significant increase in utilization** in 2024, primarily attributable to searches performed through integrated one-click PMP report access. Prior to 2020, the cost to integrate PMP access was a barrier for many healthcare entities in Minnesota. Costs associated with enabling integration included both an implementation fee and a per-user annual licensing fee to a third-party vendor.

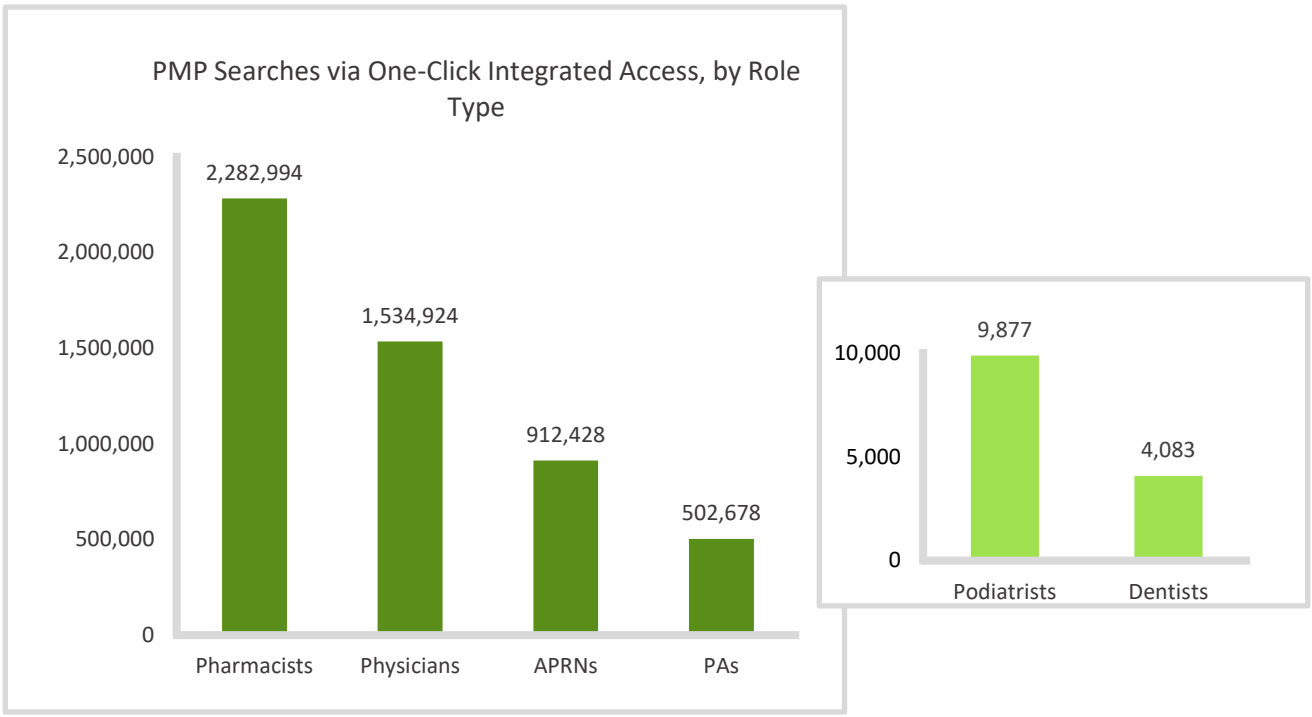
In August 2020, the Board of Pharmacy was able to secure funding to begin purchasing an annual statewide license to cover these costs, greatly accelerating integration adoption for clinics, pharmacies, and healthcare systems across Minnesota.

This streamlined access reduced the burden on practitioners striving to more safely prescribe or dispense controlled substances and comply with evolving PMP statutory requirements. As of January 1, 2021, MN § 152.126 subd. 6(d) requires prescribers to review a patient's PMP history report prior to issuing an initial opioid prescription and at least once every three months for patients receiving opioid therapy for the treatment of chronic pain *or* opioid addiction. Exceptions include patients receiving palliative or hospice care and those treated for pain related to a cancer diagnosis.

As of December 31, 2024, it is estimated over **26,000 prescribers and over 500 pharmacies** in MN have integrated one-click access to PMP. In 2024, more **prescribers** in Minnesota performed an integrated search than prescribed a controlled substance reported to the PMP. Additionally, **56.13% of all Minnesota pharmacies** that reported dispensing a controlled substance in 2024 are utilizing integrated access.

Figure 25 shows the number of MN PMP history reports requested via integrated access by role type in 2024. Integration has been utilized by nearly all provider role types. Notably, among podiatrists, the number of searches conducted increased from hundreds to thousands per year since statewide integration became available.

Figure 25. Count of Searches via One-Click Integrated Access, by License/Role Type



The following figures display 2024 search data by role type. *Figure 26* shows the percentage of searches performed by search method, while *Figure 27* presents the corresponding total search counts by search method.

Figure 26. Percentage of Searches by Method and License/Role Type

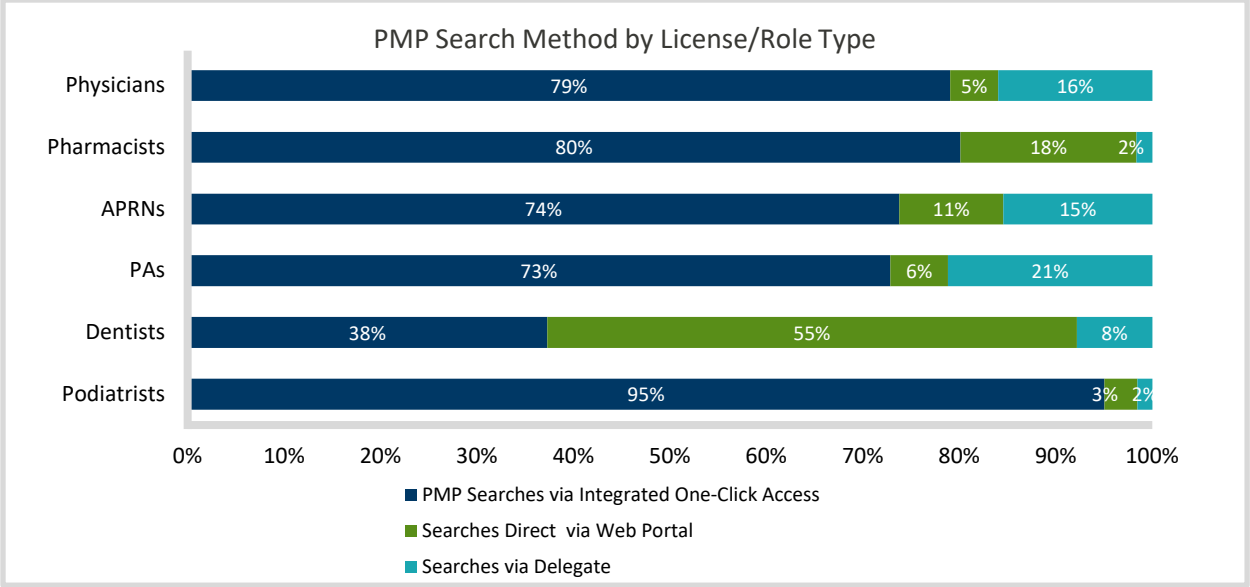


Figure 27. Total Searches by Method and License/Role Type

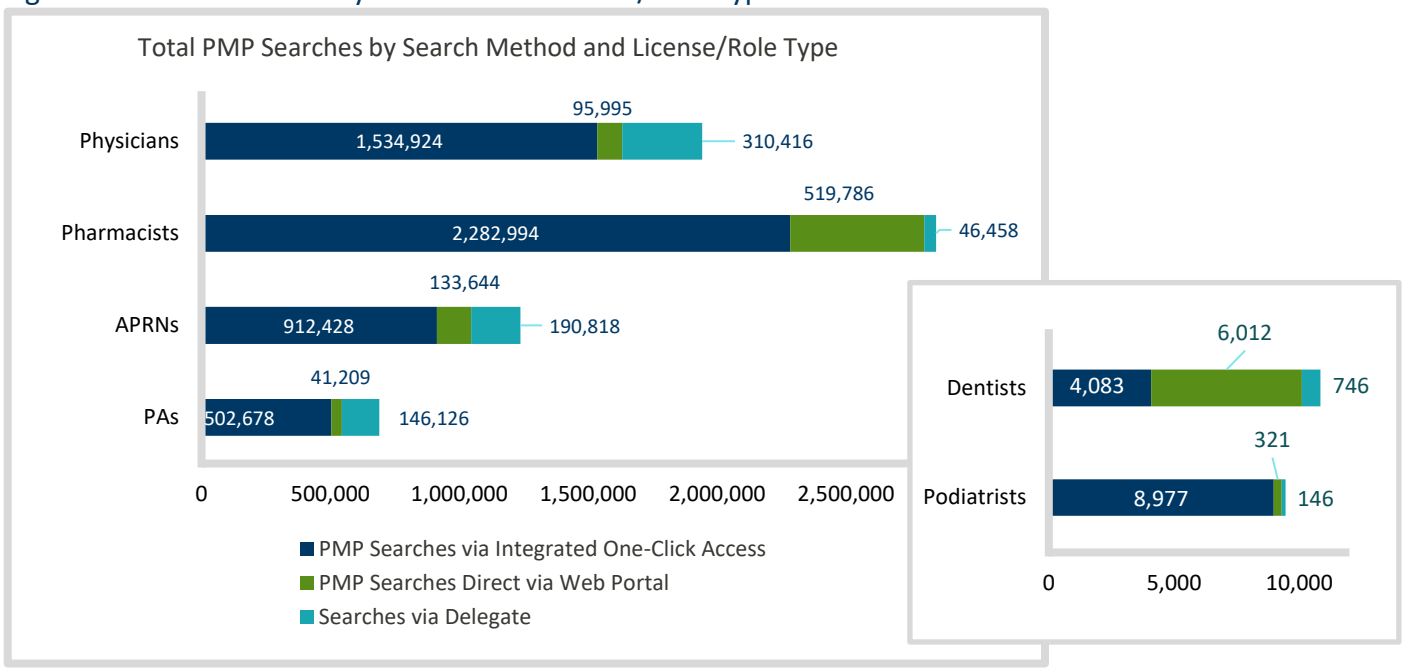


Figure 28 and *Figure 29* show all searches by role type over time, including those conducted through the **web portal**, via **one-click access**, and **by a delegate** on a provider's behalf. Combined, these figures provide a detailed view of the **increase in search volume** by role type**.** In 2024, pharmacists maintained the lead in total search volume, continuing the trend that began in 2023 when they surpassed physicians.

Figure 28. Total Searches by License/ Role Type

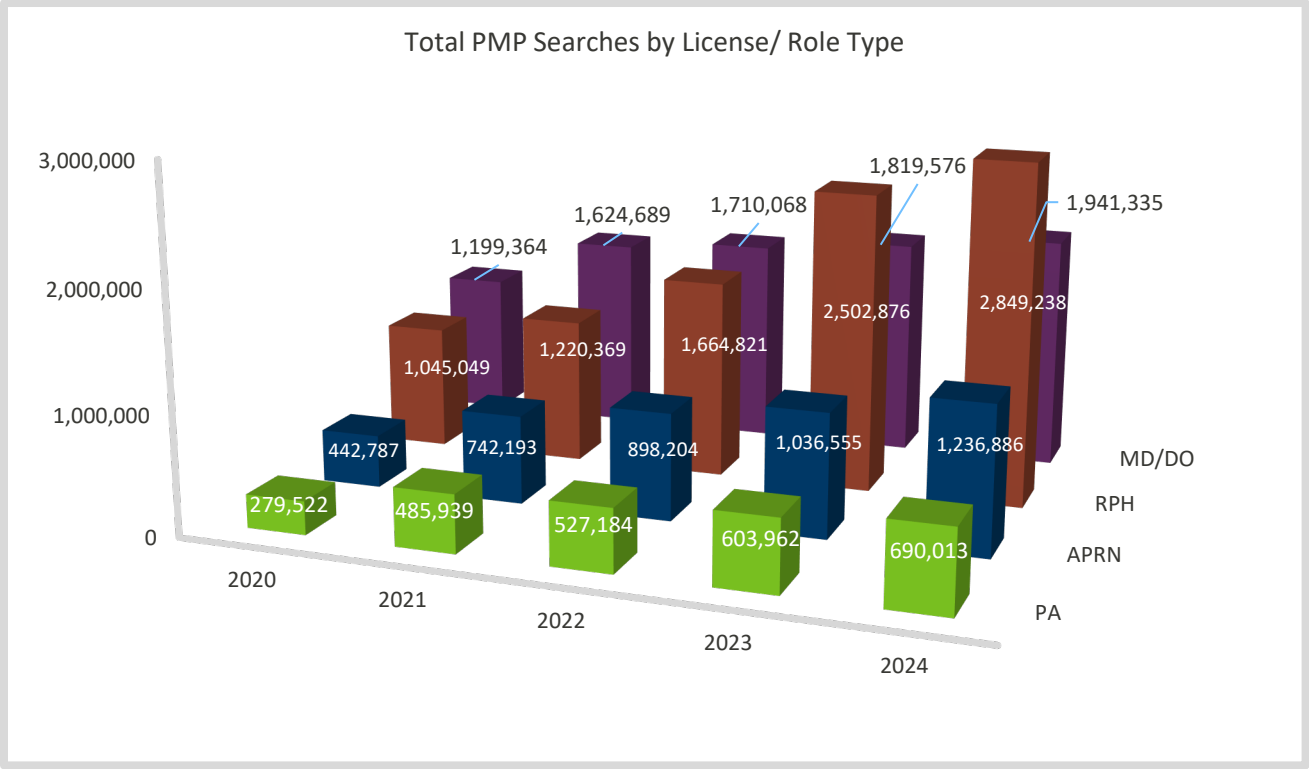
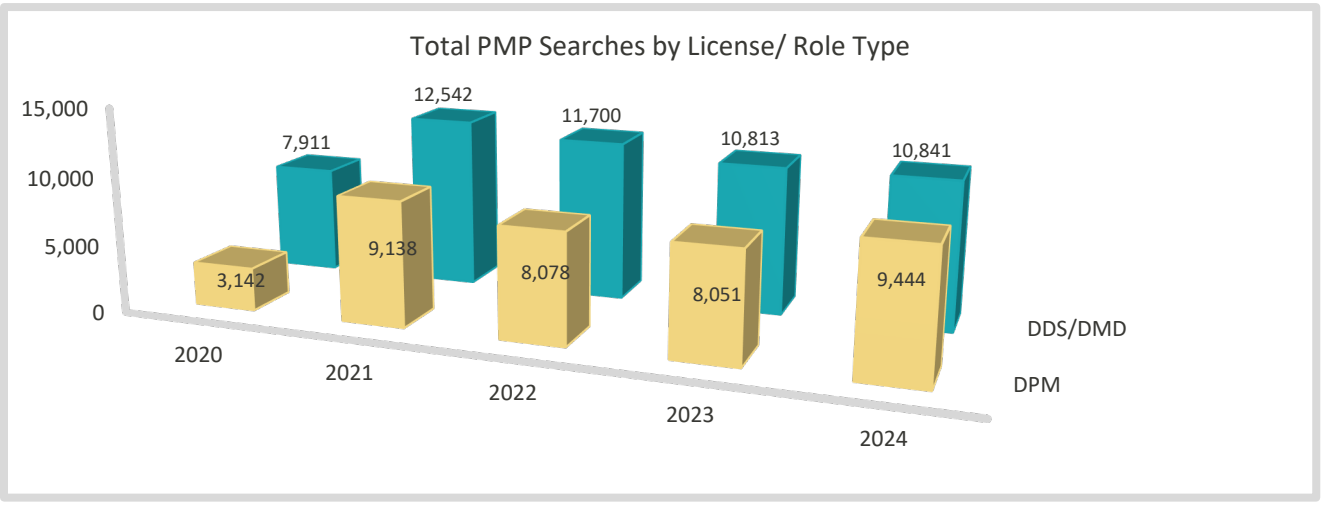


Figure 29. Total Searches by License/ Role Type (cont.)



Other Permissible Use of PMP Data

In addition to prescribers, pharmacists, and their delegates, Minnesota statute outlines specific circumstances under which others may request patient history reports from PMP staff. Law enforcement officials may request reports by submitting a valid search warrant. In all cases, the PMP administrative staff at the MN Board of Pharmacy access the database and the resulting report is sent to the requestor.

Figure 30 shows the number of law enforcement requests by month in 2024, while *Figure 31* shows the number of law enforcement requests received throughout the past five years.

Figure 30. Law Enforcement Requests by Month in 2024

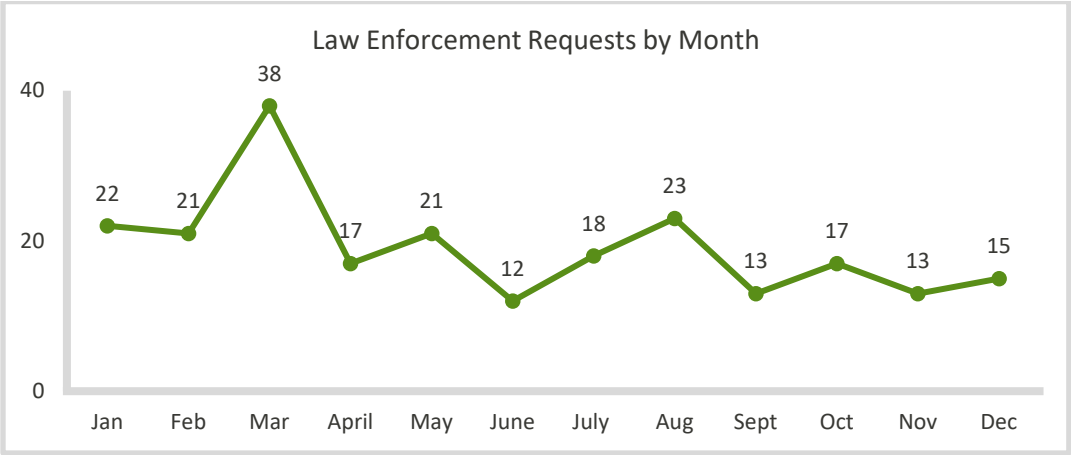
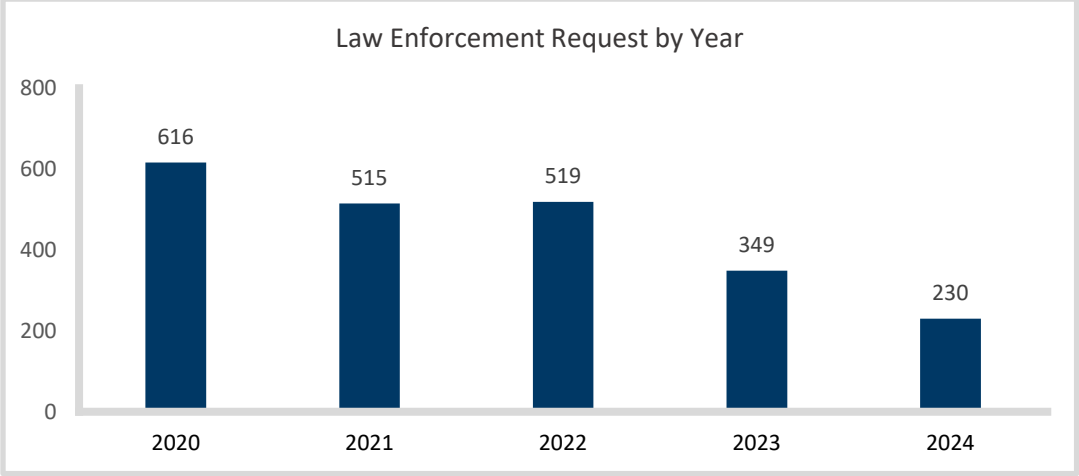


Figure 31. Law Enforcement Requests by Year



Recipients of controlled substance prescriptions reported to the PMP are also permitted to request their own PMP report by submitting a signed form, witnessed by a notary public. As with requests made by law enforcement officials, PMP staff generate the report and send it to the requestor, or a third party specified by the individual.

Figure 32 and *Figure 33* show the volume of these requests received in 2024 and in the period between 2020 and 2024, respectively.

Figure 32. Recipient Requests by Month in 2024

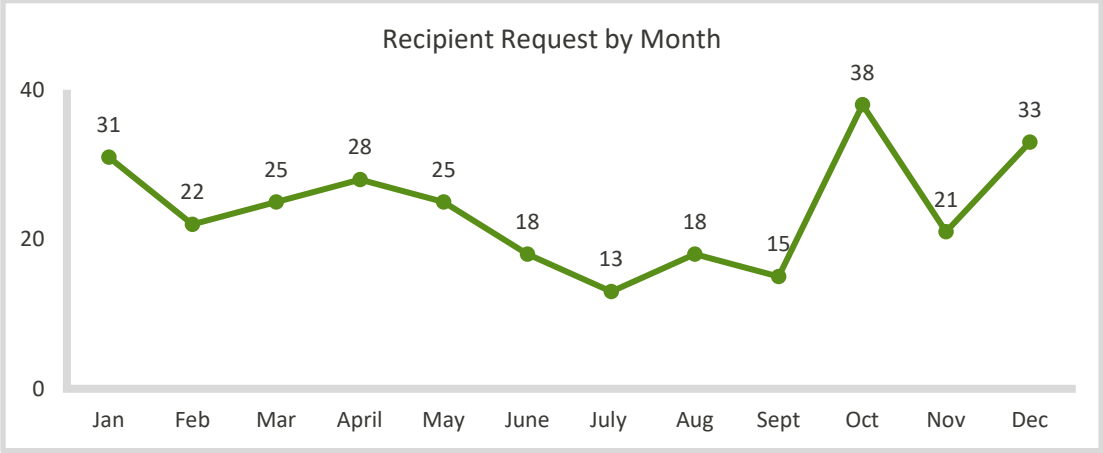
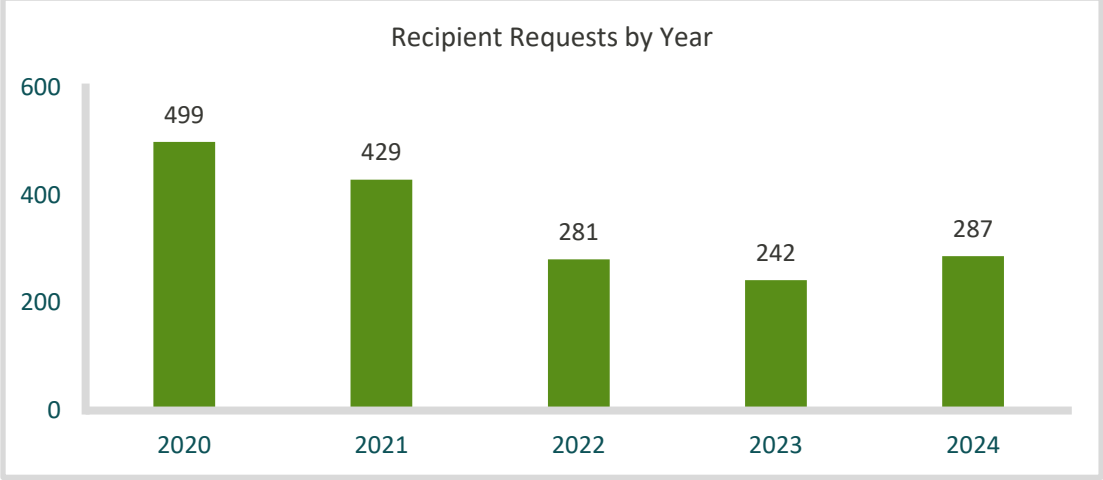


Figure 33. Recipient Request by Year



MULTIPLE JURISDICTIONAL DATA EXCHANGE

The MN PMP has participated in a multijurisdictional data exchange system since July 2014. MN Stats. §152.126, Subd. 6(j) authorizes the Board to participate in such a system, if account holders in other jurisdictions may access MN patient history reports only as permitted under MN law. Minnesota continues to expand its connections to enhance search capabilities for both Minnesota healthcare providers and out-of-state providers caring for Minnesota residents.

The interstate sharing hubs allow PMPs across the United States to exchange information, providing a more effective means of combating drug diversion and drug misuse nationwide. It should be noted that the "hub" retains no PMP data. The system acts as a pass-through for transferring a patient history report to the requesting jurisdiction's authorized PMP account holder. Each participating PMP controls who from a sharing jurisdiction can access reports, based on their own laws and regulations.

At the end of 2024, MN is **actively connected to 43 participating jurisdictions.** *Table 18* lists the jurisdictions actively connected to MN. Only approved MN prescribers, pharmacists, and their delegates holding active MN PMP accounts have access to patient history reports from these participating jurisdictions.

Table 18. Jurisdictions Actively Exchanging PMP Data with Minnesota

Alabama	Indiana	Montana	South Carolina
Alaska	Iowa	Nevada	South Dakota
Arizona	Kansas	New Mexico	Tennessee
Arkansas	Kentucky	New York	Texas
Colorado	Louisiana	North Carolina	Utah[6]
Connecticut	Maine	North Dakota	Virginia
Delaware	Maryland	Ohio	Washington
District of Columbia	Massachusetts	Oklahoma	West Virginia
Florida	Michigan	Pennsylvania	Wisconsin
Idaho	Military Health System	Puerto Rico	Wyoming
Illinois	Mississippi	Rhode Island	

[6] MN established a new connection with Utah in November 2024. The State of Missouri began a state level PMP in January 2024. Due to this change the connection with St. Louis County, MO ended at this time.

Figure 34 shows volume of report requests, by month, of interjurisdictional searches performed by MN account holders, as well as the count of searches of the MN PMP by authorized account holders of other jurisdictions.

Figure 34. Multiple Jurisdiction PMP Requests in 2024

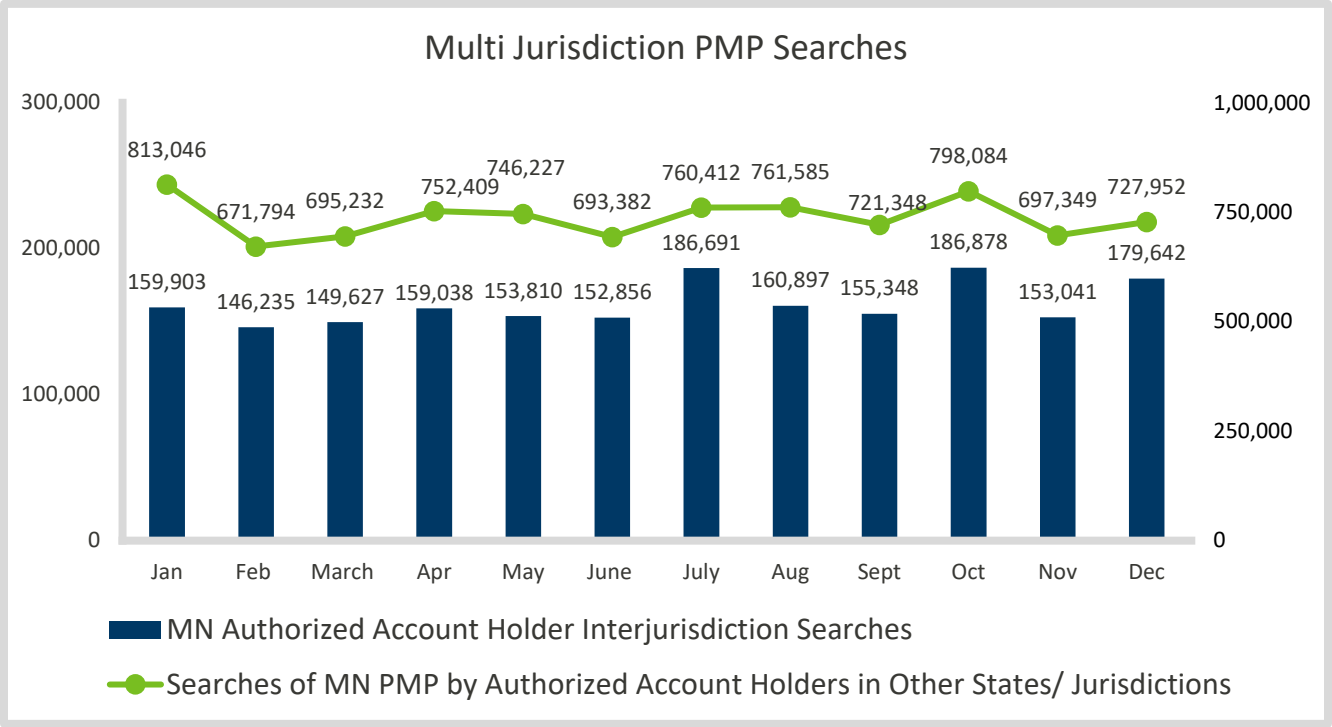


Table 19 displays the volume of reports MN account holders requested from PMP databases in other jurisdictions, while *Table 20* details the volume of MN patient reports requested by those jurisdictions. Expectedly, MN account holders most frequently searched neighboring states. For other jurisdictions, the volume varies and is dependent on multiple factors, including legislative search requirements, automatic defaults set by administrators, and resident travel patterns. This data exchange is crucial for reviewing prescriptions histories of individuals dispensed across state lines. Some states have legislative restrictions regarding data sharing and may only allow access to their bordering states. As states and jurisdictions update laws or adopt new technologies, additional data-sharing connections are explored.

Table 19. Requests by Minnesota Account Holders Responded to by other States and Jurisdictions

State/ Jurisdiction Queried by MN Account Holder	MN User Searches
Alabama	21,048
Alaska	19,294
Arizona	50,926
Arkansas	38,925
California	Not Connected
Colorado	35,581
Connecticut	38,525
Delaware	38,489
District of Columbia	18,778
Florida	44,385
Georgia	Not Connected
Hawaii	Not Connected
Idaho	38,957
Illinois	33,464
Indiana	42,780
Iowa	89,833
Kansas	35,570
Kentucky	38,960
Louisiana	40,378
Maine	38,551
Maryland	35,912
Massachusetts	38,843
Michigan	68,408
Military Health System	47,378
Mississippi	33,605
Missouri	Not Connected
Montana	40,469
Nebraska	Not Connected
Nevada	19,310
New Hampshire	Not Connected
New Jersey	Not Connected
New Mexico	39,101
New York	43,691
North Carolina	19,730
North Dakota	130,922
Ohio	42,170
Oklahoma	40,753
Oregon	Not Connected
Pennsylvania	38,601
Puerto Rico	30,601
Rhode Island	38,368
South Carolina	41,039
South Dakota	89,710
Tennessee	33,348
Texas	36,146
Utah	1,187
Vermont	Not Connected
Virginia	21,015
Washington	41,467
West Virginia	38,256
Wisconsin	236,463
Wyoming	33,029

Table 20. Other States' and Jurisdictions' Requests Responded to by Minnesota[7]

State/ Jurisdiction of Requester	Searches to MN
Alabama	183,748
Alaska	16,365
Arizona	162,988
Arkansas	123,924
California	Not Connected
Colorado	143,725
Connecticut	41,600
Delaware	101,918
District of Columbia	30,261
Florida	1,309,098
Georgia	Not Connected
Hawaii	Not Connected
Idaho	76,655
Illinois	15,619
Indiana	105,624
Iowa	110,571
Kansas	41,843
Kentucky	41,471
Louisiana	360,117
Maine	230,256
Maryland	172,736
Massachusetts	428,981
Michigan	127,882
Military Health System	70,943
Mississippi	260,432
Missouri	Not Connected
Montana	32,074
Nebraska	Not Connected
Nevada	385,297
New Hampshire	Not Connected
New Jersey	Not Connected
New Mexico	47,895
New York	797,827
North Carolina	574,499
North Dakota	201,657
Ohio	273,275
Oklahoma	565,236
Oregon	Not Connected
Pennsylvania	41,927
Puerto Rico	10,814
Rhode Island	46,451
South Carolina	99,762
South Dakota	59,384
Tennessee	53,170
Texas	1,017,145
Utah	78
Vermont	Not Connected
Virginia	306,687
Washington	41,190
West Virginia	514
Wisconsin	108,067
Wyoming	19,114

[7] An issue was identified in the program's reporting system that caused interstate searches to be duplicated in previously published reports from September 2021 to September 2024. This report displays corrected data.

KEY TO ABBREVIATIONS

APRN: Advanced Practice Registered Nurse

DDS: Doctor of Dental Surgery

DO: Doctor of Osteopathy

DMD: Doctor of Medicine in Dentistry

DPM: Doctor of Podiatric Medicine

EHR: Electronic Health Record

MD: Medical Doctor

MEC: Medical Examiner/ Coroner

MRRP: Medicaid Restricted Recipient Program

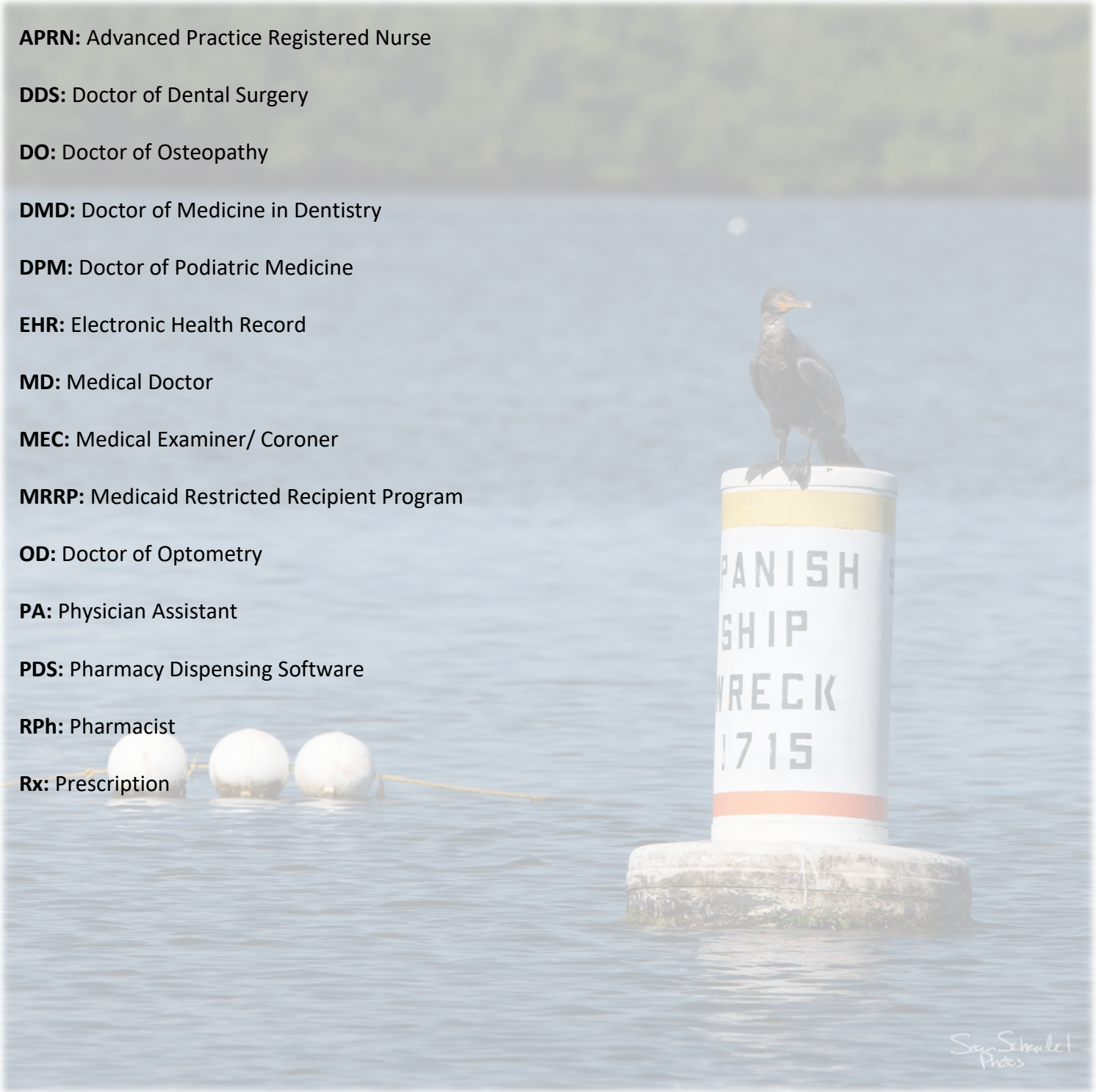
OD: Doctor of Optometry

PA: Physician Assistant

PDS: Pharmacy Dispensing Software

RPh: Pharmacist

Rx: Prescription



REFERENCES

U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population for Counties in Minnesota: 2024. Release May 2025. https://www.census.gov/programs-surveys/popest/data/tables.html