ANNUAL REPORT | 2025

Minnesota Board of Pharmacy

Prescription Monitoring Program



Supporting Patient Care Since 2010.

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Abbreviations and Acronyms

Abbreviation/ Acronym	Meaning
APRN	Advanced Practice Registered Nurse
BJA	Bureau of Justice Assistance
CFR	Code of Federal Regulations
CS	Controlled Substance
DEA	Drug Enforcement Administration
DDS	Doctor of Dental Surgery
DO	Doctor of Osteopathic Medicine
DOJ	U.S. Department of Justice
DPM	Doctor of Podiatric Medicine
EHR	Electronic Health Record
HCl	Hydrochloride
MD	Medical Doctor
MEC	Medical Examiner/Coroner
MME	Morphine Milligram Equivalent
MN	Minnesota
MOUD	Medication for Opioid Use Disorder
MRRP	Medicaid Restricted Recipient Program
NPI	National Provider Identifier
OD	Doctor of Optometry
OJP	Office of Justice Programs
OPRFP	Opiate Product Registration Fee Program
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PA	Physician Assistant
PDMP	Prescription Drug Monitoring Program
PDS	Pharmacy Dispensing Software
PIC	Pharmacist-in-Charge
PMP	Prescription Monitoring Program
RPh	Registered Pharmacist
SUD	Substance Use Disorder

Terminology Note: Minnesota law uses the term opiate in certain Pharmacy-related provisions. This report generally uses opioid for consistency with current clinical terminology, while opiate is retained when referring specifically to statutory language.

DEFINITIONS

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

DISPENSER
A person or entity authorized by law to dispense a Reportable Substance pursuant to a valid prescription. For the purposes of the Minnesota PMP, a dispenser does not include a licensed hospital pharmacy that distributes Reportable Substances for inpatient hospital care or a veterinarian dispensing prescriptions under Minnesota Statutes §152.18.

MINNESOTA SCHEDULE
The controlled substance schedule as assigned under Minnesota Statute §152.02.

MIXED AMPHETAMINE SALTS
Refers to combination drug products containing dextroamphetamine saccharate and amphetamine aspartate, along with related amphetamine salts. This term is used in the report to simplify references to these formulations.

PATIENT
An individual identified as the recipient of one or more Reportable Substance dispensations and who is the subject of a PMP search or Prescription History 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 pharmacy services are provided.

PRACTITIONER
A licensed healthcare professional authorized to prescribe medications, including physicians, physician assistants, dentists, veterinarians, podiatrists, optometrists, advanced practice registered nurses, clinical nurse specialists, and pharmacists when authorized to prescribe.

PRESCRIPTIONS REPORTED
Dispensations of Reportable Substances that have been submitted to the Minnesota PMP for individual recipients and appropriately identified in the reported data.

PRESCRIPTION COUNT
The total number of Prescriptions Reported.

PRESCRIPTION HISTORY REPORT OR RX HISTORY REPORT
A report generated for an authorized Registered User that contains detailed information about Prescriptions Reported for a specific Recipient during a defined period.

PRESCRIPTION QUANTITY
The total amount of medication dispensed, expressed in standardized units such as tablets, capsules, milliliters, or grams. When aggregated, prescription quantity represents the sum of these amounts across reported prescriptions

RECIPIENT
The individual identified by the dispenser as the person for whom a Reportable Substance was dispensed. For the purposes of this report, PMP data are reported at the individual-recipient level.

Registered User or User
An individual approved for access to the Minnesota PMP who maintains an authorized PMP account.

Reportable Substance(s)
Minnesota scheduled II-V controlled substances, butalbital, and gabapentin that are required to be reported to the Minnesota PMP as required by Minnesota Statute §152.126.

Role Type
The professional license type or other account role associated with a Minnesota PMP user. Role types may include physicians, pharmacists, advanced practice registered nurses, physician assistants, dentists, podiatrists, delegates, and other authorized PMP user categories.

Search
A query submitted by a Registered User or authorized delegate to generate and view a Prescription History Report for a specific Patient.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

2025 marked the 16th year of operation of the Minnesota Board of Pharmacy's Prescription Monitoring Program (PMP). Established in 2009 pursuant to MN Stats. §152.126, the PMP maintains a database of dispensed controlled substance prescriptions to promote public health and welfare by supporting efforts to prevent abuse, misuse, and diversion of these medications. Pharmacies and prescribers who dispense from their practices submit prescription data for Minnesota controlled substances in Schedules II-V, as well as butalbital and gabapentin, when dispensed in or into Minnesota.

The PMP securely collects and maintains this protected health information. Minnesota-licensed prescribers, pharmacists, and their authorized delegates may access PMP data when providing patient care. By providing timely access to a patient's controlled substance prescription history, the PMP supports informed clinical decision-making, safe prescribing and dispensing practices, and efforts to reduce the misuse and diversion of controlled substance prescriptions.

In 2025, the Board continued its seventh year of utilizing Bamboo Health's PMP AWARxE© platform to provide an enhanced and interactive PMP report to authorized users. The report is designed to present dispensation information in a clear and meaningful format, helping prescribers and pharmacists efficiently assess a patient's prescription history and identify patterns that may warrant additional review. The system also includes tools intended to assist healthcare professionals in identifying potentially higher-risk prescription activity, and, when appropriate, connecting patients with additional resources; including an embedded treatment locator.

The Board has continued to focus on making PMP information more meaningful, through enhanced reporting tools, as well as being more efficient to access, through integration with clinical workflows. Using grant funding received from the federal government and other state agencies, the Board has maintained a statewide license for a third-party integration platform that enables authorized users to access PMP information directly within participating electronic health record (EHR) and pharmacy dispensing systems.

With integrated access, an authorized PMP account holder can retrieve a patient's PMP report from within the user's existing clinical workflow without separately logging into the PMP website. The Board's statewide integration initiative began in the fall of 2020 and continued throughout 2025. As adoption of integrated access has expanded, the volume of PMP searches conducted by prescribers and pharmacists has significantly increased, making PMP information more readily available at the point of care.

Maintaining the quality, accuracy, and timeliness of prescription data remains an important program priority. During 2024 and 2025, the Board expanded an initiative designed to streamline the process by which pharmacies identify and correct prescription-reporting errors. Central to this effort is Rx Management, a PMP reporting tool that provides pharmacies with a more user-friendly and intuitive interface for reviewing daily submission errors and ensuring corrections are completed in a timely manner.

Operational Findings in 2025

Prescription Volume

In the previous 5 years, 2021-2025...

TOTAL PRESCRIPTIONS increased

14.9%

Opioids	↓ DECREASED	**7.8%**
Stimulants	↑ INCREASED	**48.6%**
Hormonal Controlled Substances	↑ INCREASED	**169.7%**
Total Partial Opioid Agonists	↑ INCREASED	**30.5%**

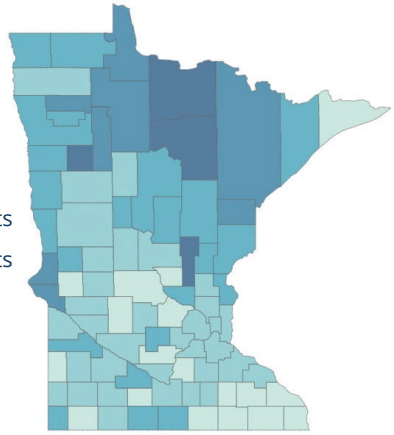
Rate of Reported Prescriptions per 1,000 Residents



Highest Rate in 2025
ITASCA COUNTY
2,305.0
prescriptions per 1,000 residents

Lowest Rate in 2025
HOUSTON COUNTY
898.8
prescriptions per 1,000 residents

>2,000 Rx per 1,000 residents
<1,200 Rx per 1,000 residents



System Utilization

2021-2025

SEARCHES INCREASED

76.8%



USERS SEARCHING INCREASED

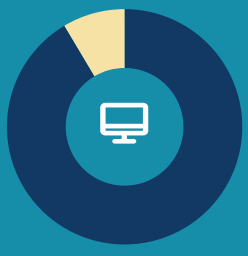
20.7%





99.0%

of the top 500 prescribers of C.S.s have a PMP Account

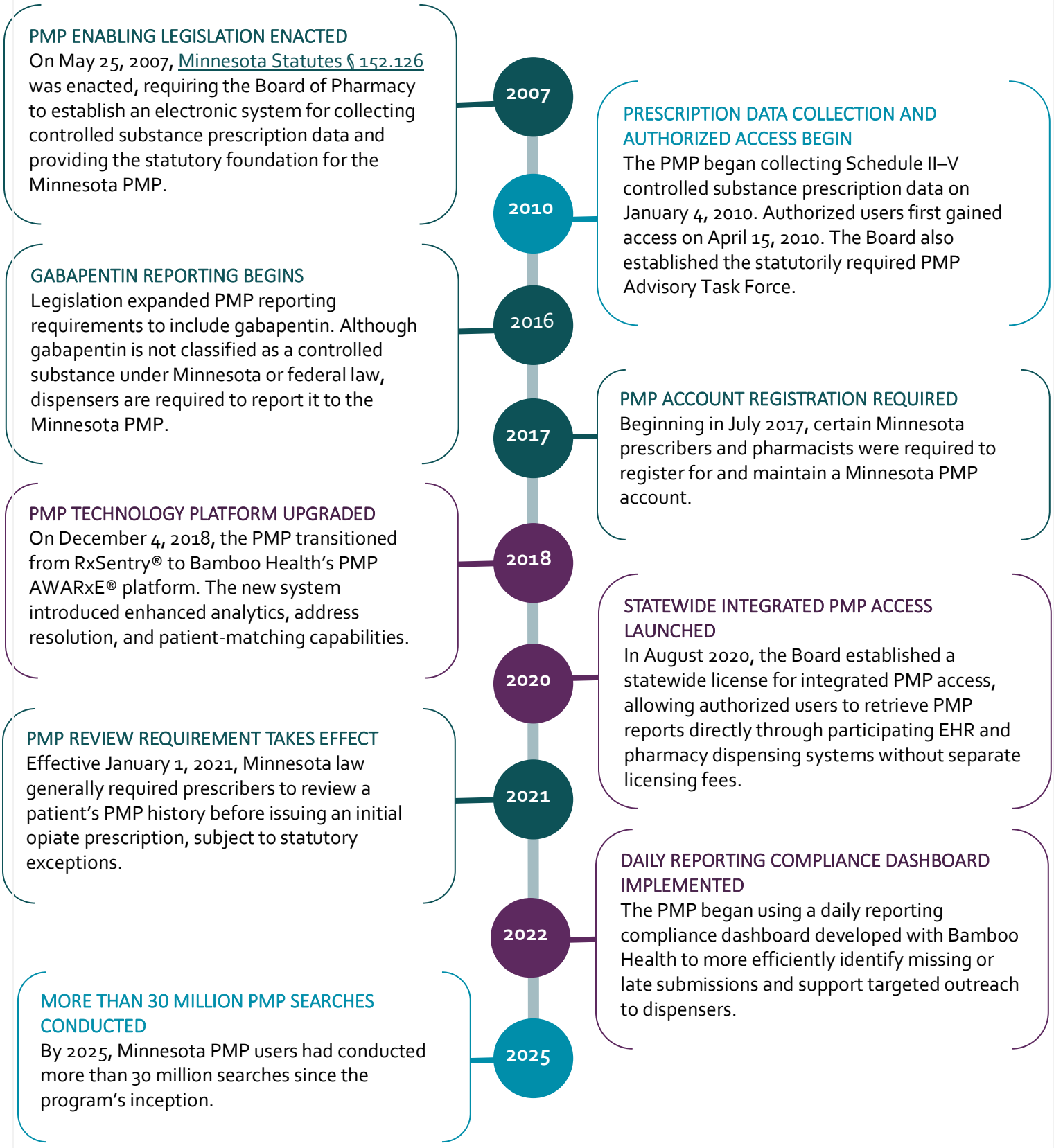


84.1%

of searches are performed by integrated users

MINNESOTA PMP TIMELINE

Key Milestones in the development and operation of the Minnesota Prescription Monitoring Program



OPERATIONS

STAFFING AND FUNDING

The program is staffed by three full-time positions: Program Administrator, Program Coordinator, and a Data Analyst. The PMP and the Opiate Product Registration Fee Program (OPRFP) are overseen by the Director of the Controlled Substance Reporting Section. Funding for the PMP is apportioned among the participating health licensing boards based on the portion of prescribers and pharmacists licensed by each board. Participating boards include the Minnesota Board of Medical Practice, Board of Nursing, Board of Dentistry, Board of Podiatric Medicine, and the Board of Pharmacy.

In 2025, the Board continued to administer funding awarded through the 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 agreement with the Minnesota Department of Health and the Minnesota Department of Human Services. These funds supported participation in national meetings and conferences, promotion and expansion of PMP access and utilization through the statewide integration solution, and system enhancements designed to provide healthcare providers with additional information and tools when reviewing patients' PMP reports.

DATA REPORTING

Prescription data is submitted to the PMP database by pharmacies and dispensing prescribers. All entities that dispense reportable substances in or into Minnesota are required to submit dispensation data daily. Pharmacies that do not dispense a reportable substance on a given day must submit a "zero report" indicating that no reportable activity occurred.

PMP staff, in collaboration with the Board's contracted vendor, monitor both the timely submission of prescription data and the quality of the data reported to ensure compliance with reporting requirements and maintain data integrity. Entities identified as noncompliant receive notices and other communications based on the nature and duration of the reporting issue. Those that fail to respond or correct the identified deficiencies may be referred to the Board's regulatory section for further review and appropriate action.

At the end of 2025, the Board licensed more than 2,000 pharmacies, of which more than 1,600 were required to report data to the PMP because they did not qualify for a statutory reporting exemption. Current law provides exemptions in the following circumstances:

1. A licensed hospital pharmacy distributing reportable substances solely for inpatient hospital care;
2. A prescription is dispensed to an individual residing in a health care facility, as defined in MN Statutes § 151.58, subd. 2(b), and the medication is distributed through an automated drug distribution system in accordance with MN Statutes § 151.58;
3. A prescription is for a drug sample packaged by a manufacturer and provided to the dispenser for distribution as a professional sample pursuant to Title 21, Code of Federal Regulations, Part 203, Subpart D;
4. A pharmacy or facility does not dispense reportable substances in or into Minnesota.

Opioid Treatment Program Data (Currently not reported to MN PMP)

On August 14th, 2020, federal regulations governing the confidentiality of Substance Use Disorder (SUD) patient records under 42 CFR Part 2 were revised. Among other changes, the revisions permitted Opioid Treatment Programs (OTPs) to report medications prescribed or dispensed by the program to a prescription monitoring program when the reporting is required by state law and the patient has given consent.

The reporting of OTP data to prescription monitoring programs involves competing policy considerations. Concerns have been raised that including this information could contribute negatively to patient stigma or affect willingness to seek treatment. Conversely, proponents of reporting note that excluding information about medications provided through OTPs may limit a healthcare provider's ability to obtain a complete medication history and could have implications for patient safety.

OTP data is not currently reported to the Minnesota PMP.

Error Correction

PMP data submitters and dispensers receive system-generated *File Status Reports* when errors or warnings are identified in prescription data submitted to the PMP database. Each submission is validated to ensure that required fields meet established data standards. When a record fails one or more validation checks, the identified errors or warnings are communicated to the responsible submitter through the *File Status Report.*

Errors must be corrected within seven days. PMP staff monitor outstanding errors and other reporting deficiencies to ensure timely resolution and support the accuracy, completeness, and integrity of PMP data. Submitters that fail to correct identified errors or otherwise remain noncompliant may be referred to the Board of Pharmacy's regulatory section for further review and appropriate action.

Additional Data Qualifiers

Data Accuracy and Revisions

Prescription data in the PMP database is dependent on the accuracy and completeness of information submitted by dispensers. Required fields and automated validation checks are used to promote accurate reporting. Dispensers may edit, remove, or submit prescription records at any time to ensure dispensation histories are accurate. Because records may be corrected or updated after their initial submission, statistics generated at different points in time may vary slightly.

Reportable Substances

The MN PMP contains data for Schedule II-V controlled substances as listed in MN Statutes §152.02, as well as gabapentin and all formulations of butalbital. Minnesota's controlled substance schedules include certain substances that are not federally scheduled, including human growth hormone, chorionic gonadotropin, and pseudoephedrine when dispensed pursuant to a prescription. In prior annual reports, some dispensation tables and figures primarily reflected federally scheduled substances. Unless otherwise noted, dispensation totals in this report include all prescriptions required to be reported to the Minnesota PMP.

Generic Medication Groupings

Reports showing prescription volumes by generic name for 2021-2025 may display different totals compared to previous annual reports published. Beginning In 2024 efforts were made to consolidate similar formulations and naming variations of the same medication to improve consistency in reporting. Examples include grouping testosterone with testosterone micronized and grouping related midazolam formulations.

Medication Classifications

Beginning in 2024, the medication classes used to summarize dispensation volume were revised. For additional information regarding the classifications, category changes, and related reporting notes, see Table 1 of the *Minnesota PMP 2024 Annual Report*.

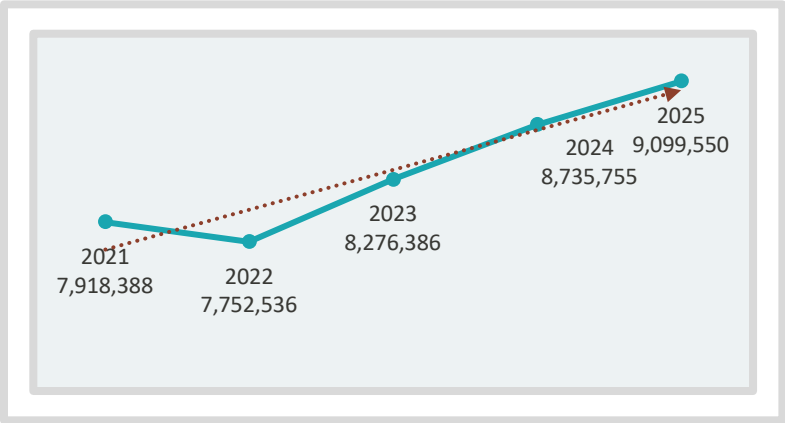
Suppression of Small Counts

To protect patient privacy, medication counts of fewer than ten dispensations are reported as "<10" throughout this report.

PRESCRIPTION DATA

Over the past 5 years (2021 to 2025), the number of reportable prescriptions being reported as dispensed has **increased by 14.9%**. Figure 1 shows the total prescription counts from 2021-2025. Table 1 shows the top 20 prescriptions reported by their generic names.

Figure 1. Total Prescription Counts



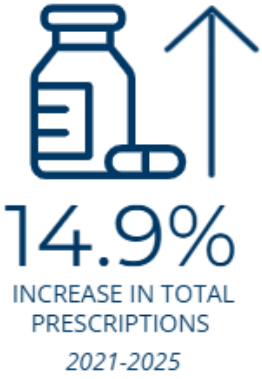


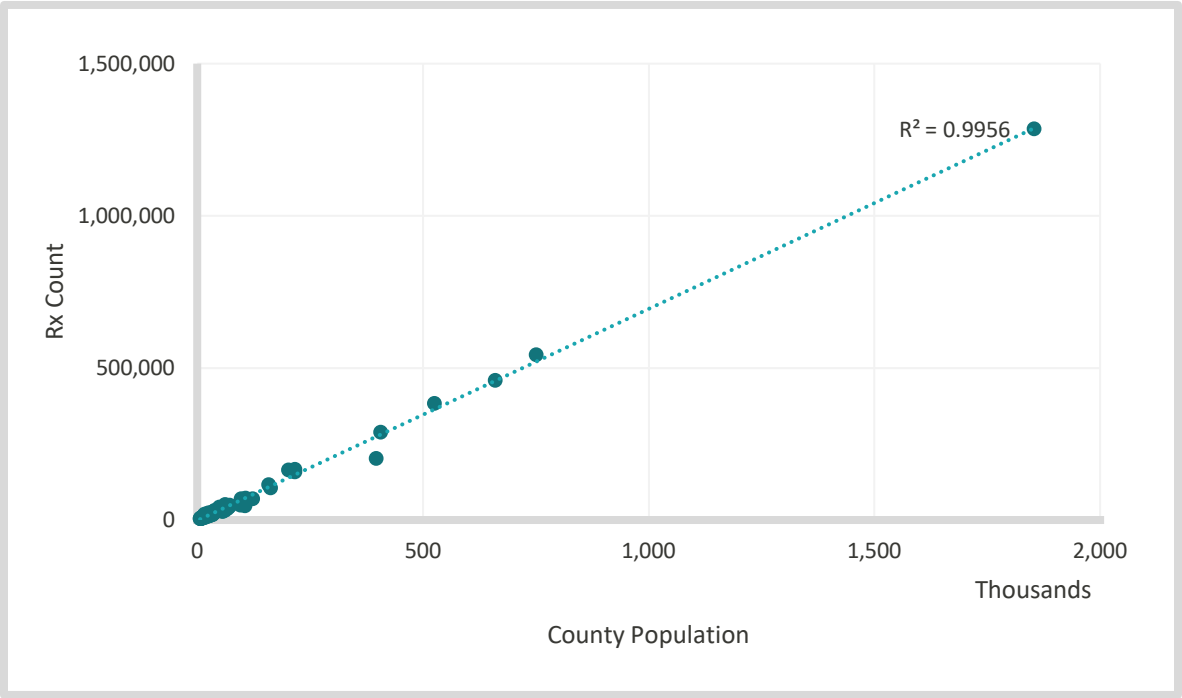
Table 1. Top 20 Medications by Prescription Count

Generic Drug Name	% Change 2024-2025	2025 Rx Count	2024 Rx Count	2023 Rx Count	2022 Rx Count	2021 Rx Count
MIXED AMPHETAMINE SALTS	10.1%	1,391,137	1,263,447	1,124,447	1,049,695	992,828
GABAPENTIN	1.0%	1,378,770	1,365,690	1,336,087	1,261,917	1,271,324
OXYCODONE HCL	5.9%	803,482	758,736	709,523	642,201	642,706
METHYLPHENIDATE	5.7%	554,848	524,946	484,438	438,193	422,900
LORAZEPAM	2.1%	457,083	447,706	441,378	431,557	460,835
HYDROCODONE BITARTRATE/ACETAMINOPHEN	-6.4%	449,657	480,269	511,755	526,669	591,438
LISDEXAMFETAMINE DIMESYLATE	25.0%	416,574	333,353	283,394	221,924	199,688
TESTOSTERONE	18.6%	346,459	292,115	204,312	132,168	107,383
TRAMADOL HCL	-3.8%	337,133	350,348	367,201	371,089	413,884
PREGABALIN	10.2%	313,556	284,574	251,883	216,337	200,498
CLONAZEPAM	-1.9%	300,803	306,629	311,799	308,310	333,313
ZOLPIDEM TARTRATE	-3.5%	287,652	297,947	307,244	310,589	340,239
ALPRAZOLAM	-1.5%	245,596	249,278	254,650	255,499	276,930
PHENTERMINE HCL	1.6%	186,396	183,428	147,772	108,808	95,592
BUPRENORPHINE HCL/NALOXONE HCL	-0.1%	182,645	182,744	179,166	169,442	163,075
OXYCODONE HCL/ACETAMINOPHEN	-6.2%	176,111	187,703	207,344	215,461	250,939
DIAZEPAM	1.1%	132,866	131,461	129,716	125,522	134,026
MORPHINE SULFATE	-3.6%	114,761	119,062	117,454	117,440	129,693
HYDROMORPHONE HCL	6.0%	112,427	106,042	108,523	94,925	95,985
DEXMETHYLPHENIDATE HCL	15.0%	78,397	68,166	64,747	50,452	44,603
top 20 in 2021, 2022						
CODEINE PHOSPHATE WITH ACETAMINOPHEN	-9.3%	52,356	57,732	64,548	70,232	81,718

Dispensed by County

A Pearson correlation analysis of county population and prescription count identified a strong positive relationship between the two variables, with a correlation coefficient of 0.997 and an R^2 value of 0.9956. This indicates that counties with larger populations generally had higher volumes of reportable substance dispensations. Consistent with this relationship, Hennepin County, Minnesota's most populous county, recorded the highest volume of reportable substance dispensations in 2025.

Figure 2. Relationship Between County Population and Prescription Count



A more detailed look at the geographic distribution of reported dispensations is presented in Table 2. The table includes total prescription counts, 2025 population estimates from the U.S. Census Bureau, and crude prescriptions rates per 1,000 residents for each Minnesota county. Among counties, Itasca County had the highest crude rate at 2,305 prescriptions per 1,000 residents while Houston County had the lowest at 898.8. The statewide crude dispensation rate was 1,476.

Table 2. Prescription Count by County Population

Recipient County	2025 Rx Count	2025 Pop	Rate per 1,000 residents
STATEWIDE	**8,609,446**	**5,830,405**	**1,476.6**
AITKIN	25,497	16,252	1,568.9
ANOKA	525,031	381,605	1,375.8
BECKER	56,752	35,497	1,598.8
BELTRAMI	95,123	47,055	2,021.5
BENTON	64,791	41,744	1,552.1
BIG STONE	9,631	5,054	1,905.6
BLUE EARTH	106,528	70,634	1,508.2
BROWN	39,321	25,517	1,541.0
CARLTON	67,142	36,711	1,828.9
CARVER	157,149	114,379	1,373.9
CASS	61,138	31,430	1,945.2
CHIPPEWA	16,012	12,406	1,290.7
CHISAGO	97,520	59,142	1,648.9
CLAY	114,959	67,734	1,697.2
CLEARWATER	17,105	8,647	1,978.1
COOK	7,097	5,522	1,285.2
COTTONWOOD	17,557	11,405	1,539.4
CROW WING	122,307	69,132	1,769.2
DAKOTA	659,810	457,710	1,441.5
DODGE	23,416	21,376	1,095.4
DOUGLAS	61,375	40,120	1,529.8
FARIBAULT	23,732	13,888	1,708.8
FILLMORE	25,840	21,540	1,199.6
FREEBORN	39,207	30,440	1,288.0
GOODHUE	70,819	48,195	1,469.4
GRANT	11,052	6,085	1,816.3
HENNEPIN	1,853,515	1,284,784	1,442.7
HOUSTON	16,537	18,400	898.8
HUBBARD	37,290	22,369	1,667.0
ISANTI	71,888	44,386	1,619.6
ITASCA	104,655	45,404	2,305.0
JACKSON	14,900	9,857	1,511.6
KANABEC	32,806	16,628	1,972.9
KANDIYOHI	58,609	44,720	1,310.6
KITTSON	7,352	4,031	1,823.9
KOOCHICHING	24,855	11,587	2,145.1
LAC QUI PARLE	11,415	6,704	1,702.7
LAKE	18,744	10,746	1,744.3
LAKE OF THE WOODS	7,204	3,770	1,910.9
LE SUEUR	40,772	29,453	1,384.3
LINCOLN	7,088	5,583	1,269.6

Recipient County	2025 Rx Count	2025 Pop	Rate per 1,000 residents
STATEWIDE	**8,609,446**	**5,830,405**	**1,476.6**
LYON	33,466	25,684	1,303.0
MAHNOMEN	10,858	5,153	2,107.1
MARSHALL	12,867	8,798	1,462.5
MARTIN	34,399	19,440	1,769.5
MCLEOD	59,331	36,631	1,619.7
MEEKER	34,642	23,603	1,467.7
MILLE LACS	55,257	27,753	1,991.0
MORRISON	54,440	34,620	1,572.5
MOWER	48,345	40,971	1,180.0
MURRAY	11,805	7,942	1,486.4
NICOLLET	51,346	34,273	1,498.1
NOBLES	24,119	22,338	1,079.7
NORMAN	10,544	6,336	1,664.1
OLMSTED	215,739	166,731	1,293.9
OTTER TAIL	97,535	61,041	1,597.9
PENNINGTON	26,946	13,686	1,968.9
PINE	52,572	30,472	1,725.3
PIPESTONE	11,694	9,260	1,262.9
POLK	58,408	30,545	1,912.2
POPE	17,715	11,420	1,551.2
RAMSEY	750,179	541,623	1,385.1
RED LAKE	6,327	3,940	1,605.8
REDWOOD	22,143	15,265	1,450.6
RENVILLE	22,312	14,356	1,554.2
RICE	96,657	69,939	1,382.0
ROCK	16,368	9,524	1,718.6
ROSEAU	27,317	15,246	1,791.7
SAINT LOUIS	395,433	200,518	1,972.1
SCOTT	211,548	159,017	1,330.3
SHERBURNE	161,964	104,194	1,554.4
SIBLEY	21,228	15,356	1,382.4
STEARNS	201,483	164,110	1,227.7
STEELE	56,902	37,464	1,518.8
STEVENS	11,764	9,747	1,206.9
SWIFT	13,453	9,763	1,378.0
TODD	33,804	26,060	1,297.2
TRAVERSE	6,369	3,130	2,034.8
WABASHA	28,714	21,537	1,333.2
WADENA	27,631	14,388	1,920.4
WASECA	28,525	18,688	1,526.4
WASHINGTON	406,272	286,895	1,416.1
WATONWAN	13,037	11,459	1,137.7

Recipient County	2025 Rx Count	2025 Pop	Rate per 1,000 residents
STATEWIDE	**8,609,446**	**5,830,405**	**1,476.6**
WILKIN	11,489	6,288	1,827.1
WINONA	61,403	50,523	1,215.3
WRIGHT	216,408	157,559	1,373.5
YELLOW MEDICINE	15,147	9,477	1,598.3

Table 3 presents annual prescription count by Minnesota drug schedule, while Table 4 presents the corresponding number of prescriptions dispensed per capita.

Table 3. Prescription Counts by Minnesota Schedule

MN Schedule	% Change 2024-2025	2025	2024	2023	2022	2021
II	6.4%	4,196,065	3,942,107	3,709,174	3,454,435	3,480,758
III	11.7%	785,358	703,046	625,522	466,127	440,857
IV	-0.5%	2,223,112	2,233,299	2,213,757	2,149,552	2,303,869
V	6.4%	476,921	448,362	347,804	377,891	380,751
Drugs of Concern	0.6%	1,418,095	1,408,941	1,380,129	1,304,531	1,312,153
Total	**4.2%**	**9,099,551**	**8,735,755**	**8,276,386**	**7,752,536**	**7,918,388**

Table 4. Prescriptions per Capita by Minnesota Schedule

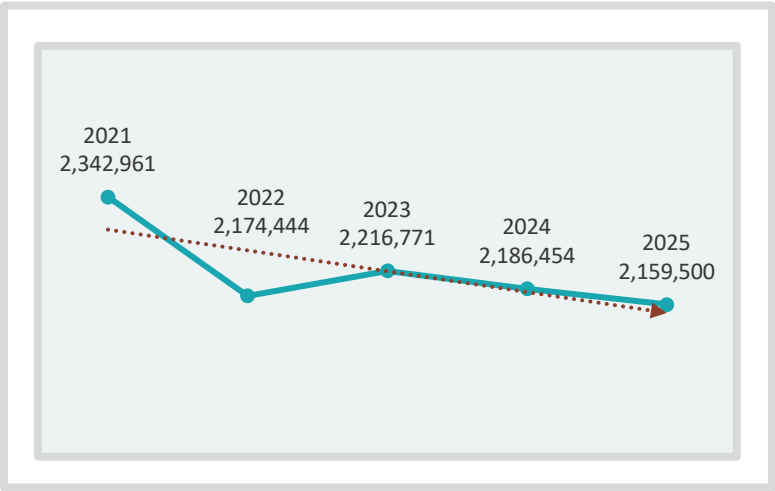
MN Schedule	% Change 2024-2025	2025	2024	2023	2022	2021
II	10.4%	0.72	0.68	0.64	0.59	0.60
III	33.6%	0.13	0.12	0.11	0.08	0.08
IV	0.2%	0.38	0.38	0.38	0.37	0.40
V	-1.6%	0.08	0.08	0.06	0.06	0.07
Drugs of Concern	4.7%	0.24	0.24	0.24	0.22	0.23
Total	**7.6%**	**1.56**	**1.50**	**1.42**	**1.33**	**1.36**

Dispensations by Class

Opioids

In 2025, the number of opioid prescriptions dispensed decreased by 1.2% compared to 2024. Over the five-year period from 2021 through 2025, opioid prescription volume declined by 7.8%. Figure 3 shows the total number of opioid prescriptions reported over the previous five years. In 2025, Oxycodone HCl remained the most frequently dispensed opioid. Table 5 presents the 20 opioids with the highest prescription counts in 2025, along with corresponding data from the preceding four years.

Figure 3. Opioid Prescription Counts



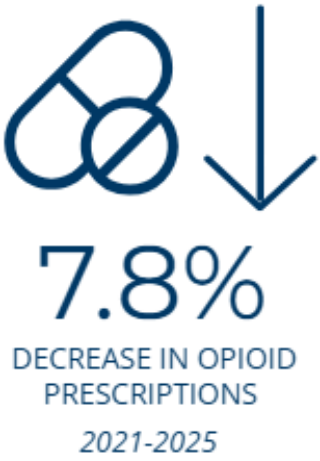


Table 5. Top 20 Opioids by Prescription Count

Generic Drug Name	% Change 2024-2025	2025	2024	2023	2022	2021
OXYCODONE HCL	5.9%	803,482	758,736	709,523	642,201	642,706
HYDROCODONE BITARTRATE/ACETAMINOPHEN	-6.4%	449,657	480,269	511,755	526,669	591,438
TRAMADOL HCL	-3.8%	337,133	350,348	367,201	371,089	413,884
OXYCODONE HCL/ACETAMINOPHEN	-6.2%	176,111	187,703	207,344	215,461	250,939
MORPHINE SULFATE	-3.6%	114,761	119,062	117,454	117,440	129,693
HYDROMORPHONE HCL	6.0%	112,427	106,042	108,523	94,925	95,985
CODEINE PHOSPHATE WITH ACETAMINOPHEN	-9.3%	52,356	57,732	64,548	70,232	81,718
CODEINE PHOSPHATE/GUAIFENESIN	-14.7%	46,854	54,906	55,226	58,216	44,512
FENTANYL	-2.1%	27,030	27,621	27,089	27,498	31,812
METHADONE HCL	-10.9%	24,788	27,819	30,027	29,814	35,797
OXYCODONE MYRISTATE	-20.2%	3,038	3,808	4,466	4,841	4,981
CODEINE PHOSPHATE/BUTALBITAL/ ACETAMINOPHEN/CAFFEINE	3.2%	2,148	2,081	2,089	2,188	2,389
TRAMADOL HCL/ACETAMINOPHEN	6.0%	1,792	1,691	1,648	1,723	2,304
CODEINE	15.8%	1,736	1,499	1,511	1,413	1,663
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE	-8.2%	1,523	1,659	1,834	1,862	2,048
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	-24.7%	1,409	1,872	2,051	2,210	2,638

Generic Drug Name	% Change 2024-2025	2025	2024	2023	2022	2021
TAPENTADOL HCL	-6.9%	965	1,036	1,115	1,233	1,432
CODEINE/PROMETHAZINE HCL	-16.9%	700	842	1,139	2,075	3,031
HYDROCODONE BITARTRATE	-29.5%	450	638	705	655	815
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	-4.2%	344	359	502	647	662
top 20 2021, 2022						
HYDROCODONE/IBUPROFEN	0.0%	285	285	474	1,040	1,338

Figure 4 and Figure 5 show opioid medications reported as dispensed in 2025, summarized by month and opioid ingredient.

Figure 4. Monthly Prescription Counts by Opioid Ingredient

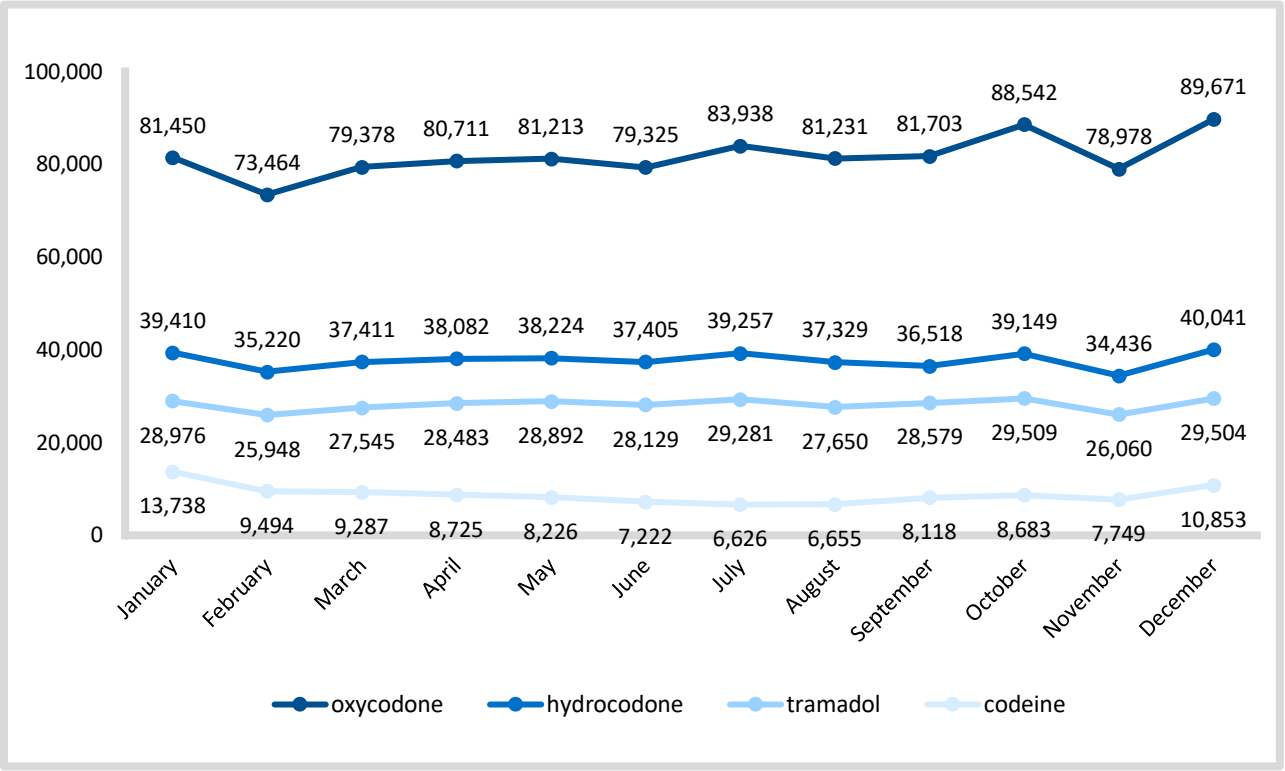


Figure 5. Monthly Prescription Counts for Additional Opioid Ingredients [1]

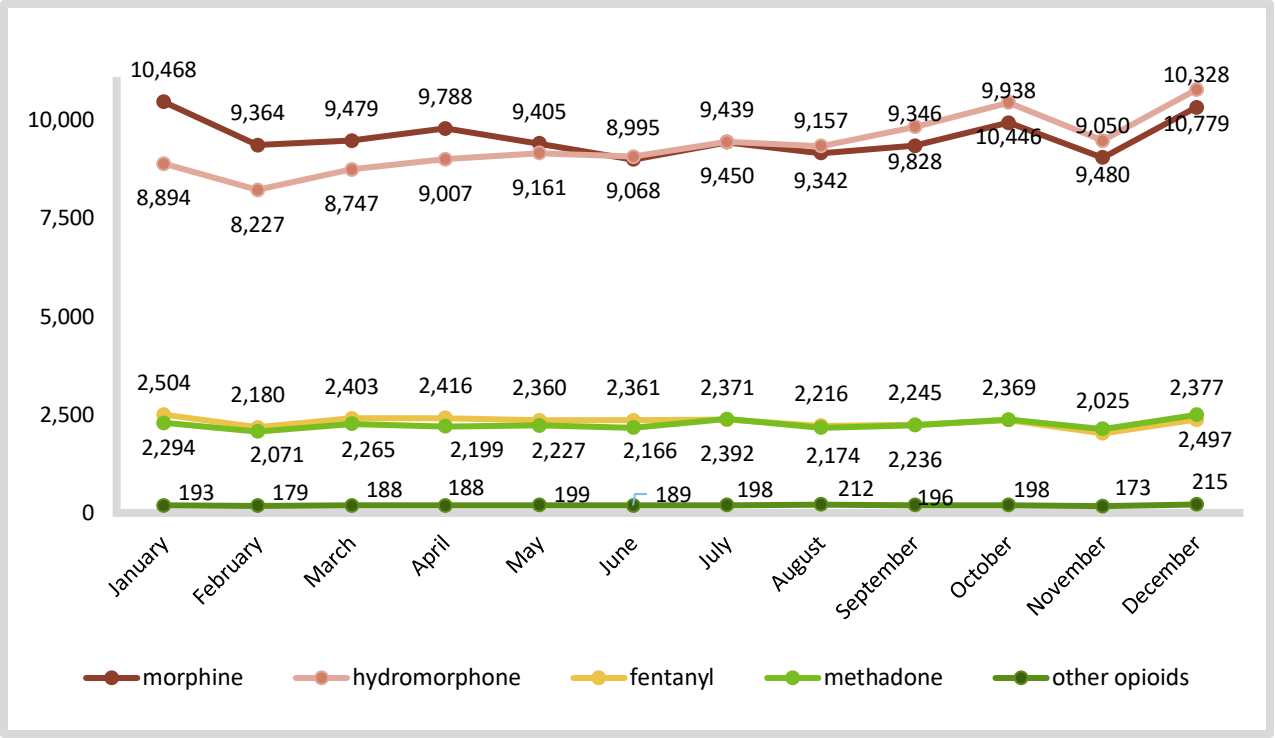


Table 6 shows the crude rate of opioid prescriptions, by drug, per 1,000 population. The crude rate is based on prescriptions reported per recipient residence county and the county's population, per U.S. Census Bureau 2025 population estimates.

Table 6. Crude Opioid Prescription Rate per 1,000 Residents, by Recipient County[2]

Recipient County	All Opioid Prescriptions	OXYCODONE	HYDRO-CODONE	TRAMADOL	MOPHINE	HYDRO-MORPHONE	CODEINE	METHADONE	FENTANYL
STATEWIDE	**354.9**	**160.0**	**74.8**	**17.5**	**55.6**	**19.0**	**18.5**	**4.5**	**4.5**
AITKIN	551.4	239.8	131.2	17.4	77.1	47.7	16.7	3.9	17.5
ANOKA	346.4	173.1	71.8	15.2	44.5	16.4	16.8	4.6	3.9
BECKER	377.4	139.1	116.1	18.8	67.0	15.5	12.9	5.6	2.4
BELTRAMI	455.0	126.7	127.2	21.8	138.3	21.2	11.5	3.1	5.1
BENTON	406.7	188.8	69.7	14.0	82.1	28.6	12.9	5.6	4.8
BIG STONE	532.6	130.0	144.0	51.6	143.6	39.2	7.3	2.0	14.8
BLUE EARTH	331.7	141.5	60.5	12.2	70.9	24.6	14.8	2.6	4.6
BROWN	401.6	164.2	87.4	18.2	78.4	25.2	16.0	4.2	8.0
CARLTON	489.5	167.2	151.8	20.9	80.7	23.3	30.8	9.1	5.6
CARVER	288.1	127.5	71.2	17.3	38.0	11.7	16.1	3.1	2.9
CASS	560.1	213.0	151.8	34.1	106.2	30.2	14.6	4.5	5.4
CHIPPEWA	348.6	125.4	86.8	14.0	77.9	22.6	9.5	1.5	11.0
CHISAGO	470.6	243.3	83.5	19.8	52.0	28.8	29.3	3.8	9.8

[1] Other Opioids consist of tapentadol HCl, opium tincture, opium/ belladonna alkaloids, levorphanol tartrate, and meperidine HCl

[2] Prescriptions dispensed in Minnesota to recipients with addresses outside Minnesota are excluded from these rates.

Recipient County	All Opioid Prescriptions	OXYCODONE	HYDRO-CODONE	TRAMADOL	MOPHINE	HYDRO-MORPHONE	CODEINE	METHADONE	FENTANYL
CLAY	291.1	100.9	93.1	13.8	52.5	14.5	11.4	2.3	2.1
CLEARWATER	625.5	159.5	196.5	45.0	177.4	22.0	9.6	2.3	11.9
COOK	357.5	130.2	104.5	21.7	66.5	15.8	7.2	2.4	9.2
COTTONWOOD	430.8	133.4	104.3	17.5	143.4	15.0	4.5	1.8	9.8
CROW WING	448.5	199.3	102.3	26.8	68.0	29.6	11.7	2.8	7.2
DAKOTA	330.2	160.1	65.3	17.5	41.7	16.9	19.9	4.9	3.7
DODGE	237.6	121.9	30.4	8.0	47.2	7.7	18.3	2.3	1.3
DOUGLAS	413.3	160.9	99.6	18.8	88.4	30.6	6.2	1.7	7.1
FARIBAULT	501.7	170.1	126.9	18.1	135.1	28.9	11.0	1.9	9.4
FILLMORE	329.2	120.1	53.2	16.8	85.6	23.6	19.7	5.1	4.3
FREEBORN	334.3	134.5	57.3	11.5	80.3	24.9	14.0	6.5	4.5
GOODHUE	412.5	196.6	61.0	17.8	70.2	32.0	22.9	6.6	4.2
GRANT	493.0	206.4	128.5	25.8	88.9	27.9	12.5	0.0	3.0
HENNEPIN	305.3	154.7	55.6	16.5	35.7	14.9	20.8	4.4	2.4
HOUSTON	252.6	65.9	65.6	6.5	70.9	29.3	5.1	3.9	5.3
HUBBARD	446.2	155.4	124.6	22.7	96.7	26.3	11.8	1.3	7.3
ISANTI	453.0	234.0	89.4	22.1	49.9	24.1	19.3	8.2	5.5
ITASCA	610.2	244.4	151.0	27.2	106.3	24.9	42.2	7.4	6.4
JACKSON	377.6	97.0	119.0	21.4	114.5	8.3	4.1	1.4	11.9
KANABEC	676.0	345.7	138.5	27.1	64.6	49.3	26.8	8.9	14.1
KANDIYOHI	324.9	125.3	61.3	16.4	82.0	23.0	8.5	3.2	5.2
KITTSON	561.4	147.6	115.1	50.9	187.8	19.4	11.2	0.7	28.8
KOOCHICHING	649.8	206.7	193.9	44.9	144.4	25.2	19.8	4.7	9.7
LAC QUI PARLE	519.1	137.7	140.1	24.8	144.2	28.6	7.9	11.2	24.6
LAKE	511.5	201.0	137.5	23.5	71.7	27.3	32.5	10.6	7.4
LAKE OF THE WOODS	706.9	175.1	243.5	59.4	165.8	26.8	11.9	6.4	18.0
LE SUEUR	363.9	161.7	72.9	19.0	68.8	19.3	14.1	3.4	4.2
LINCOLN	373.6	78.5	84.2	16.3	130.0	31.3	13.3	0.5	16.5
LYON	317.4	82.6	96.4	11.8	99.2	14.4	3.0	1.2	8.6
MAHNOMEN	391.4	135.3	137.6	26.0	57.2	12.4	10.1	4.3	8.5
MARSHALL	437.3	121.7	116.6	24.9	126.6	18.2	6.0	2.6	19.3
MARTIN	478.9	159.5	124.2	24.9	120.6	27.6	11.5	1.9	8.7
MCLEOD	421.1	184.4	96.7	20.9	58.9	24.3	26.5	4.7	4.4
MEEKER	439.6	205.7	77.2	15.6	83.5	32.0	15.3	5.2	5.1
MILLE LACS	584.2	301.9	120.5	17.4	75.1	36.1	19.3	5.8	8.0
MORRISON	477.5	174.5	131.1	18.0	106.1	31.7	6.6	2.7	6.8
MOWER	248.2	109.3	42.3	8.4	51.3	15.9	14.8	3.7	2.5
MURRAY	372.3	98.6	87.1	14.2	127.7	27.4	3.8	7.1	6.4
NICOLLET	294.6	115.5	60.2	14.2	72.3	13.6	12.1	1.9	4.5
NOBLES	286.2	62.4	79.9	22.7	94.8	15.0	5.0	1.9	3.7
NORMAN	444.6	132.3	138.1	29.4	96.1	29.5	11.4	2.5	5.1
OLMSTED	265.4	124.8	30.0	13.3	53.3	13.4	24.0	2.9	3.2

Recipient County	All Opioid Prescriptions	OXYCODONE	HYDRO-CODONE	TRAMADOL	MOPHINE	HYDRO-MORPHONE	CODEINE	METHADONE	FENTANYL
OTTER TAIL	436.0	152.5	120.5	23.7	91.2	29.1	11.4	2.5	4.8
PENNINGTON	504.5	164.6	143.6	35.0	115.1	22.8	8.3	2.8	11.5
PINE	603.7	276.9	134.7	24.9	85.8	35.9	25.1	8.8	11.0
PIPESTONE	332.4	94.3	78.4	10.6	94.4	27.0	8.0	1.7	17.6
POLK	496.8	161.3	147.4	35.6	104.4	19.5	11.4	2.4	14.2
POPE	477.0	163.7	118.0	22.7	109.5	22.8	10.9	5.2	23.1
RAMSEY	323.7	167.1	51.8	17.1	37.0	17.5	23.1	6.0	3.5
RED LAKE	448.7	118.3	162.4	27.4	112.2	14.0	4.6	3.3	6.6
REDWOOD	442.6	169.7	119.0	16.2	88.2	16.6	10.3	9.8	12.6
RENVILLE	472.5	189.1	120.6	21.2	98.0	18.9	15.1	2.0	6.5
RICE	366.4	166.6	76.6	14.7	60.9	24.3	17.1	2.2	3.7
ROCK	579.6	133.1	177.8	30.4	178.7	27.6	5.0	3.9	23.0
ROSEAU	460.6	149.4	134.3	35.5	98.2	16.2	9.7	2.5	14.8
SAINT LOUIS	462.4	177.6	126.6	17.7	76.0	18.3	31.0	8.6	6.3
SCOTT	309.5	146.9	68.0	18.6	38.8	13.9	16.4	3.5	3.1
SHERBURNE	394.1	183.1	92.4	13.8	52.4	24.6	17.2	3.6	6.6
SIBLEY	387.1	167.4	97.6	24.0	55.5	18.0	18.5	2.9	3.1
STEARNS	311.8	130.8	62.3	13.7	66.1	23.1	7.1	4.0	4.1
STEELE	318.3	136.4	66.6	13.3	56.5	22.6	16.5	2.6	3.3
STEVENS	338.6	113.7	109.8	20.8	70.4	14.1	2.2	0.2	7.5
SWIFT	440.8	124.4	120.7	30.6	110.9	31.8	11.0	3.3	8.0
TODD	422.1	141.7	127.3	16.3	88.4	29.5	6.2	3.8	7.4
TRAVERSE	680.2	123.6	238.3	42.8	193.0	37.7	17.6	1.3	25.9
WABASHA	364.2	162.5	56.4	11.8	88.7	16.5	22.3	2.0	3.9
WADENA	588.6	219.5	162.2	25.2	104.2	45.2	12.1	3.1	16.8
WASECA	361.4	162.5	67.4	14.9	71.1	23.8	15.5	2.9	3.4
WASHINGTON	336.0	163.8	60.0	18.9	42.6	17.5	21.9	6.3	4.5
WATONWAN	320.2	133.0	65.0	17.1	78.5	16.1	6.6	0.3	3.6
WILKIN	371.0	127.9	106.9	21.9	85.2	15.4	11.9	1.0	0.8
WINONA	336.5	120.6	78.1	18.2	83.3	16.1	8.9	3.9	7.3
WRIGHT	345.8	166.7	79.9	14.1	44.6	19.8	13.4	3.5	3.4
YELLOW MEDICINE	547.0	134.6	152.4	24.0	161.3	38.2	11.7	5.9	18.0

Table 7 presents the total number of opioid prescriptions reported as dispensed to Minnesota residents by county of residence for 2021 through 2025.

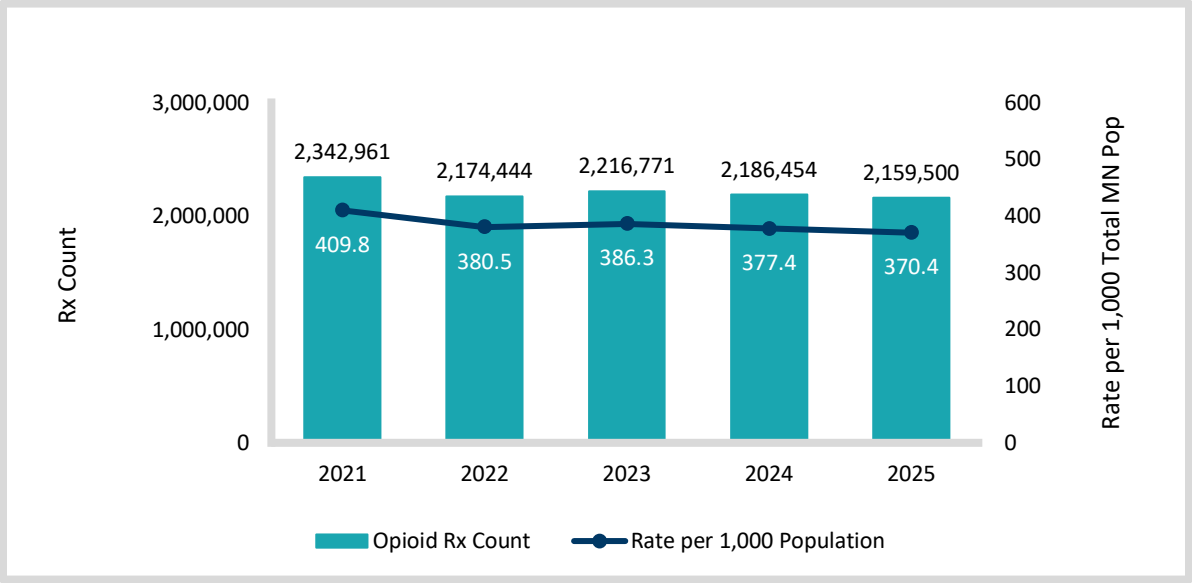
Table 7. Opioid Prescription Counts by Recipient County

Recipient County	% change 2024 - 2025	2025	2024	2023	2022	2021
AITKIN	-14.7%	8,961	10,509	10,823	10,720	11,182
ANOKA	5.5%	132,136	125,254	126,276	130,485	138,930
BECKER	8.0%	13,393	12,399	12,046	12,723	13,246
BELTRAMI	-3.5%	21,408	22,181	21,387	20,809	21,010
BENTON	32.4%	16,978	12,820	12,891	13,157	13,772
BIG STONE	-10.7%	2,692	3,013	2,842	3,011	3,047
BLUE EARTH	-1.3%	23,429	23,746	23,831	23,802	24,988
BROWN	-4.2%	10,247	10,697	10,579	10,990	10,719
CARLTON	-7.9%	17,970	19,507	19,508	19,832	21,127
CARVER	-0.3%	32,922	33,009	31,351	31,651	33,025
CASS	9.4%	17,601	16,096	16,052	16,295	16,283
CHIPPEWA	-0.3%	4,327	4,339	4,362	4,432	4,562
CHISAGO	-11.2%	27,831	31,344	29,884	29,957	31,518
CLAY	-3.5%	19,709	20,431	20,225	20,049	20,010
CLEARWATER	-7.3%	5,409	5,835	5,661	5,883	5,978
COOK	0.5%	1,974	1,964	1,995	1,792	1,916
COTTONWOOD	-0.3%	4,913	4,926	5,072	5,031	5,247
CROW WING	-3.9%	31,001	32,272	31,504	31,694	31,941
DAKOTA	-2.2%	151,100	154,500	154,531	153,740	160,792
DODGE	2.9%	5,068	4,925	5,075	4,977	5,147
DOUGLAS	-4.2%	16,579	17,308	17,500	17,610	17,144
FARIBAULT	-9.7%	6,968	7,718	7,848	7,943	8,202
FILLMORE	-5.7%	7,073	7,503	7,590	7,568	7,857
FREEBORN	5.0%	10,176	9,689	10,044	10,584	10,591
GOODHUE	0.3%	19,883	19,822	20,226	20,757	22,088
GRANT	5.4%	3,000	2,847	3,063	3,145	3,249
HENNEPIN	0.0%	391,978	392,171	389,368	407,197	420,717
HOUSTON	1.6%	4,647	4,574	4,541	4,490	4,542
HUBBARD	9.1%	9,980	9,147	8,877	8,556	9,065
ISANTI	5.9%	20,103	18,977	19,608	20,159	22,331
ITASCA	5.9%	27,686	26,132	26,106	26,881	28,801
JACKSON	2.1%	3,722	3,646	3,477	3,569	3,533
KANABEC	8.5%	11,223	10,342	9,887	10,114	10,627
KANDIYOHI	-0.7%	14,530	14,637	14,284	14,181	14,598
KITTSON	-1.6%	2,263	2,300	2,117	2,230	2,185
KOOCHICHING	4.5%	7,527	7,203	7,211	7,356	7,440
LAC QUI PARLE	1.6%	3,480	3,425	3,241	3,527	3,613
LAKE	-2.9%	5,497	5,664	5,551	5,639	5,773
LAKE OF THE WOODS	-4.6%	2,665	2,794	2,776	2,652	2,616
LE SUEUR	5.7%	10,719	10,145	10,153	10,517	10,329

Recipient County	% change 2024 - 2025	2025	2024	2023	2022	2021
LINCOLN	-2.6%	2,086	2,141	2,085	2,103	2,299
LYON	-8.8%	8,151	8,933	9,052	8,505	9,121
MAHNOMEN	-25.4%	2,017	2,705	2,598	2,590	2,686
MARSHALL	4.8%	3,847	3,670	3,545	3,066	3,780
MARTIN	-1.8%	9,309	9,476	9,574	9,893	10,095
MCLEOD	-6.6%	15,421	16,503	16,213	16,531	17,193
MEEKER	10.0%	10,377	9,436	9,673	9,796	10,042
MILLE LACS	-20.0%	16,205	20,262	20,937	21,380	22,331
MORRISON	0.0%	16,531	16,537	16,013	15,698	16,943
MOWER	-5.1%	10,170	10,717	10,940	10,932	11,280
MURRAY	3.7%	2,957	2,852	2,981	2,948	3,383
NICOLLET	-4.8%	10,096	10,602	10,987	11,132	11,582
NOBLES	-5.2%	6,394	6,744	6,623	6,732	6,565
NORMAN	5.0%	2,817	2,684	2,426	2,397	2,330
OLMSTED	-1.0%	44,196	44,623	43,671	43,935	46,440
OTTER TAIL	-1.2%	26,598	26,926	25,994	26,026	26,772
PENNINGTON	5.8%	6,904	6,526	6,545	6,394	7,015
PINE	-4.3%	18,395	19,226	17,984	17,635	18,548
PIPESTONE	-13.0%	3,078	3,537	3,482	3,749	4,197
POLK	0.3%	15,177	15,137	14,324	14,861	16,010
POPE	-1.2%	5,448	5,514	5,553	5,923	5,855
RAMSEY	-0.5%	175,216	176,043	176,435	181,348	193,858
RED LAKE	-5.7%	1,768	1,874	1,880	1,874	2,044
REDWOOD	-1.9%	6,754	6,884	7,008	6,416	6,518
RENVILLE	5.3%	6,783	6,442	6,386	6,781	7,180
RICE	-3.7%	25,627	26,604	26,420	26,379	27,772
ROCK	-2.2%	5,520	5,647	5,572	5,227	5,472
ROSEAU	-6.5%	7,023	7,513	7,500	7,461	7,803
SAINT LOUIS	-2.1%	92,693	94,653	93,966	94,668	100,490
SCOTT	-2.1%	49,183	50,252	49,136	49,536	52,106
SHERBURNE	-11.1%	41,060	46,186	45,789	46,588	48,463
SIBLEY	5.6%	5,943	5,628	5,804	5,538	6,176
STEARNS	-6.2%	51,153	54,546	55,095	56,777	58,921
STEELE	1.6%	11,924	11,731	12,011	12,441	13,495
STEVENS	-5.7%	3,300	3,501	3,426	3,567	3,308
SWIFT	-1.1%	4,305	4,353	4,282	4,433	4,338
TODD	3.6%	10,982	10,599	10,719	11,097	10,866
TRAVERSE	-5.7%	2,129	2,258	1,801	1,876	1,979
WABASHA	-15.8%	7,842	9,318	9,223	9,590	9,849
WADENA	2.7%	8,460	8,238	8,356	8,172	8,549
WASECA	4.7%	6,752	6,448	6,942	6,535	7,076
WASHINGTON	-4.9%	96,364	101,316	99,290	101,178	105,925

Recipient County	% change 2024 - 2025	2025	2024	2023	2022	2021
WATONWAN	-14.9%	3,669	4,311	4,582	4,608	4,942
WILKIN	-2.1%	2,332	2,383	2,320	2,133	2,466
WINONA	0.3%	17,001	16,949	15,767	16,193	16,798
WRIGHT	4.8%	54,479	51,967	52,741	52,232	52,307
YELLOW MEDICINE	-7.2%	5,177	5,581	5,324	5,330	5,552

Figure 6. Statewide Opioid Prescription Trends



Opioids by Morphine Milligram Equivalents (MMEs)

Morphine Milligram Equivalents (MMEs) provide a standardized measure of opioid potency relative to morphine, allowing doses of different opioid medications to be compared on a common scale.

Figure 7 presents opioid prescription volume by average daily MME (MME/day). Prescriptions are grouped into four dosage ranges: 0-49, 50-89, 90-119, and 120 or greater MME/day. Average daily MME is calculated by dividing the total MME associated with a dispensed prescription by the prescription's days' supply. Across the five-year period shown, most opioid prescriptions were dispensed at an average daily dosage of 0-49 MME. Figure 8 provides additional information on the total MME per prescription by recipient county.

Figure 7. Opioid Prescriptions by Average Daily MME Band[3]

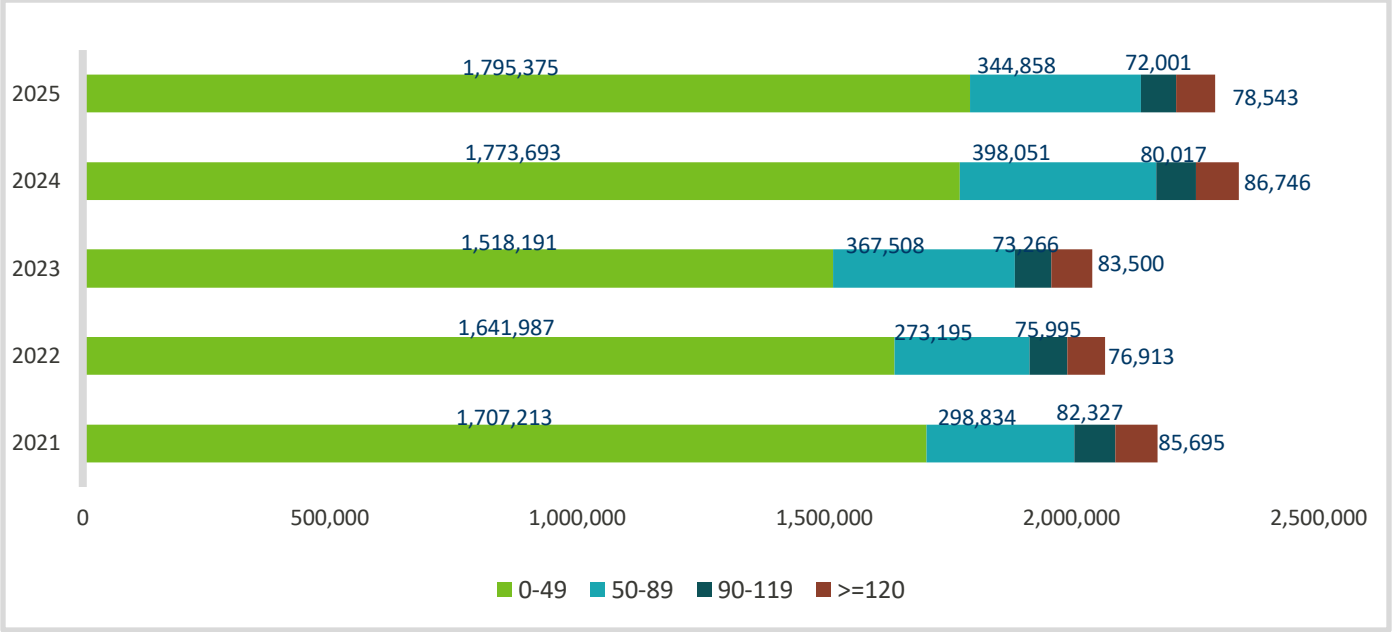
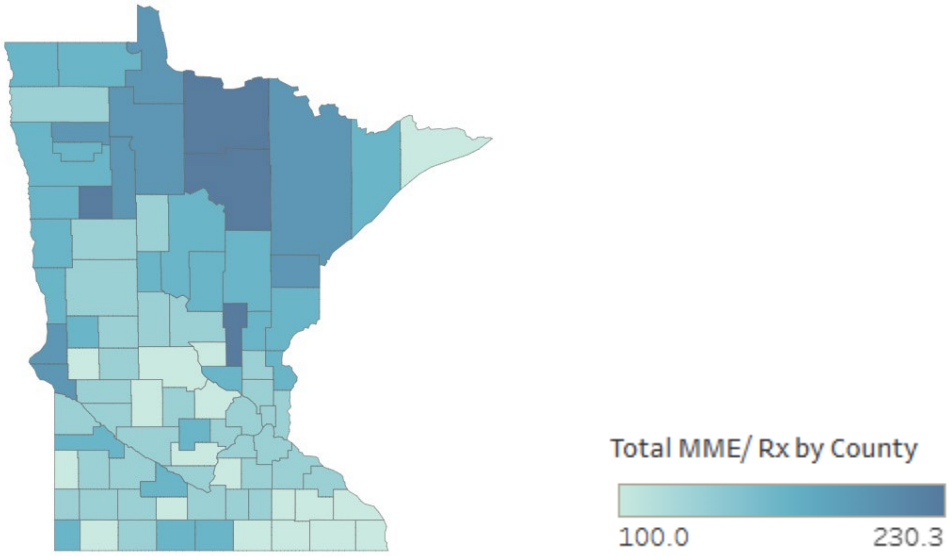


Figure 8. Average Total MME per Prescription by Recipient County[4]

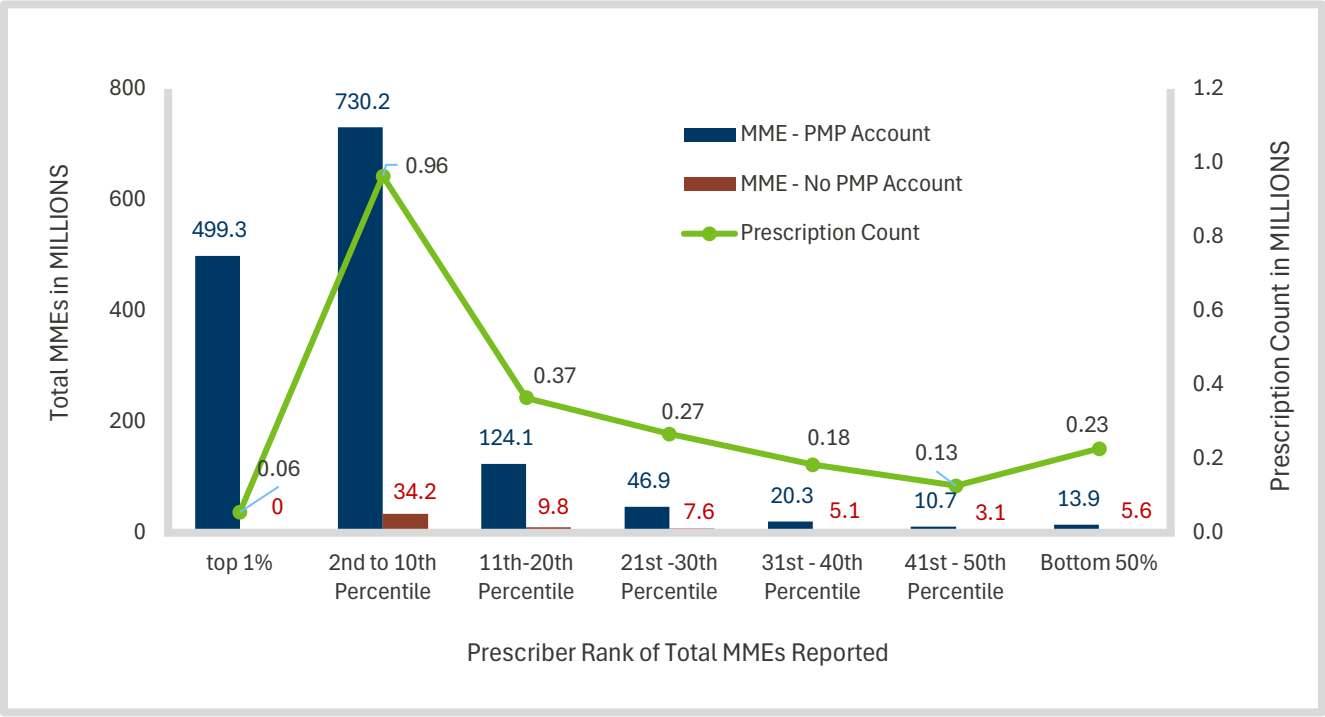


[3] For the purposes of this analysis, opioid powder prescriptions, that are commonly used in compounding, have been excluded.

[4] Total MME reported by patient county divided by Individual Prescription Count.

Figure 9 examines opioid prescribing volume by prescriber percentile based on total MMEs reported in 2025. Prescribers are grouped according to their share of total MME, with the highest-volume prescribers shown separately from lower-volume percentile groups. The figure also distinguishes total MME associated with prescribers for whom a Minnesota PMP account was identified from those for whom no PMP account was identified and shows the corresponding prescription count for each group.[5]

Figure 9. Opioid Prescribing Volume by Prescriber MME Percentile and PMP Account Status



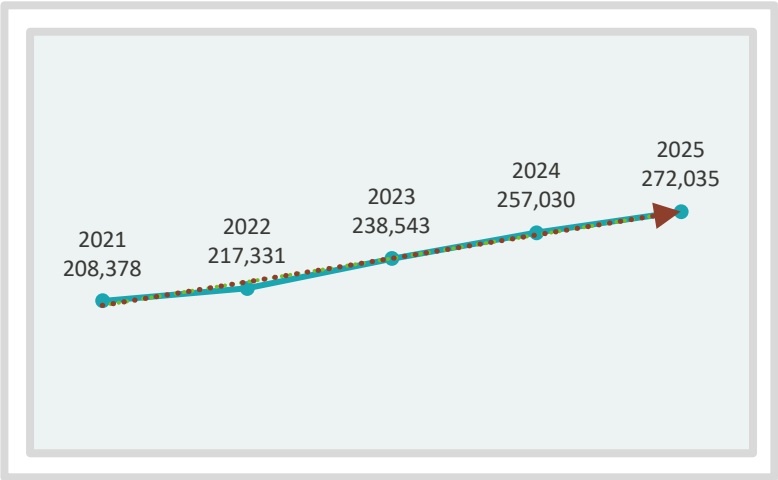
[5] For the 2025 analysis, the prescriber's National Provider Identifier (NPI) is used as the primary identifier, with the DEA registration number used as a secondary identifier to distinguish unique prescribers when necessary. When an NPI is not reported, the DEA registration number is used as the primary identifier. A manual search by name is performed on any remaining unidentified prescriber data reported. If no match is located, they are counted as "No PMP Account."

Partial Opioid Agonists

Total Prescriptions Reported

Certain partial opioid agonists, particularly buprenorphine-containing products, are used in the treatment of pain, as well as opioid use disorder (OUD). Buprenorphine/naloxone combination products remained the most frequently reported partial opioid agonist in 2025. Figure 10 shows the total number of partial opioid agonist prescriptions reported as dispensed from 2021 through 2025. Over this five-year period, prescription volume increased by 30.5%. Table 8 provides total annual prescription counts for each partial opioid agonist reported as dispensed, from 2021 to 2025.

Figure 10. Partial Opioid Agonist Prescription Counts



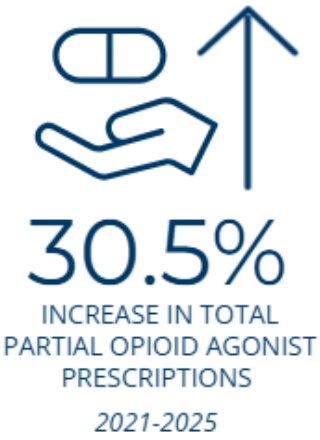


Table 8. Total Partial Opioid Agonist Prescription Counts

Generic Drug Name	% Change from 2024 - 2025	2025	2024	2023	2022	2021
BUPRENORPHINE HCL/NALOXONE HCL	-0.1%	182,645	182,744	179,166	169,442	163,075
BUPRENORPHINE HCL	13.6%	55,830	49,158	43,566	34,892	33,520
BUPRENORPHINE	35.1%	32,325	23,935	14,631	11,642	10,233
BUTORPHANOL TARTRATE	3.5%	1,162	1,123	1,095	1,277	1,443
PENTAZOCINE HCL/NALOXONE HCL	4.3%	73	70	85	78	107

Medication for Opioid Use Disorder (MOUD)

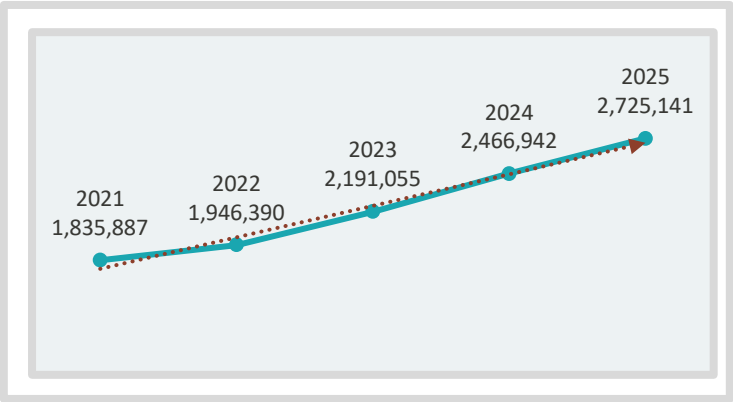
Drug manufacturers produce specific formulations of certain partial opioid agonists that are approved by the U.S. Food and Drug Administration (FDA) for the treatment of OUD. The PMP's contracted vendor, Bamboo Health, uses First Data Bank's Clinical Formulation ID to identify products with an FDA-approved indication for OUD treatment.

The Minnesota PMP publishes a dashboard focused on prescriptions for these products that were dispensed and reported to the PMP from 2023-2025. Over this three-year period, prescription volume increased by 9.9%.

Stimulants

The stimulants reported in this section include anorexigenic agents, central nervous system stimulants, and wakefulness-promoting agents. Prescription volume for these medications has continued to increase, with the largest annual increases occurring during the past three years. Figure 11 shows total stimulant prescription volume increased by 48.4% from 2021 to 2025. Table 9 presents the 10 stimulant medications with the highest prescription counts in 2025, along with corresponding data from the preceding four years.

Figure 11 Stimulant Prescription Counts



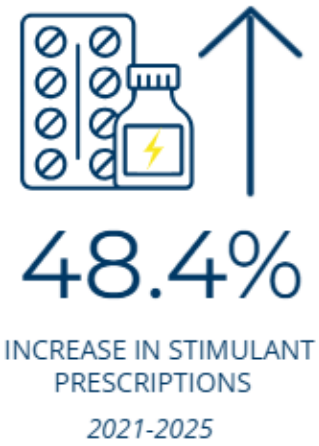


Table 9. Top 10 Stimulants by Prescription Count

Generic Drug Name	% Change from 2024 - 2025	2025	2024	2023	2022	2021
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	10.1%	1,391,137	1,263,447	1,124,447	1,049,695	992,828
METHYLPHENIDATE HCL	5.7%	553,026	522,099	481,699	435,771	420,447
LISDEXAMFETAMINE DIMESYLATE	25.0%	416,574	333,353	283,394	221,924	199,688
PHENTERMINE HCL	1.6%	186,396	183,428	147,772	108,808	95,592
DEXMETHYLPHENIDATE HCL	15.0%	78,397	68,166	64,747	50,452	44,603
MODAFINIL	3.8%	40,123	38,637	37,354	34,218	34,412
DEXTROAMPHETAMINE SULFATE	5.5%	32,223	30,554	29,364	25,943	26,074
ARMODAFINIL	0.8%	13,365	13,260	13,329	13,038	12,832
PHENTERMINE HCL/TOPIRAMATE	-10.8%	8,318	9,327	6,894	4,854	3,880
SOLRIAMFETOL HCL	17.6%	2,835	2,411	2,055	1,687	1,368
SERDEXMETHYLPHENIDATE CHLORIDE/DEXMETHYLPHENIDATE HCL	17.6%	2,747	2,260	<10	<10	<10

Non-Benzodiazepine Sedatives

The non-benzodiazepine sedative category used in this report includes anxiolytic, hypnotic, anticonvulsant, and sedative medications that are not classified as benzodiazepines. In 2025, gabapentin had the highest prescription volume within this category, while zolpidem tartrate remained the most frequently dispensed federally controlled substance in the category.

Figure 12 presents total non-benzodiazepine sedative prescription counts from 2021 through 2025. Over this five-year period, prescription volume increased by 11.4%. Table 10 presents prescription counts for medications included in this category, ranked by 2025 prescription volume, along with corresponding data from the preceding four years.

Figure 12. Non-Benzodiazepine Sedative Prescription Counts

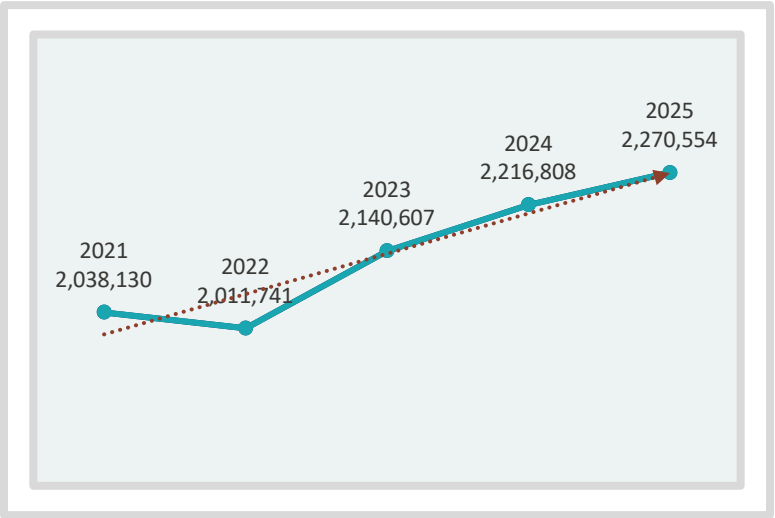




Table 10. Top 20 Non-Benzodiazepine Sedatives by Prescription Count

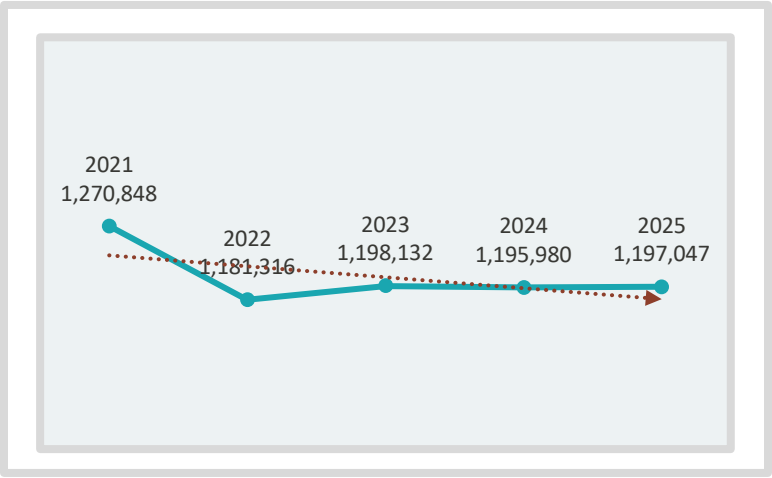
Generic Drug Name	% Change from 2024 - 2025	2025	2024	2023	2022	2021
GABAPENTIN	1.0%	1,378,770	1,365,690	1,336,087	1,261,917	1,271,324
PREGABALIN	10.2%	313,556	284,574	251,883	216,337	200,498
ZOLPIDEM TARTRATE	-3.5%	287,652	297,947	307,244	310,589	340,239
ESZOPICLONE	7.2%	66,355	61,874	58,861	54,641	54,872
LACOSAMIDE	14.0%	51,144	44,846	37,997	31,765	31,178
PHENOBARBITAL	4.7%	37,063	35,394	34,062	30,648	32,543
GABAPENTIN ENACARBIL	-10.3%	20,006	22,311	22,354	21,653	17,860
ZALEPLON	4.3%	18,587	17,824	16,869	15,737	17,440
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	-7.9%	18,309	19,874	20,625	19,853	21,878
KETAMINE HCL	7.3%	13,625	12,699	11,784	11,242	10,951
ESKETAMINE HCL	93.7%	12,629	6,521	5,152	2,558	1,448
SUVOREXANT	14.1%	10,959	9,605	9,297	7,802	7,475
BRIVARACETAM	19.1%	10,808	9,073	7,693	6,379	5,337
CARISOPRODOL	-10.0%	7,876	8,753	9,590	9,781	11,473
CENOBAMATE	41.0%	5,860	4,156	0	0	835

Generic Drug Name	% Change from 2024 - 2025	2025	2024	2023	2022	2021
PERAMPANEL	4.3%	3,184	3,054	2,896	2,799	2,867
LEMBOREXANT	50.3%	2,865	1,906	0	0	751
BUTALBITAL/ASPIRIN/CAFFEINE	-9.5%	2,776	3,069	3,513	3,712	4,400
SODIUM OXYBATE/CALCIUM OXYBATE/MAGNESIUM OXYBATE/POT OXYBATE	18.6%	2,496	2,104	1,953	1,238	467
DARIDOREXANT HCL	24.0%	2,033	1,640	0	0	0
top 20 2024, 2023						
SODIUM OXYBATE	14.0%	1,671	1,690	1,538	1,786	2,240
top 20 2023, 2022						
BUTALBITAL/ACETAMINOPHEN	4.7%	1,010	1,066	1,063	1,108	1,091
top 20 2022						
MEPROBAMATE	-7.9%	45	55	64	110	125
top 20 2023						
CHLORAL HYDRATE	7.3%	23	58	81	81	69

BENZODIAZEPINES

Benzodiazepine medications have anticonvulsant, anxiolytic, hypnotic, muscle relaxant, and sedative properties. Figure 13 presents total benzodiazepine prescription counts from 2021 through 2025. Over this five-year period, benzodiazepine prescription volume decreased by 5.8%. Table 11 presents the 10 benzodiazepine medications with the highest prescription counts in 2025, along with corresponding data from the preceding four years.

Figure 13. Benzodiazepine Prescription Counts



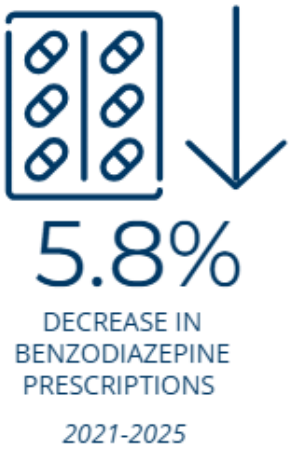


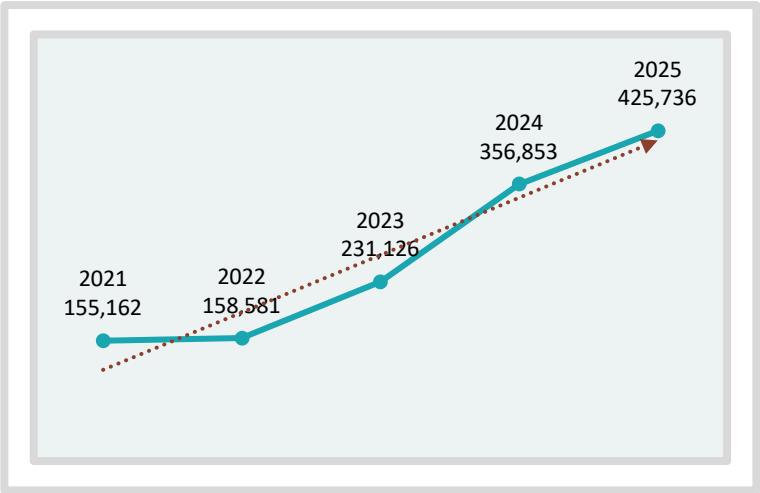
Table 11. Top 10 Benzodiazepines by Prescription Count

Generic Drug Name	% Change from '24 to '25	2025	2024	2023	2022	2021
LORAZEPAM	2.1%	457,083	447,706	441,378	431,557	460,835
CLONAZEPAM	-1.9%	300,803	306,629	311,799	308,310	333,313
ALPRAZOLAM	-1.5%	245,596	249,278	254,650	255,499	276,930
DIAZEPAM	1.1%	132,866	131,461	129,716	125,522	134,026
TEMAZEPAM	-6.0%	30,267	32,190	34,604	36,564	41,528
CLOBAZAM	15.8%	14,638	12,640	11,286	9,622	9,027
TRIAZOLAM	-2.2%	8,075	8,260	7,099	6,964	7,442
MIDAZOLAM	7.3%	3,129	2,916	2,465	1,925	1,399
CLORAZEPATE DIPOTASSIUM	-4.9%	1,816	1,910	1,924	1,964	2,303
CHLORDIAZEPOXIDE HCL	1.1%	1,668	1,650	1,678	1,623	1,849

Hormonal Controlled Substances

Minnesota law classifies certain hormone-related medications as controlled substances that are not federally scheduled in the same manner, including chorionic gonadotropin and human growth hormones. Prescriptions for these substances and their analogs are therefore required to be reported to the Minnesota PMP. Figure 14 presents annual prescription counts for substances included in this category from 2021 through 2025. Over this five-year period, prescription volume increased by 174.4%. Table 12 presents the five substances in this category with the highest prescription counts in 2025, along with corresponding data from the preceding four years.

Figure 14. Hormonal Controlled Substance Prescription Counts



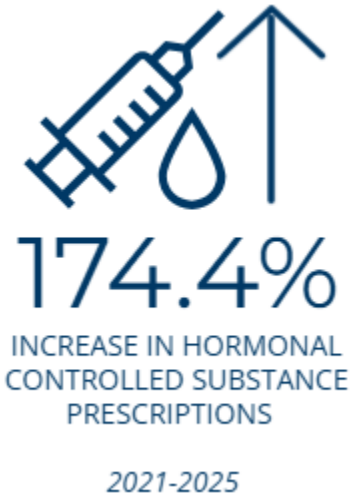


Table 12. Top 5 Hormonal Controlled Substances by Prescription Count

Generic Drug Name	% Change from 2024 - 2025	2025	2024	2023	2022	2021
TESTOSTERONE	20.2%	392,966	326,850	204,312	132,168	130,072
SOMATROPIN	13.3%	20,550	18,136	15,452	15,798	12,622
CHORIOGONADOTROPIN ALFA	-5.6%	5,824	6,168	6,200	5,911	6,733
CHORIONIC GONADOTROPIN, HUMAN	32.2%	5,118	3,872	3,766	3,431	4,187
METHYLTESTOSTERONE/ESTROGENS,ESTERIFIED	-1.8%	772	786	932	964	1,198

Prescription Volume by Class/ Category

Table 13 summarizes prescription volume by medication class or category from 2021 through 2025. Stimulants remained the most frequently reported category in 2025, with prescription volume increasing 10.4% from the previous year. Hormonal controlled substances experienced the largest percentage increase, rising 19.3% from 2024 to 2025. Cannabinoids experienced the largest percentage decrease, declining 32.7% over the same period.

Table 13. Prescription Volume by Class/Category, 2021—2025

Medication Class/ Category	% Change from 2024 - 2025	2025	2024	2023	2022	2021
Stimulants	10.4%	2,729,850	2,472,215	2,195,505	1,950,333	1,835,887
Non-Benzodiazepine Sedatives	2.4%	2,270,554	2,216,808	2,140,607	2,011,741	2,038,130
Opioids	-1.2%	2,159,500	2,186,454	2,216,771	2,174,444	2,342,961
Benzodiazepines	0.1%	1,197,047	1,195,980	1,198,132	1,181,316	1,270,848
Hormonal Controlled Substances	19.3%	425,736	356,853	231,126	158,581	155,162
Partial Opioid Agonists	5.8%	272,035	257,030	238,543	217,331	208,378
Pseudoephedrine	-14.9%	23,536	27,671	30,803	34,449	39,873
Antidiarrheals	-4.4%	20,198	21,119	21,297	20,593	22,788
Cannabinoids	-32.7%	1,094	1,625	3,602	3,748	4,361

KEY FINDINGS – PRESCRIBERS AND RECIPIENTS, 2025

PMP data was analyzed to identify patterns in prescribing volume and PMP account access among Minnesota prescribers. Key findings for 2025 include:

- The **top 500** prescribers by prescription volume accounted for **20.3%** of all reportable substance prescriptions.
- Among the **top 100** prescribers by prescription volume, **98%** had obtained access to the MN PMP.
- Among the **top 500** prescribers by prescription volume, **99%** had obtained access to the MN PMP.
- The top **1% of prescribers** accounted for **13.5%** of all reportable substance prescriptions, while the top 10% collectively accounted for 55.1%.

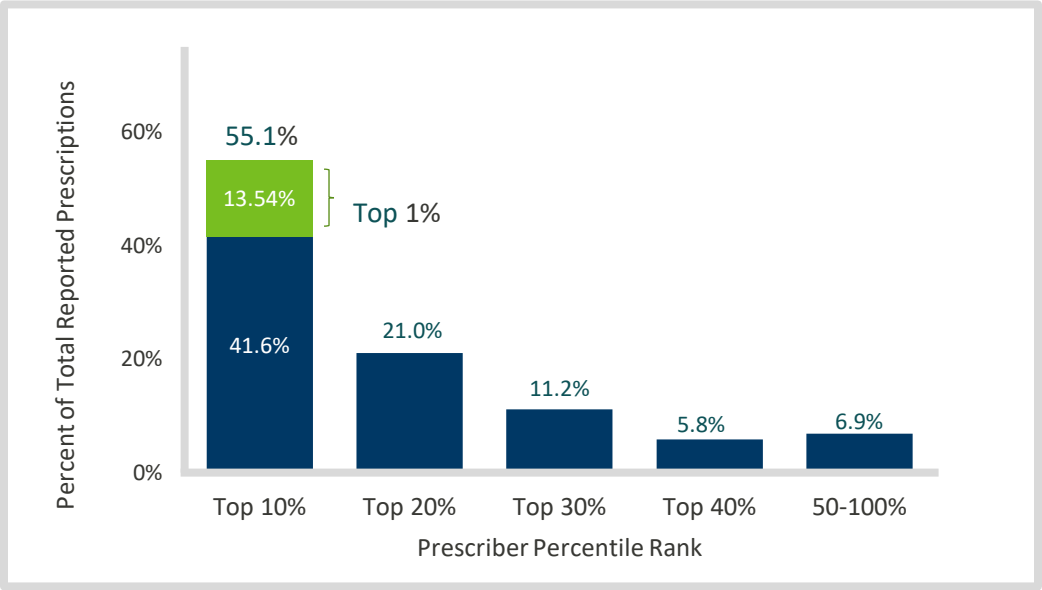
METHODOLOGY NOTE

Previous annual reports primarily used a prescriber's Drug Enforcement Administration (DEA) registration number as the unique identifier when consolidating prescription records by prescriber. Beginning with the 2025 report, the methodology was revised to provide a more complete and consistent analysis of prescriber activity across all substances required to be reported to the MN PMP.

For the 2025 analysis, the prescriber's National Provider Identifier (NPI) is used as the primary identifier, with the DEA registration number used as a secondary identifier to distinguish unique prescribers when necessary. When an NPI is not reported, the DEA registration number is used as the primary identifier.

This methodology was adopted after analysis of prescriber information submitted by dispensers indicated greater consistency in NPI reporting than in DEA registration reporting. It also allows the program to analyze prescribers associated with all reportable prescriptions rather than limiting the analysis primarily to federal scheduled Schedule II-V controlled substances.
Figure 15 shows the percentage of reportable substance prescriptions attributed to prescribers by percentile rank, based on the prescriber identifiers (NPI and DEA) as reported by dispensers.

Figure 15. Percentage of Reportable Substance Prescriptions by Prescriber Percentile Rank, 2025



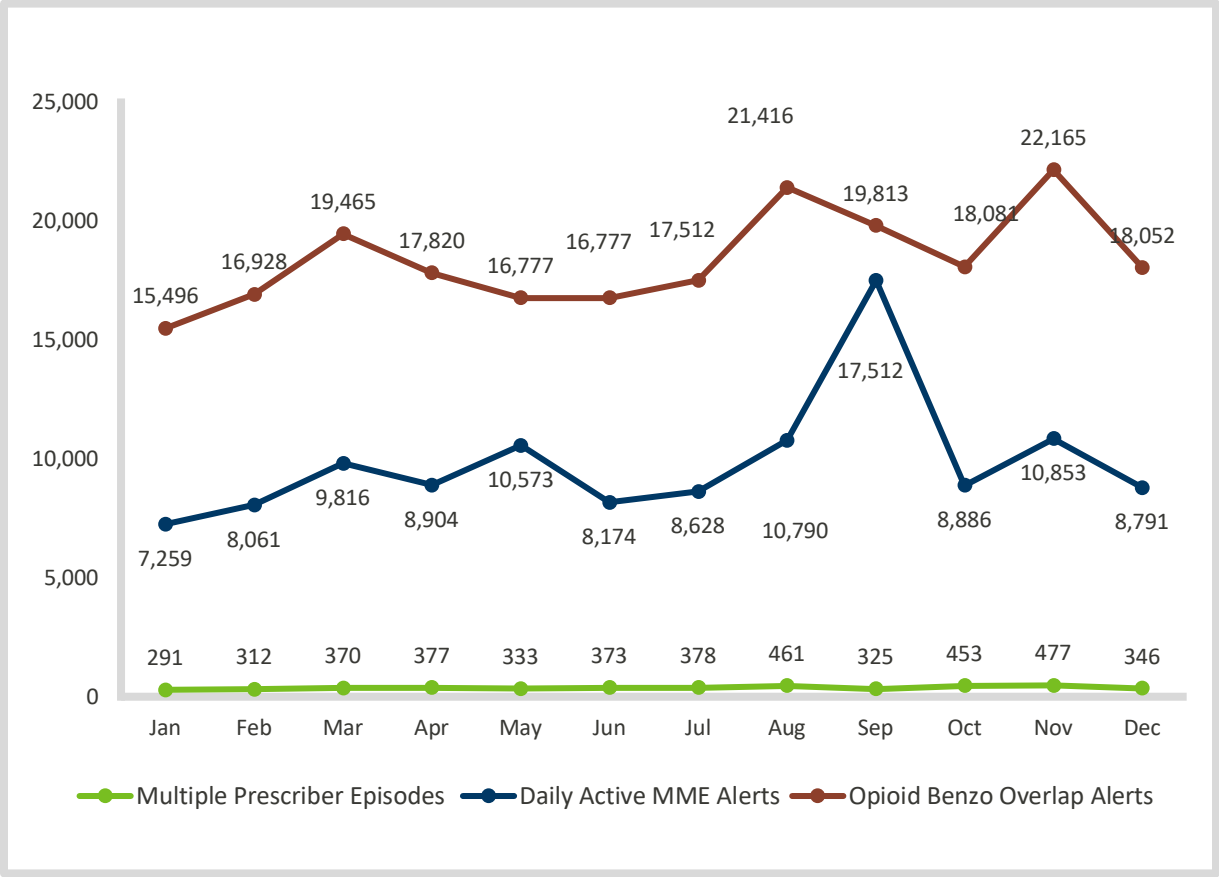
Clinical Alerts

In 2025, the PMP continued to provide automated Clinical Alerts through the PMP AWARxE® system. The alert system continuously analyzes PMP data for three indicators of potentially higher-risk prescribing or dispensing activity. Alerts are generated when an individual patient's prescription history meets one or more of the following criteria:

- prescriptions from a specified number of prescribers and dispensers within a defined timeframe;
- an average daily MME that exceeds a specified threshold prescribed; or
- overlapping prescriptions for an opioid and a benzodiazepine.

Prescribers associated with a prescription that contributes to an alert can view the alert through their PMP AWARxE® dashboard or the Patient Alerts module. Prescribers are also notified monthly when new alerts are generated. Active alerts appear on the patient's PMP report as flags or risk indicators and are visible to authorized PMP users who access the report. Figure 16 presents the volume of alerts generated in 2025 by month and alert type.

Figure 16. Clinical Alerts Generated by Month, 2025



PMP Prescriber Reports

2025 marked the sixth full year in which qualifying prescribers received PMP Prescriber Reports. These reports are intended to provide Minnesota PMP prescriber account holders with information about their controlled substance prescribing patterns and comparison with peers in the same specialty.

PMP Prescriber Reports are distributed electronically on a quarterly basis to prescribers who have an active PMP account, have identified a role and specialty within their account, and have had at least one opioid, stimulant, or sedative prescription dispensed during the preceding six months. The report provides an aggregated view of prescribing activity compared to specialty peers and is intended to serve as an informational point of reference. PMP Prescriber Reports are not intended to direct or impede the appropriate prescribing of controlled substances for legitimate medical purposes.

Figure 17 presents an excerpt from a PMP Prescriber Report, including examples of measures related to the prescriber's most frequently prescribed controlled substances and opioid prescribing patterns compared with peers in the same specialty. Table 14 presents the number of PMP Prescriber Reports distributed annually.

Figure 17. Prescriber Report – Excerpt

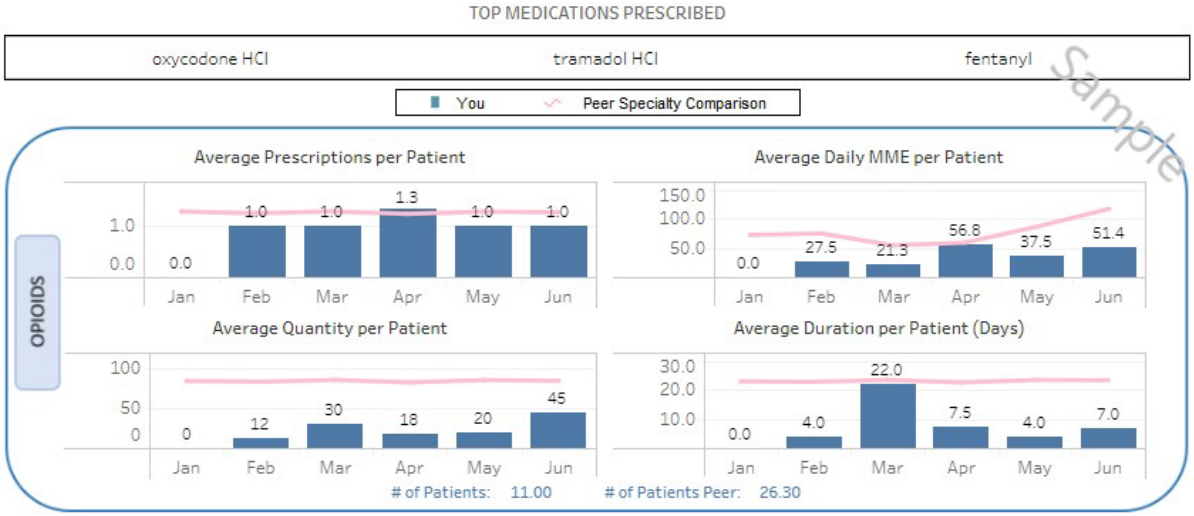


Table 14. PMP Prescriber Reports Distributed by Year

Year	Count of Prescriber Reports Distributed
2025	70,160
2024	72,012
2023	68,336
2022	64,949
2021	59,677

DATABASE ACCOUNTS & ACCESS

The following sections provide an overview of MN PMP account holders and their use of the PMP database. During the 2016 legislative session, MN Stats. §152.126 was amended to require certain prescribers and pharmacists licensed in Minnesota to register for and maintain a PMP account.

Beginning July 1, 2017, the registration requirement applied to prescribers licensed by a Minnesota health licensing board who practice in Minnesota and are authorized to prescribe controlled substances for humans. Pharmacists licensed by the Minnesota Board of Pharmacy and practicing in Minnesota are also subject to the registration requirement. Because not all Minnesota-licensed prescribers and pharmacists meet these criteria, not every licensee is required to maintain a PMP account.

In 2025, an estimated **43.8% of licensed healthcare prescribers**[6] **and 58.4% of licensed pharmacists** maintained an active MN PMP account. Licensees without an active account may include individuals who do not practice in MN, or who do not meet the statutory criteria for required PMP registration, such as prescribers who do not hold a DEA registration. Table 15 shows the average number of newly approved PMP account applications per day from 2021 through 2025.

Table 15. Average Newly Approved PMP Account Applications per Day

Year	New Account Requests (Average)
2025	8.91 per day
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 a PMP account through the online registration system. Access is granted after the system verifies that the applicant has an appropriate, active Minnesota healthcare license and, when applicable, a current DEA registration.

Figure 18 compares the number of individuals who held an approved MN PMP account at any time during 2025 with the number of individuals licensed by each participating health licensing board at the end of the year.

Note: Prescriber totals include all individuals licensed by the respective boards, regardless of whether they meet the statutory eligibility criteria requiring registration for and maintenance of a PMP account.

[6] Optometrist licensees not included in calculation due to minimal controlled substance prescribing. (10.6% of optometrists have an active PMP account.)

Figure 18. Approved PMP Accounts and Total Licensed Professionals by Board, 2025[7]

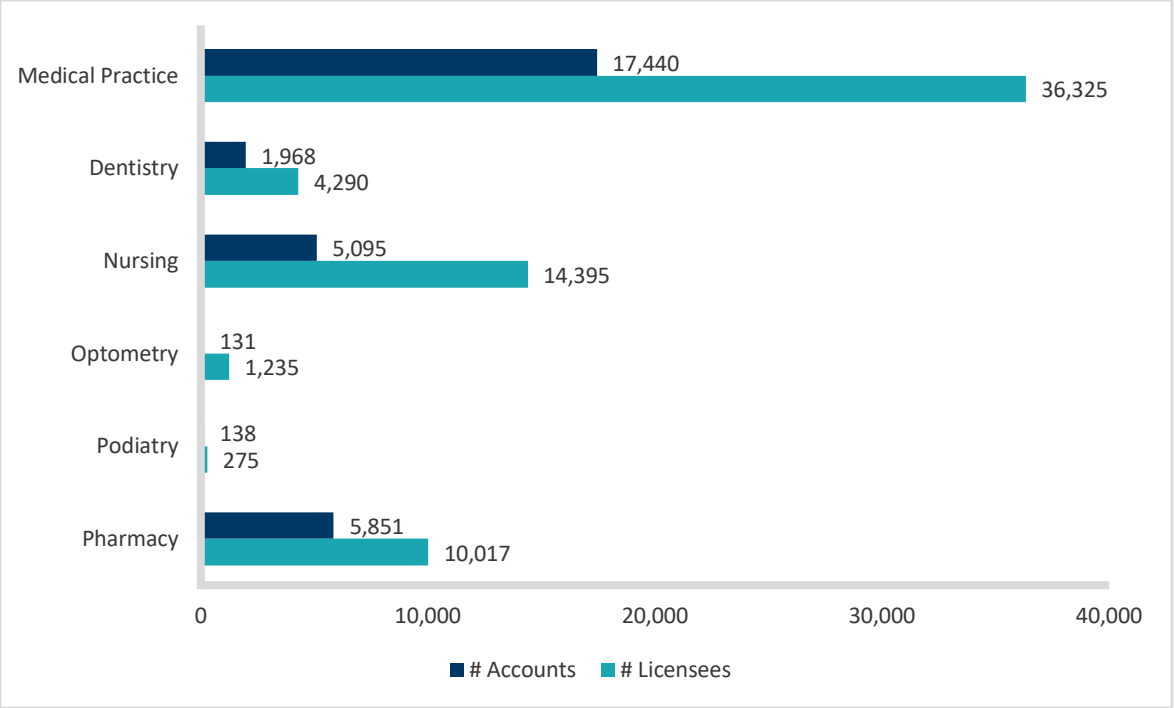
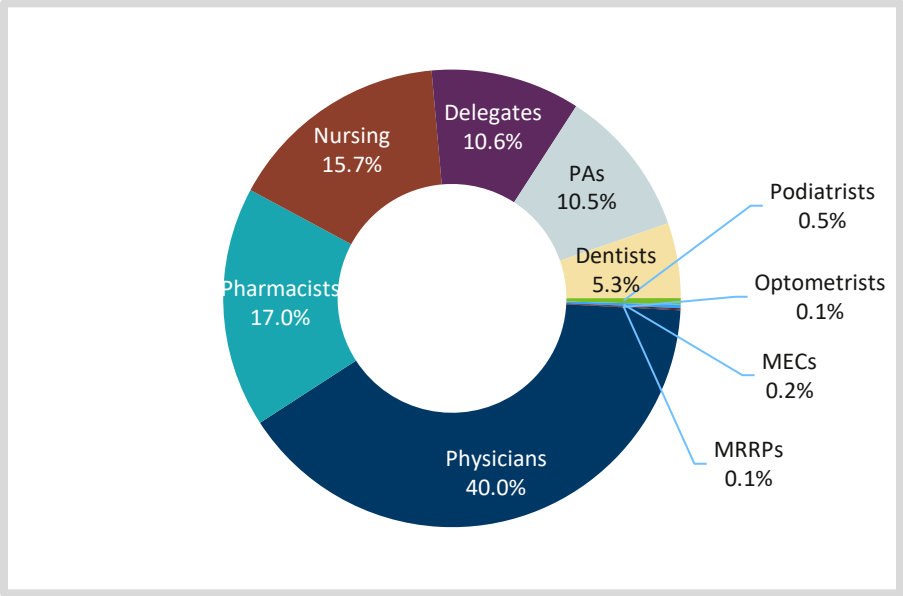


Figure 19 shows the distribution of active PMP accounts at the end of 2025 by licensing board and account role. The largest share of active accounts was associated with individuals licensed by the Minnesota Board of Medical Practice, which includes physicians, physician assistants, and medical residents. This has remained consistent since the program's inception.

Figure 19. Active PMP Accounts by Licensing Board and Account Role,2025[8]



[7] Medical Practice includes physicians, medical residents, and physician assistants.

[8] MRRP – Medicaid Restricted Recipient Program; MEC – Medical Examiner/ Coroner

Database Utilization

Figure 20 shows PMP utilization trends from 2021 through 2025, including both the total number of PMP searches conducted and the number of account holders who conducted at least one search during each year. From 2024 to 2025, the number of account holders conducting PMP searches increased by 2.4%, while total PMP search volume increased by 7.9%.

Figure 20. PMP Searches and Account Holders Conducting Searches, 2021-2025[9]

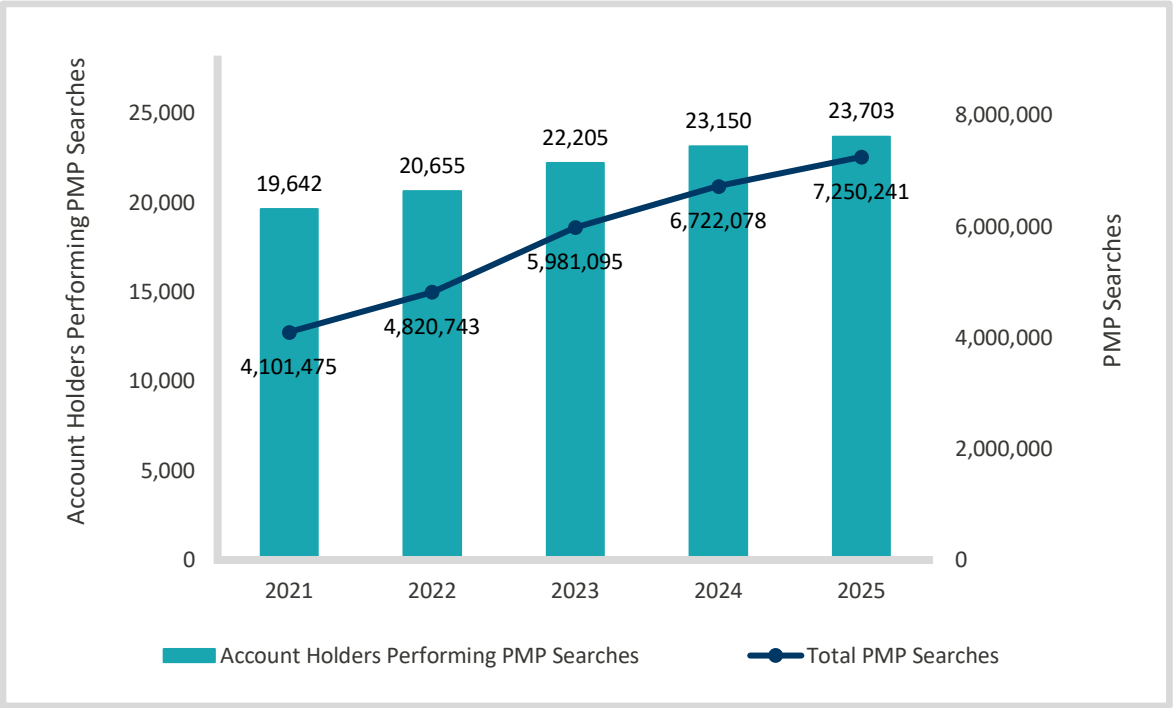
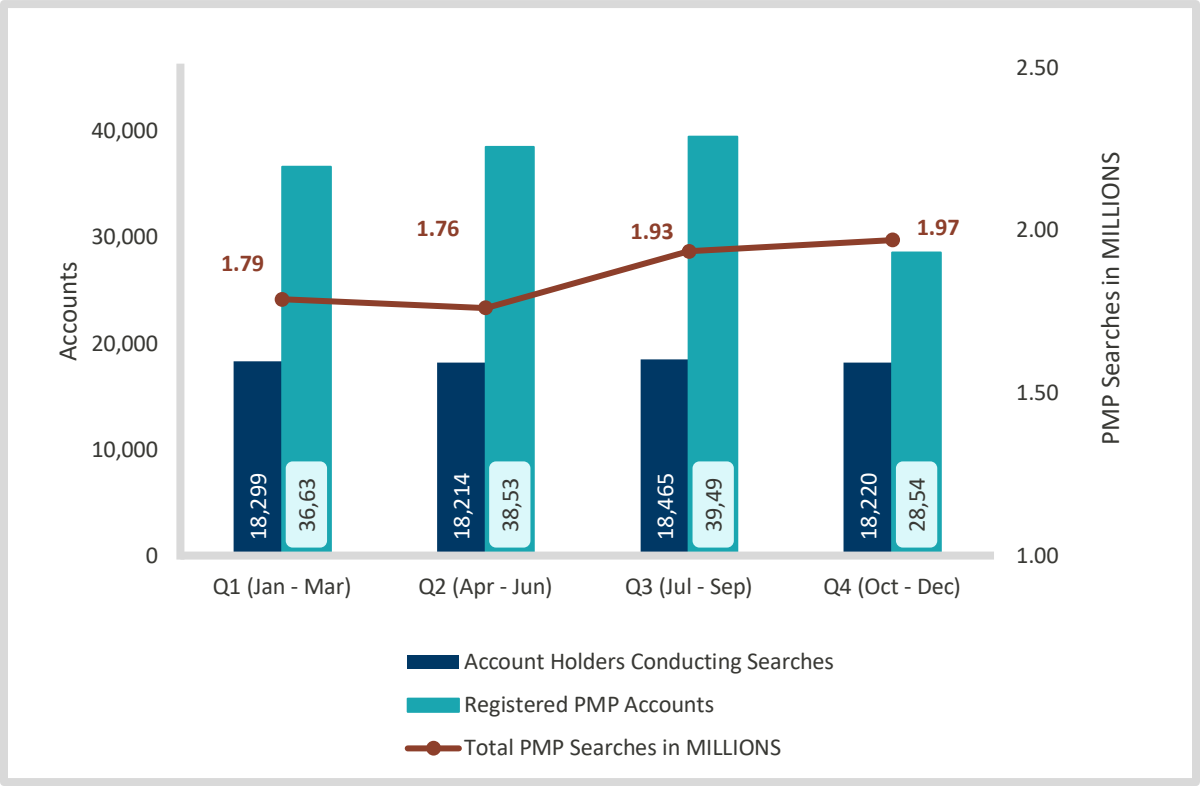


Figure 21 provides a quarterly view of PMP utilization during 2025. It shows the number of registered PMP accounts, the number of account holders who conducted at least one PMP search during each quarter, and the total number of PMP searches performed.

[9] Includes prescriber, pharmacist, MEC, MRRP, and delegate accounts.

Figure 21. PMP Accounts and Search Activity by Quarter, 2025[10]



[10] Includes prescriber, pharmacist, MEC, MRRP, and delegate accounts.

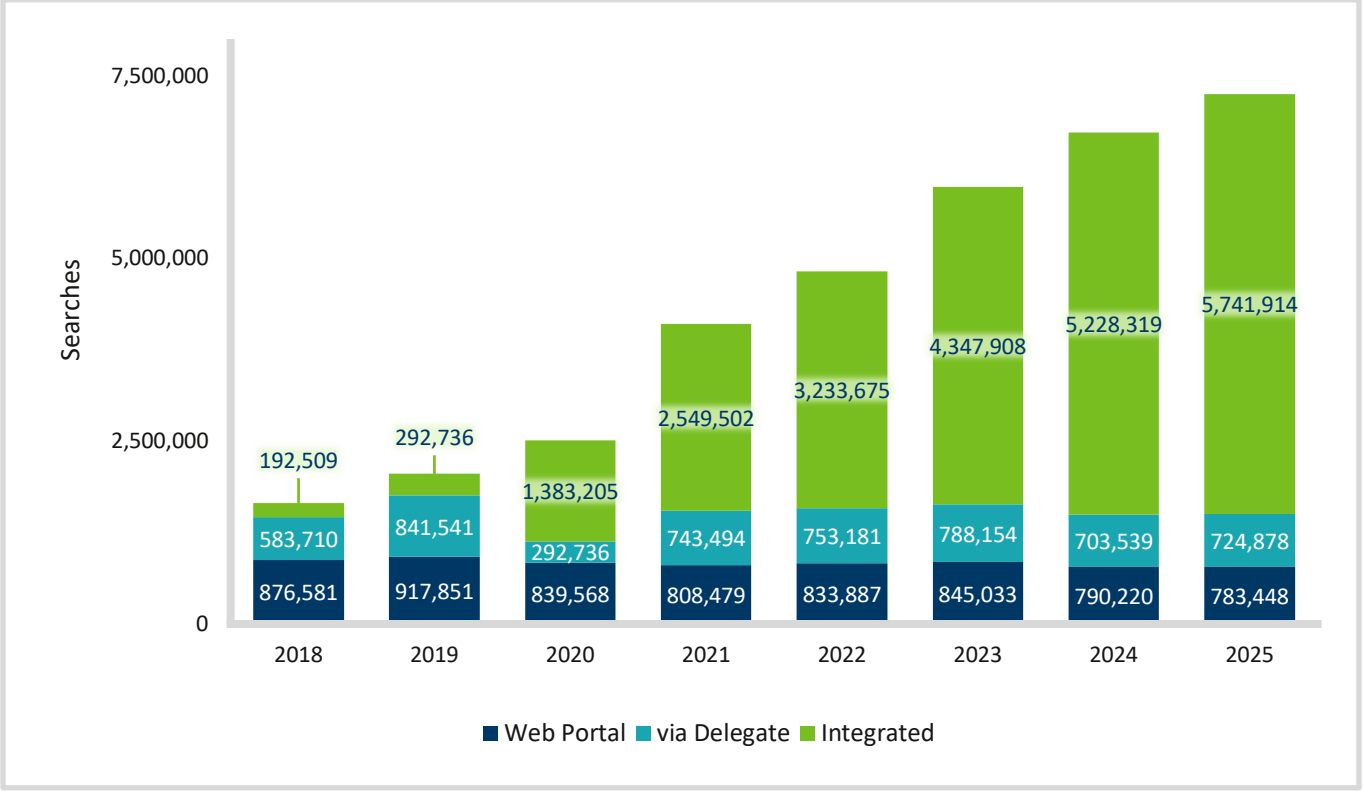
PMP Utilization by Access Method

Authorized PMP account holders in Minnesota may access patient prescription histories through several methods, depending on their account type and available technology:

- **PMP AWARxE® Web Portal**. Authorized users may sign in directly to the Minnesota PMP AWARxE® web portal, enter identifying information for a patient, and initiate a search to retrieve the patient's PMP history report.
- **Delegated Access**. Minnesota statute allows certain authorized account holders to designate one or more delegates to conduct PMP searches on their behalf. Delegates retrieve PMP reports for review by the supervising prescriber, pharmacist, or other authorized account holder. Delegated access is intended to improve efficiency by reducing the time supervising account holders spend conducting searches themselves.
- **Integrated One-Click Access**. Authorized prescribers and pharmacists may access PMP reports directly through participating electronic health record (EHR) or pharmacy dispensing software (PDS) systems. When a query is initiated, the necessary account and patient information is securely transmitted to the MN PMP, and the patient's PMP report is returned within the user's existing clinical workflow without requiring a separate login to the PMP web portal.

Figure 22 shows the effect of increased access to integrated one-click searching. Providing a more streamline, efficient access method has increased utilization significantly.

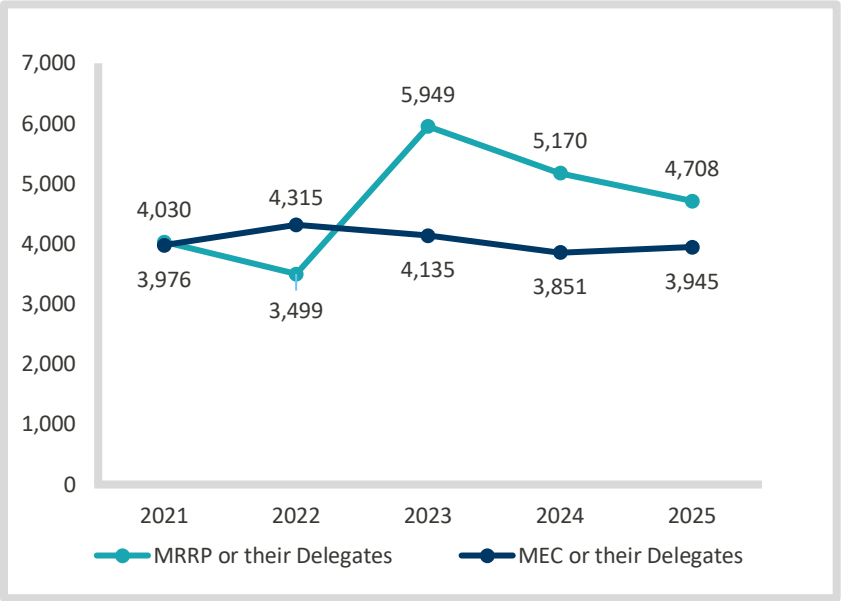
Figure 22. Annual Search Volume by Access Method, 2018-2025



Medical Examiners/Coroner (MEC) and Medicaid Restricted Recipient Program (MRRP) account holders do not currently have access to integrated one-click functionality. These account holders and their delegates search only through the web portal.

Figure 23 shows the annual number of PMP searches conducted by MEC and MRRP account holders and their authorized delegates from 2021 through 2025.

Figure 23. PMP Searches by Medical Examiner/Coroner and Medicaid Restricted Recipient Program Users, 2021-2025



Web Portal Access

Beginning in 2020, web portal search volume among prescriber and pharmacist account holders declined as integrated one-click access became more widely available through participating EHR and PDS systems. In 2025, web portal search volume decreased by 0.8% from the previous year.

Figure 24 and Figure 25 show annual PMP web portal search volume by prescriber and pharmacist license or role type from 2021 through 2025. Pharmacists continued to account for the largest volume of web portal searches in 2025. Web portal use among physicians, physician assistants, and dentists generally declined over the five-year period, while search volume among APRNs remained comparatively stable and increased in 2025.

Figure 24. Web Portal Searches by Prescriber and Pharmacist Role Type, 2021-2025

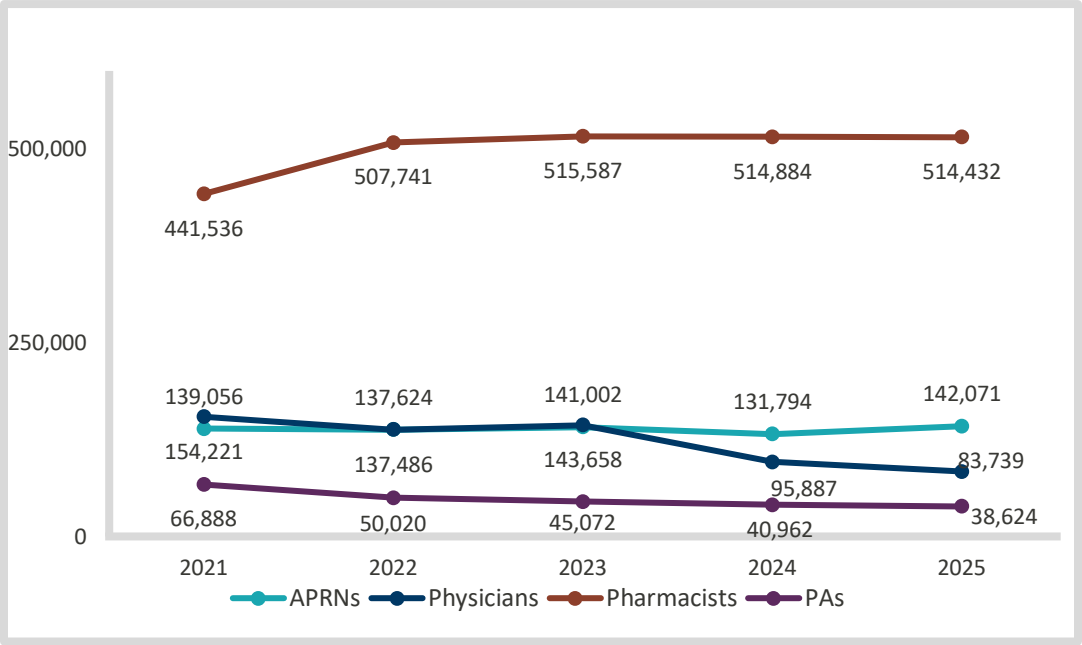
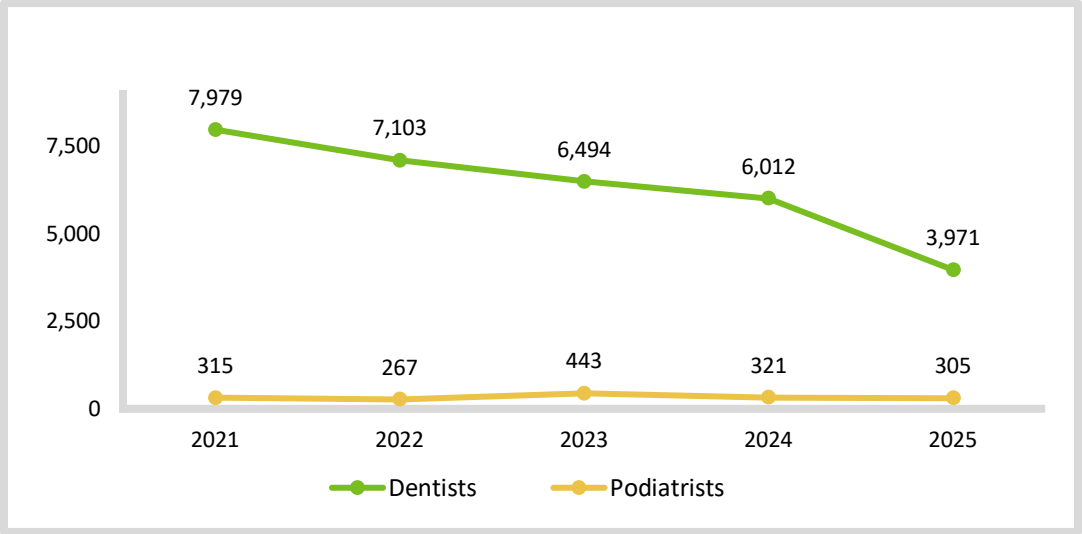


Figure 25. Web Portal Searches by Dentist and Podiatrist Role Type, 2021-2025

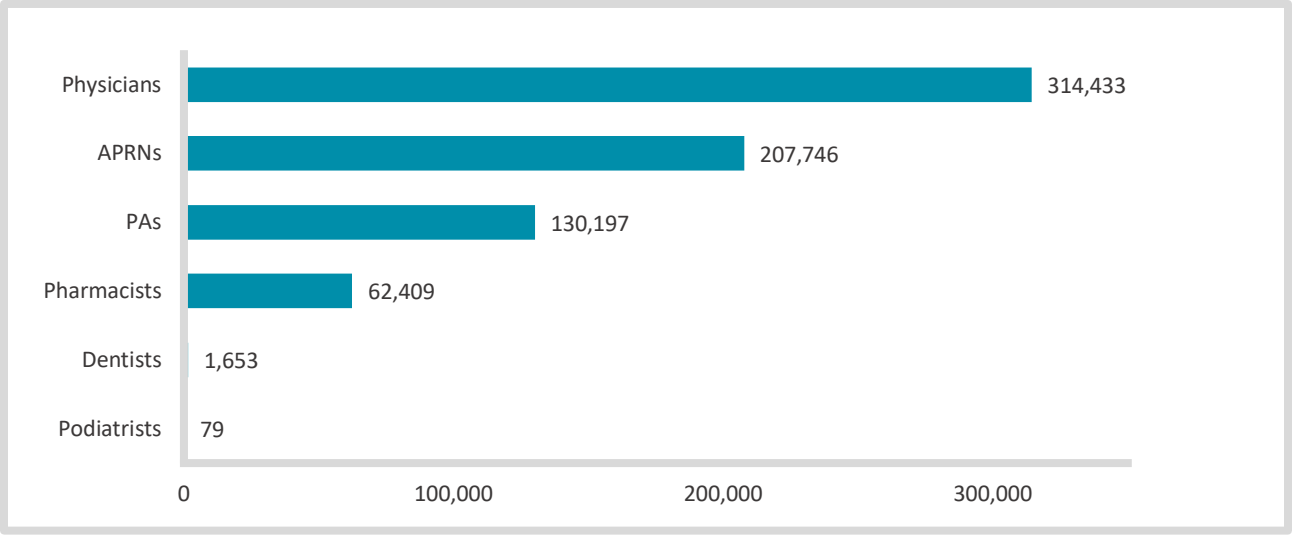


Delegate Access

Authorized delegates may conduct PMP searches on behalf of eligible supervising account holders. Figure 25 shows the number of searches performed by delegates in 2025, categorized by the role type of the supervising account holder for whom the search was conducted.

Physicians accounted for the largest volume of delegate searches, followed by advanced practice registered nurses (APRNs) and physician assistants (PAs).

Figure 26. Delegate Searches by Supervisor Role Type, 2025



Integrated One-Click Access

The Minnesota PMP continued to experience substantial growth in utilization in 2025, driven largely by searches conducted through integrated one-click access. Prior to 2020, the cost of integrating PMP access was a barrier for many Minnesota healthcare organizations. Integration costs typically included both implementation expenses and ongoing licensing fees charged by a third-party vendor.

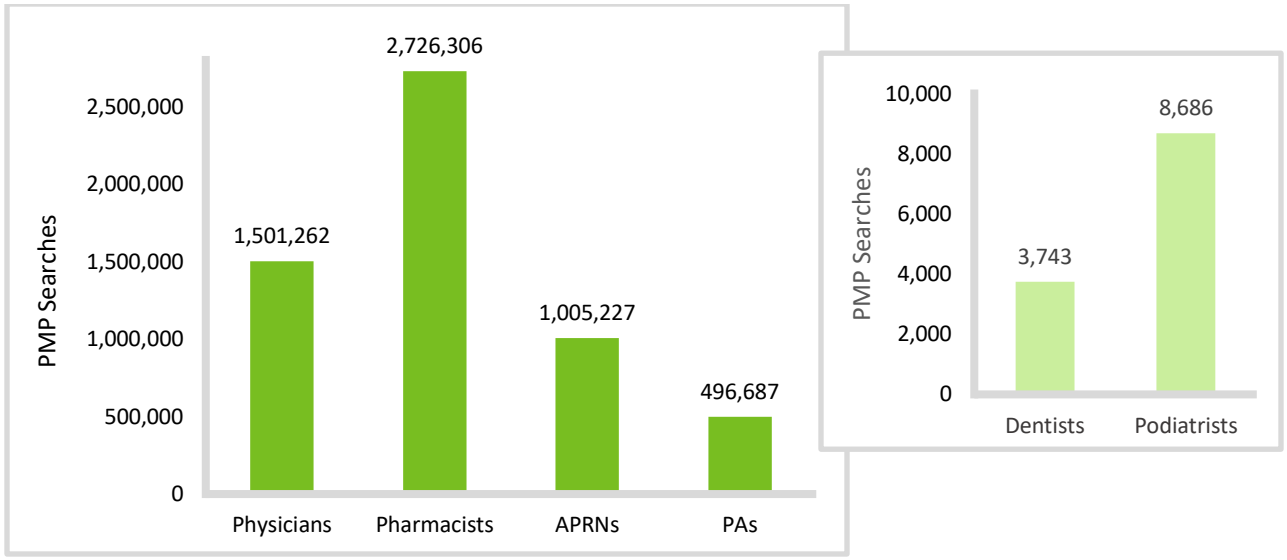
In August 2020, the Minnesota Board of Pharmacy was able to secure funding to establish a statewide integration license covering these costs for participating organizations. The statewide license significantly expanded the availability of integrated PMP access among clinics, pharmacies, hospitals, and other healthcare organizations across Minnesota.

Integrated access allows authorized prescribers and pharmacists to retrieve a patient's PMP history report directly within their existing clinical workflow, reducing the need to separately log in to the PMP web portal. This streamlined access also supports prescribers in meeting applicable PMP review requirements. Under Minnesota Statutes § 152.126 subd. 6(d), prescribers are generally required to review a patient's PMP history prior to issuing an initial opiate prescription and at least once every three months for certain patients receiving ongoing opioid therapy. The statue provides several exceptions to these requirements.[11]

As of December 31, 2025, more than 2,600 healthcare locations in Minnesota were estimated to have integrated one-click access to the PMP. These locations include hospitals, clinics, pharmacies, and dental practices of varying sizes.

Figure 27 shows the number of PMP searches conducted through integrated one-click access in 2025 by role type. Integrated access was used by nearly all eligible prescriber and pharmacist groups, with pharmacists accounting for the largest volume of integrated searches. Utilization has also increased substantially among some lower-volume user groups. For example, annual integrated searches conducted by podiatrists increased from hundreds to thousands following the expansion of statewide integration.

Figure 27. Integrated PMP Searches by Role Type, 2025



[11] Exception details available at https://mn.gov/boards/pharmacy-pmp/requirements/review-req.jsp.

The following figures summarize 2025 PMP search activity by role type and method of access. Figure 28 shows the percentage of searches conducted through each access method, while Figure 29 presents the corresponding search counts through each access method.

Figure 28. Distribution of PMP Searches by Access Method and Role Type, 2025

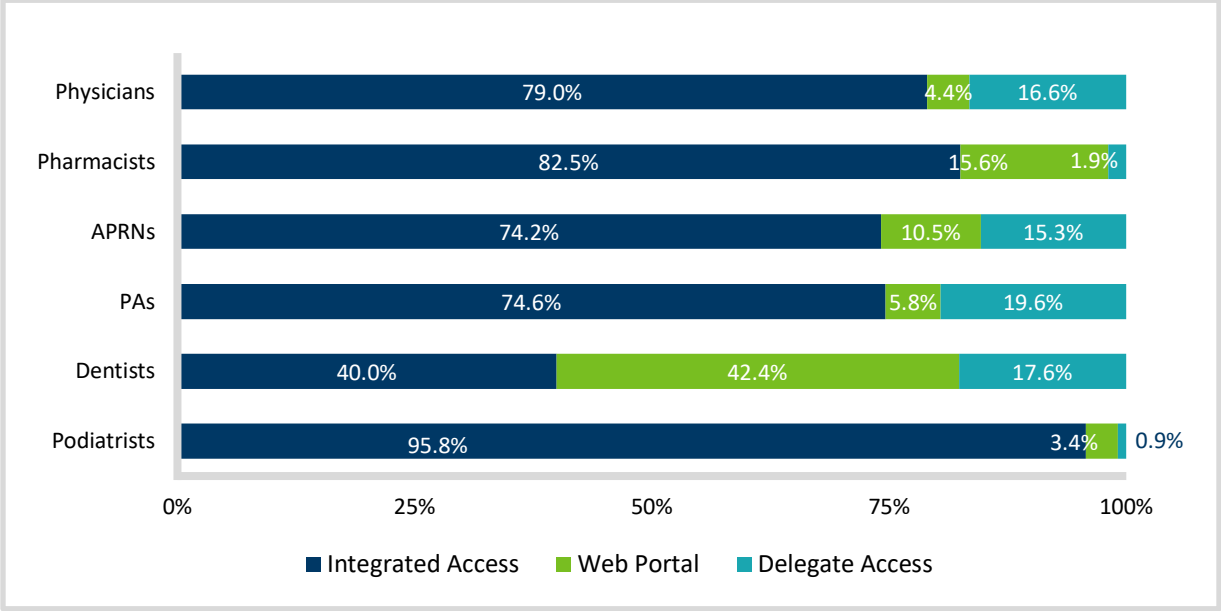
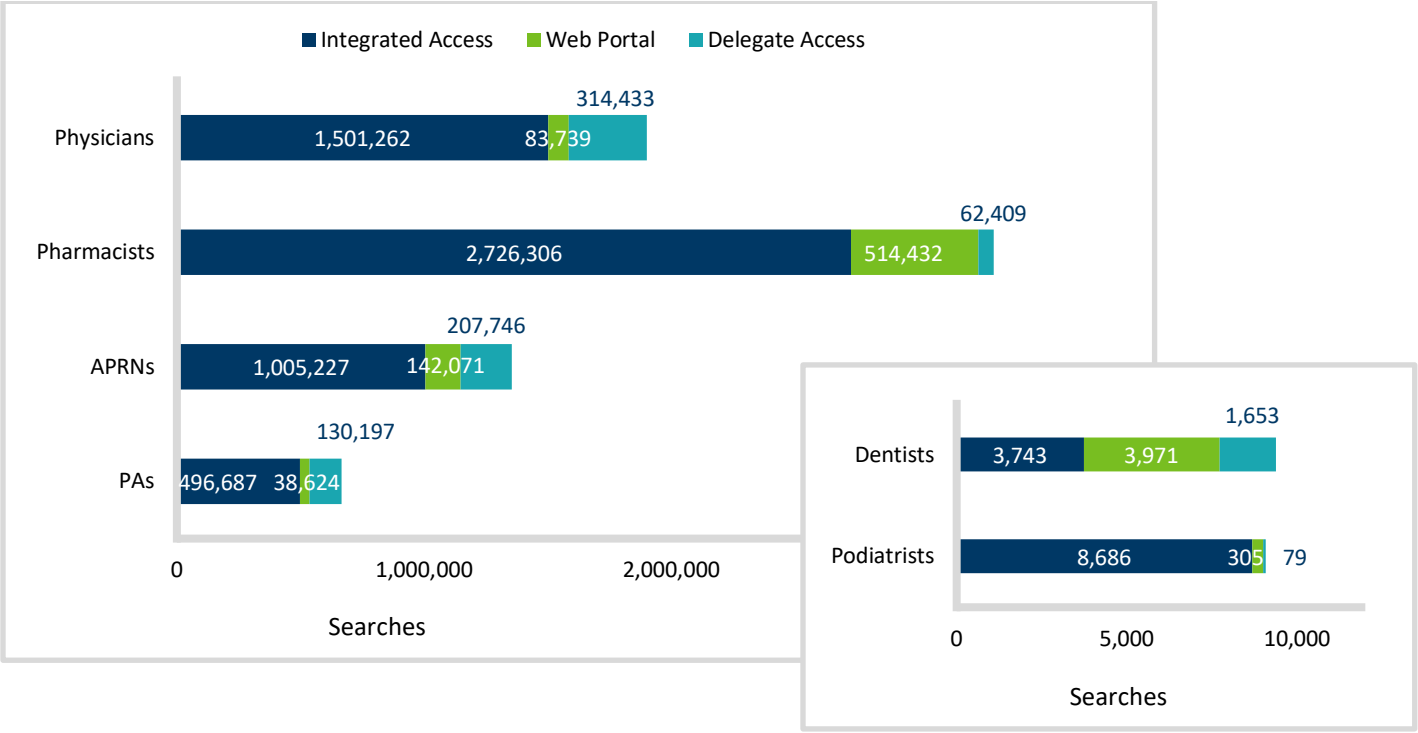


Figure 29. PMP Searches by Access Method and Role Type, 2025



Integrated access accounted for the majority of PMP searches among physicians, pharmacists, APRNs, PAs, and podiatrists in 2025, while dentists conducted a larger share of searches through the web portal.

Figure 30 and Figure 31 present total PMP search volume by role type from 2021 through 2025, including searches conducted through the web portal, integrated access, and delegated access.

Together, the figures illustrate continued growth in PMP utilization among several provider groups. Pharmacists remained the highest-volume users in 2025, continuing the trend that began in 2023 when pharmacist search volume surpassed that of physicians.

Figure 30. Total PMP Searches by Role Type, 2021-2025

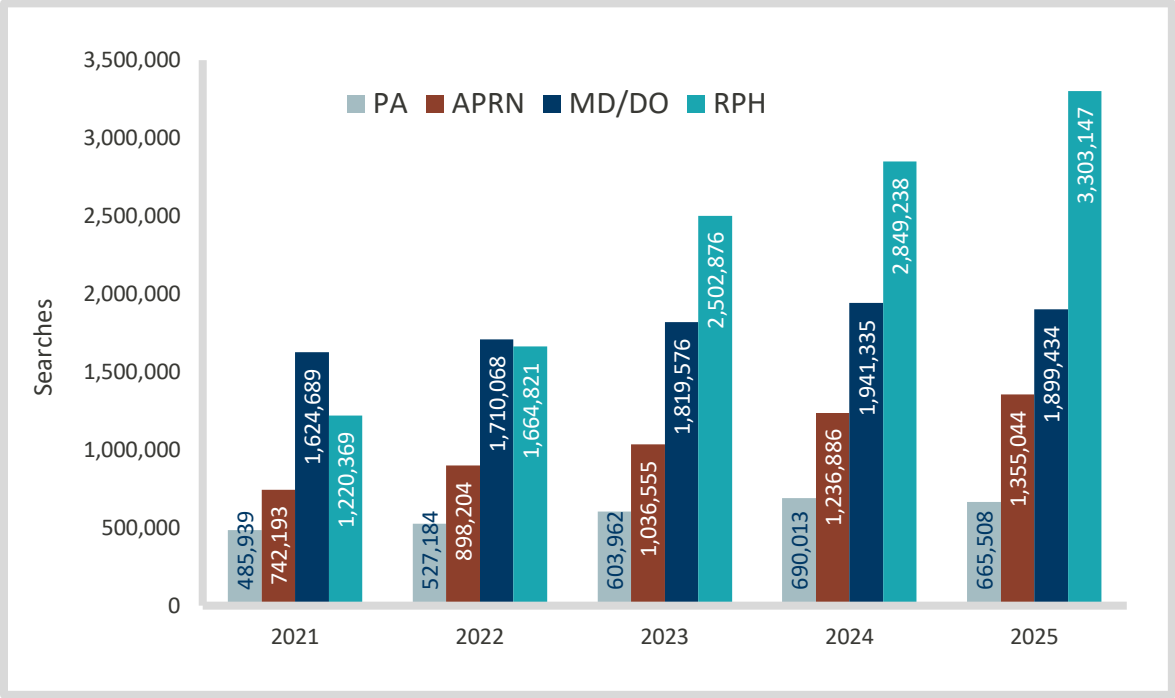
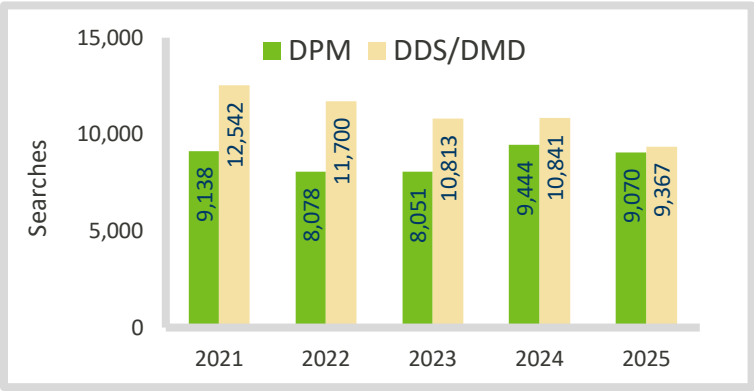


Figure 31. Total PMP Searches by Dentist and Podiatrist Role Type, 2021-2025



Other Permissible Uses of PMP Data

In addition to access by prescribers, pharmacists, and their authorized delegates, Minnesota law permits certain other individuals and entities to obtain PMP information under specified circumstances.

Law Enforcement Requests

Law enforcement officials may request patient prescription history information pursuant to a valid search warrant. In these cases, authorized Minnesota Board of Pharmacy staff retrieve the requested information from the PMP database and provide the responsive records to the requesting party.

Figure 32 shows the number of law enforcement requests received by month in 2025, while Figure 33 presents annual request totals from 2021 through 2025.

Figure 32. Law Enforcement Requests by Month, 2025

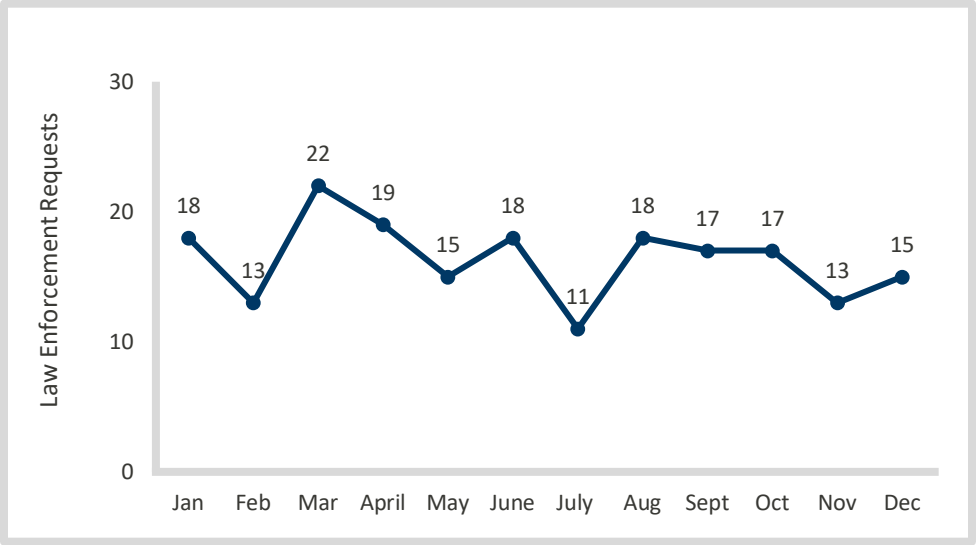
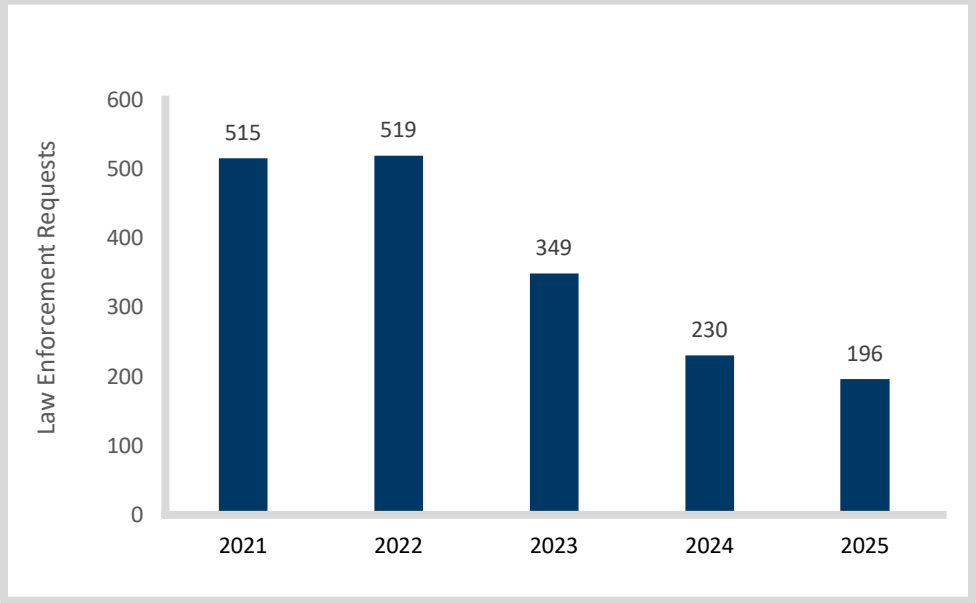


Figure 33. Law Enforcement Requests by Year, 2021-2025



Law enforcement requests continued to decline in 2025, with 196 requests received compared with 230 in 2024 and 519 at the five-year high in 2022.

Recipient Requests

Recipients of prescriptions reported to the Minnesota PMP may request a copy of their own PMP history report. Requests must be submitted on the required form and signed in the presence of a notary public. Upon receipt of a valid request, authorized PMP staff retrieve the individual's report and provide it to the requestor or to another party designated by the requestor.

Figure 34 shows the number of recipient requests received by month in 2025, while Figure 35 presents annual request totals from 2021 through 2025.

Figure 34. Recipient Requests by Month, 2025

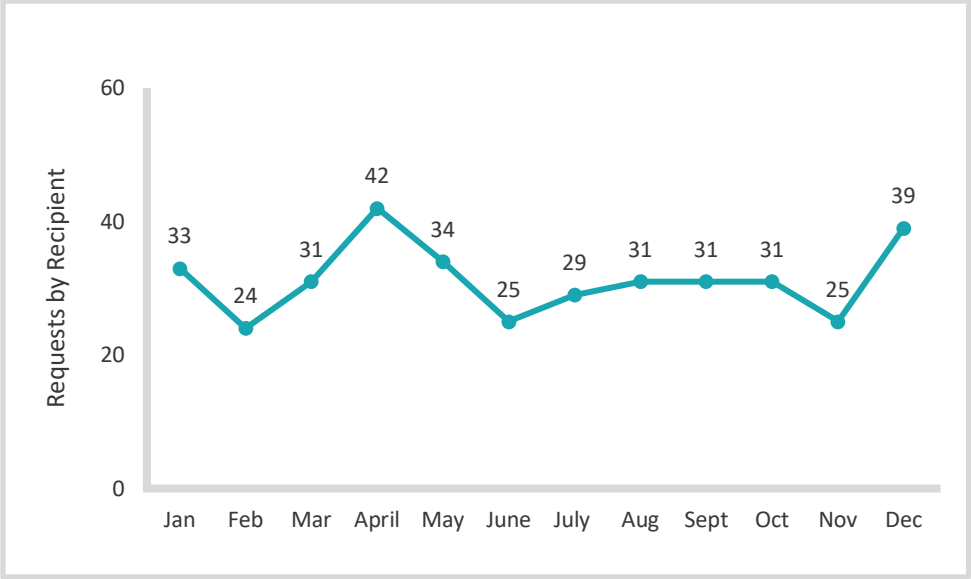
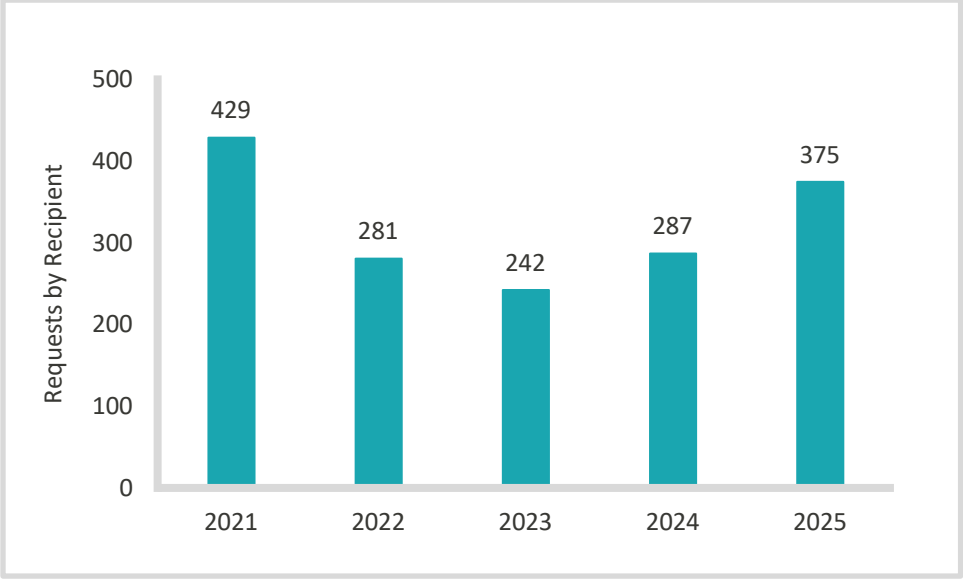


Figure 35. Recipient Requests by Year, 2021-2025



MULTIJURISDICTIONAL DATA EXCHANGE

The Minnesota PMP has participated in a multijurisdictional data exchange system since July 2014. Minnesota Statutes §152.126, Subd. 6(j) authorizes the Board to participate in such a system, provided that account holders in other jurisdictions may access Minnesota PMP information only as permitted under Minnesota law. Interstate data exchange expands the information available to authorized healthcare providers in Minnesota and supports providers in other states who are caring for Minnesota residents.

Interstate data-sharing hubs enable participating PMPs to securely exchange patient prescription history information across jurisdictional boundaries. The hubs do not maintain PMP prescription data; rather, they serve as a mechanism for transmitting search requests to participating jurisdictions and returning available information to the authorized user who initiated the search. Each participating jurisdiction determines, in accordance with its own laws and policies, which users from other jurisdictions may access its PMP data.

At the end of 2025, the Minnesota PMP was actively exchanging data with 45 jurisdictions. Authorized Minnesota prescribers, pharmacists, and their delegates with active PMP accounts may access available patient prescription history information from these jurisdictions. Table 16 identifies the jurisdictions actively exchanging data with Minnesota as of the end of 2025.

Table 16. Jurisdictions Actively Exchanging PMP Data with Minnesota, 2025[12]

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

[12] New connections established in 2025: Mariana Islands (May) and Georgia (September)

Figure 36 presents monthly interjurisdictional search volume in 2025, including searches conducted by authorized Minnesota account holders of other jurisdictions' PMP data and searches of Minnesota PMP data conducted by authorized users in other jurisdictions. Figure 37 presents annual totals for these two types of interjurisdictional searches from 2021 through 2025.

Figure 36. Interjurisdictional PMP Searches by Month, 2025

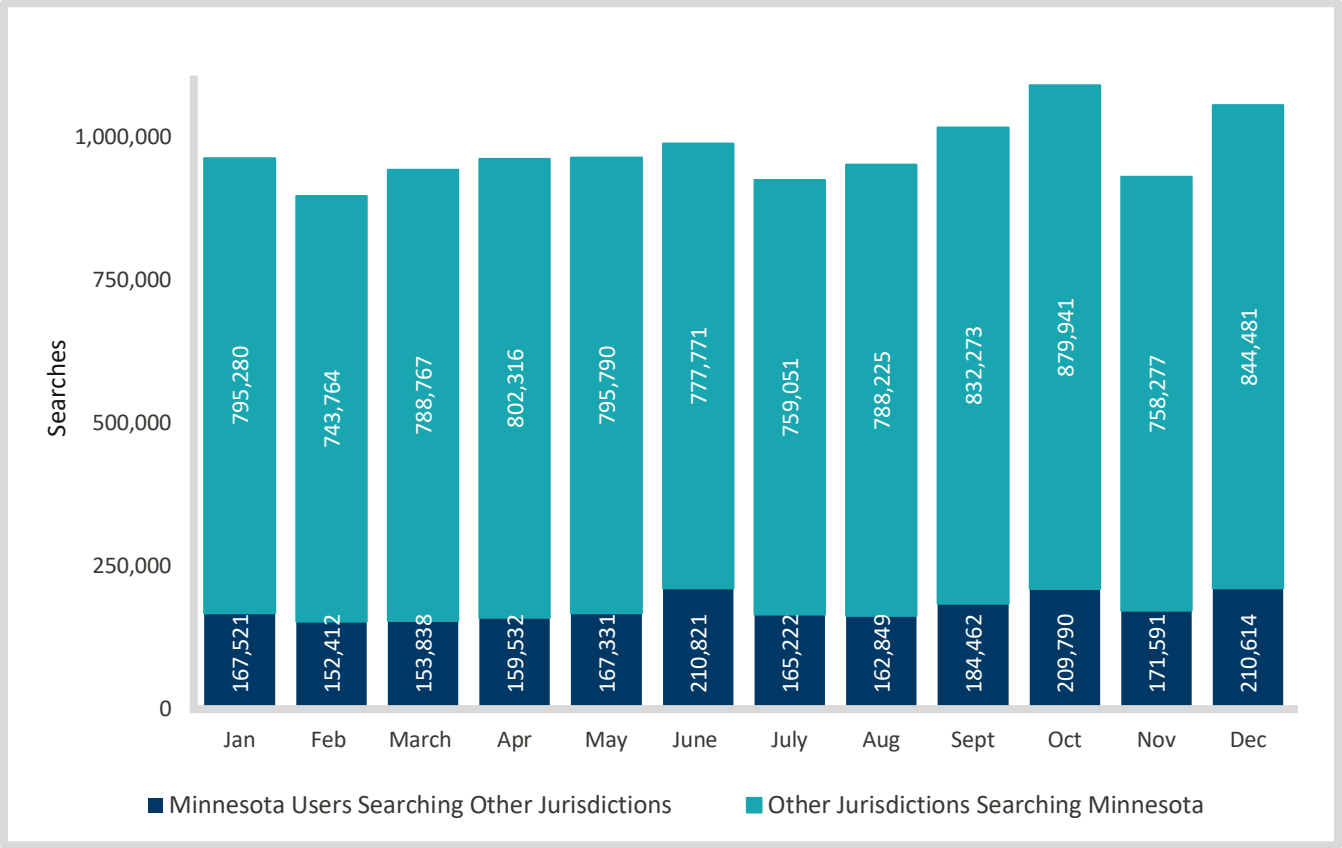
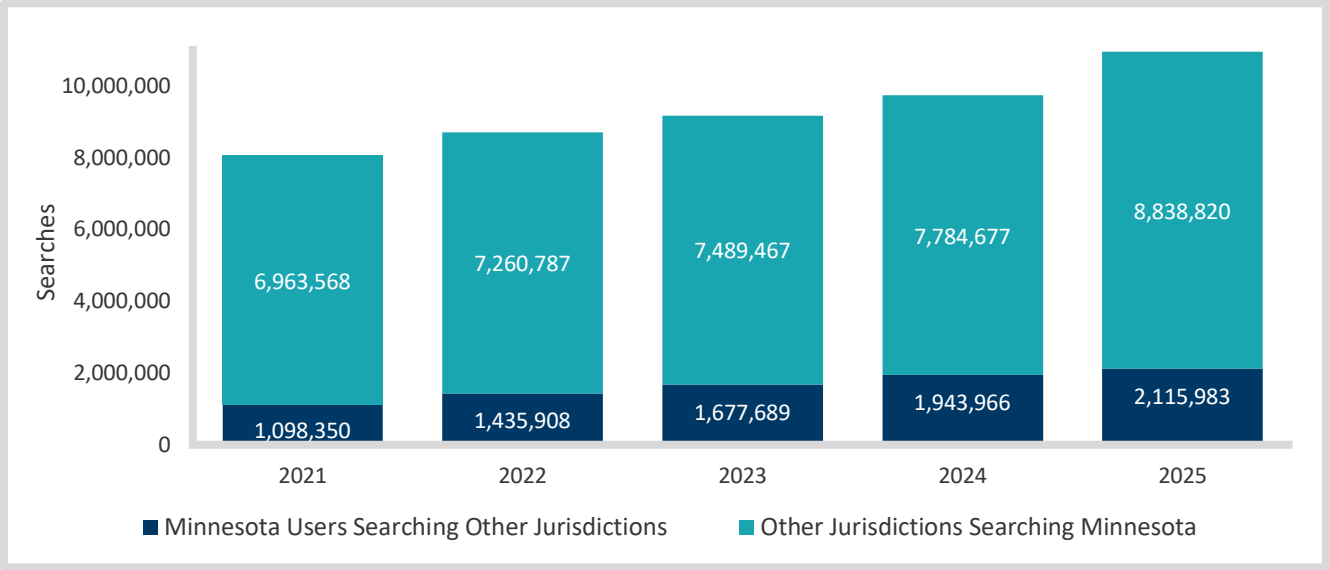


Figure 37. Interjurisdictional PMP Searches by year, 2021-2025



Minnesota PMP account holders most frequently search jurisdictions in neighboring states; however, search volume varies considerably by jurisdiction. Factors influencing interstate search activity may include statutory PMP review requirements, system configurations and defaults, provider practice patterns and patient travel across state lines. Some jurisdictions also impose restrictions on interstate data access, including limitations on the states or user types permitted to access their PMP information.

Table 17 presents the volume of searches conducted by Minnesota PMP account holders of PMP data maintained by other jurisdictions as well as that jurisdiction's corresponding searches of Minnesota PMP Data.

Table 177. Interjurisdictional PMP Searches by State/Jurisdiction, 2025

State/ Jurisdiction	Searches by MN PMP Users	Searches of MN PMP Data
Alabama	17,450	211,593
Alaska	17,033	10,295
Arizona	55,969	209,344
Arkansas	47,054	134,856
California	Not Connected	Not Connected
Colorado	30,808	179,992
Connecticut	47,857	29,423
Delaware	45,536	133,253
District of Columbia	16,719	24,030
Florida	59,276	1,387,762
Georgia	8,381	103,342
Hawaii	Not Connected	Not Connected
Idaho	47,450	73,174
Illinois	31,414	13,968
Indiana	49,793	115,833
Iowa	77,747	92,765
Kansas	32,018	72,585
Kentucky	45,324	35,010
Louisiana	47,506	358,140
Maine	47,116	243,045
Mariana Islands	3701	<10
Maryland	46,629	141,728
Massachusetts	47,765	497,103
Michigan	64,963	128,914
Military Health System	54,953	115,176
Mississippi	30,289	227,494
Missouri	Not Connected	Not Connected
Montana	50,518	35,647
Nebraska	Not Connected	Not Connected
Nevada	16,965	330,107
New Hampshire	Not Connected	Not Connected
New Jersey	Not Connected	Not Connected
New Mexico	48,232	68,212
New York	50,709	896,750
North Carolina	17,101	577,842
North Dakota	144,189	216,775
Ohio	49,759	324,430
Oklahoma	47,809	623,192
Oregon	Not Connected	Not Connected
Pennsylvania	47,998	55,082
Puerto Rico	28,915	7,155
Rhode Island	45,471	59,333
South Carolina	48,479	113,030
South Dakota	84,555	55,362
Tennessee	30,112	49,822
Texas	30,627	1,067,645
Utah	11,226	531
Vermont	Not Connected	Not Connected
Virginia	17,517	327,128
Washington	48,504	53,495
West Virginia	46,381	647
Wisconsin	242,988	140,146
Wyoming	35,177	24,779

"Not Connected" indicates that Minnesota was not actively exchanging PMP data with the listed jurisdiction during 2025. Counts reflect successful interjurisdictional searches associated with participating jurisdictions.

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