Sign up for E-FORCSE

Electronic-Florida Online Reporting Controlled Substance Evaluation (E-FORCSE) was created by the 2009 Florida Legislature to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within the State of Florida.

Florida’s Prescription Drug Monitoring Program (PDMP) launched on September 1, 2011, displaying controlled substance information in schedules II, III, and IV from dispensing pharmacies and physicians required to report this information. Select organizations such as the VA, hospitals, nursing homes, hospice providers, and other exempt providers are not required to report to E-FORCSE. The information collected on the database is available to Florida licensed practitioners and dispensing pharmacists who request access to the site. E-FORCSE is a great tool to improve patient care.

E-FORCSE information is HIPAA compliant and can assist the practitioner with knowledge about the patient before prescribing a controlled substance. This database includes information, that by law, must be reported within seven days from the dispensing date.

Some of the information available from E-FORCSE includes:

- Patient’s full name, address, date of birth, and gender.
- Patient’s method of payment (private pay, Medicaid, Medicare, commercial insurance, Veterans Administration, workers’ compensation, other).
- Name, National Drug Code (NDC) identifier, quantity, and strength of the controlled substance dispensed.
- Date the prescription was dispensed.
- Prescriber’s Name, address, DEA number, and National Provider Identification (NPI).
- Dispensing Pharmacy’s Name, Address, and DEA number.

In addition, the practitioner will have access to Patient Advisory Reports (PARs), which summarize controlled substance prescribing information for a specific patient for a specific period of time.

Access to E-FORCSE is available by visiting the website: floridahealth.gov/statistics-and-data/e-forcse/

Safety Reminders:

- If other practitioners are prescribing controlled substances, coordinate care and determine which practitioner will be the only prescriber of controlled substances.
- Monitor pain intensity, level of functioning, adverse events, periodic urine drug screens, and adherence.
- Assess concurrent alcohol and other substance use, drug seeking behaviors, and substance abuse history.
- Implement a signed controlled substance management agreement.
- If a patient violates the controlled substance agreement, start tapering the patient off controlled substance(s) and refer patient to a pain specialist.
- Reserve benzodiazepines for short term use and avoid combining opiates and benzodiazepines.

References:

