



January 22, 2016

Governor Terry E. Branstad  
Members of the 86th General Assembly  
Iowa State Capitol  
Des Moines, IA 50319

Honorable Governor and Members:

Re: Iowa Prescription Monitoring Program

Pursuant to the requirements of section 124.554, subsection 2, of the Iowa Uniform Controlled Substances Act, the Board of Pharmacy (Board) submits the following information.

The Iowa Prescription Monitoring Program (PMP) provides authorized prescribers and pharmacists with information regarding their patients' use of controlled substances and is used as a tool in determining appropriate prescribing and treatment of patients without fear of contributing to a patient's abuse of or dependence on addictive drugs or diversion of those drugs to illicit use. Iowa licensed pharmacies, both in-state and nonresident pharmacies, are required to report to the Iowa PMP all Schedule II, III, and IV controlled substances dispensed by the pharmacy to ambulatory patients.

The Iowa PMP became fully operational on March 25, 2009. The cost of initial implementation of the Iowa PMP was paid by federal grant and amounted to \$411,250. Costs since implementation, amounting to approximately \$112,000 annually, provide for the receipt and delivery of pharmacy data and software maintenance. Annual costs are paid from license fees retained by the Board for the support of Board programs and activities. No additional fees or surcharges have been imposed to pay for the activities or support of the Iowa PMP.

The Iowa PMP is administered by the Board with the assistance and guidance of an advisory council consisting of pharmacists and prescribers appointed by the Governor. The advisory council meets as needed to review the progress of the Iowa PMP, the cost of maintaining the Iowa PMP and the benefits of the program, possible enhancements to the program, and information, comments, and suggestions received from program users and the public.

The Board and the PMP Advisory Council also review statistics regarding the use of the Iowa PMP by prescribers, pharmacists, and law enforcement or regulatory agents; the number of prescriptions filled each year; the top drugs dispensed in Iowa each year; and indices of excessive pharmacy-shopping or doctor-shopping for controlled substances. Included with this report are some of the data compiled since the establishment of the Iowa PMP.

The data indicate steady increases in the number of pharmacists and prescribers registering to use the Iowa PMP and in the number of requests for patient prescription history being submitted and used by those authorized users. The data also demonstrate that the prescribing and dispensing of these

controlled substances has not been unnecessarily or adversely affected by the implementation of the Iowa PMP. The number of prescriptions dispensed and the number of doses dispensed increased during each year of the program. The number of patients obtaining prescriptions from multiple prescribers and multiple pharmacies decreased each year except 2014 when there was an increase in those numbers, likely attributable to the commencement of nonresident pharmacies reporting prescriptions dispensed to patients located in Iowa.

A number of regulatory and law enforcement agents have also registered to use the Iowa PMP. A member of this user community may receive Iowa PMP data only for an existing investigation or case where there has been a determination of probable cause for the information and the request for prescription information is accompanied by an order, subpoena, or other means of legal compulsion. Less than one percent of all processed requests are attributable to law enforcement or regulatory agents but those agents who have used information available from the Iowa PMP report improved efficiency and reduced investigative hours due to the central availability of the prescription information compiled in the Iowa PMP database. Use of the information available in the PMP database also reduces the demands on pharmacies and prescribers not involved with the prescribing or dispensing of controlled substances prescriptions to the subjects of law enforcement or regulatory agency investigations.

A graphic comparing the top dispensed controlled substances for calendar year 2015 is also included. The substances ranking in the top doses dispensed have been fairly consistent since implementation of the Iowa PMP. This year, however, the recent classification of tramadol as a controlled substance has resulted in this substance ranking as the second most-dispensed controlled substance in Iowa, preceded only by hydrocodone products. Dispensing of codeine to patients in Iowa has decreased and dispensing of diazepam has increased; these substances have historically and consistently exchanged positions in the rankings of top substances dispensed to patients in Iowa.

Comments received from prescribers and pharmacists using the program indicate that the Iowa PMP is a valuable assistive tool in determining appropriate health care treatment for their patients. Many prescribers and pharmacists have taken advantage of the option to identify one or more authorized agents (a licensed, registered, or certified health professional under the direct supervision of the prescriber or pharmacist) to register for delegate or agent access to the Iowa PMP. Agents access the Iowa PMP, on the direction of the supervising practitioner and using credentials assigned to and identifying the specific agent, to request patient prescription history information for the use of the supervising practitioner in making a more informed decision regarding the patient's health care plan. Practitioners report that the use of agents improves work flow, encourages more consistent use of the PMP, and ensures the practitioner has information regarding a patient's use of controlled substances prior to the practitioner making a decision on the patient's drug therapy.

A frequent suggestion from users has been to provide a means of checking other states' PMP records at the time a query is submitted to the Iowa PMP. Practitioners along Iowa's borders have been especially supportive of such a program enhancement and Iowa Code amendments approved during the 2014 legislative session authorized the Board to enter into agreements for the exchange of PMP information with Kansas and the states bordering Iowa. Program enhancements were completed early in 2015 and data sharing with Illinois, Wisconsin, Minnesota, South Dakota, and Kansas is now possible. Authorized practitioner users of PMPs in those states that meet the requirements and limitations

imposed by Iowa law for practitioners using the Iowa PMP are now able to request from the Iowa PMP data on the practitioner's patient when the practitioner queries his/her home state PMP. Conversely, an Iowa PMP practitioner user may request patient records from those states' PMPs when submitting a query to the Iowa PMP.

In February 2015, the Board, the PMP Advisory Council, and the Governor's Office of Drug Control Policy, convened a one-day conference attended by PMP users, representatives of health professional boards, associations, and societies, law enforcement agencies, state and federal agencies, legislators, treatment counselors and providers, and other interested parties to discuss the current status of the Iowa PMP and the future direction or focus of the Iowa PMP. The agenda included identification and discussion of other state PMPs, PMP successes, difficulties, and "best practices," and future plans or recommendations for the Iowa PMP. The Board and the PMP Advisory Council will be considering those recommendations as they formulate plans for improvements and enhancements to the Iowa PMP.

Registered users of the Iowa PMP continue to express their appreciation for the program and the value of the program in planning the health care treatment of their patients. The Board and the PMP Advisory Council concur, and health professional boards, associations, and societies agree, that the Iowa PMP provides proportionally more value for the health care community and their patients than the program costs and that the Iowa PMP should continue.

Respectfully submitted,



Andrew R. Funk, Pharm.D.  
Executive Director

ARF:tmw

Attachments

# IOWA PRESCRIPTION MONITORING PROGRAM REPORT 2015

## DATA COMPILATION

**JANUARY 1, 2010, TO DECEMBER 31, 2015**

<b>Period:</b>	<b>1/1/2010 - 12/31/2010</b>	<b>1/1/2011 - 12/31/2011</b>	<b>1/1/2012 - 12/31/2012</b>	<b>1/1/2013 - 12/31/2013</b>	<b>1/1/2014 - 12/31/2014</b>	<b>1/1/2015 - 12/31/2015</b>
Total CSA Registrant/Prescribers	13,472	14,008	14,547	14,891	15,491	16,012
Total Iowa Pharmacies*	943	948	942	1,520	1,708	1,703
Total Iowa-resident Pharmacists	3,314	3,372	3,410	3,489	3,523	3,568
Prescribers Registered	2,254	2,956	3,766	4,496	5,147	5,909
Pharmacists Registered	1,020	1,208	1,698	2,081	2,390	2,692
Regulators Registered	26	28	32	33	33	32
Law Enforcement Agents Registered	65	92	119	152	162	176
Practitioner Agents Registered	-	-	124	423	721	1,114
Prescriber Requests Processed	44,442	71,172	104,431	129,702	170,696	236,663
Pharmacist Requests Processed	7,988	8,173	12,327	48,040	68,669	91,174
LE/Regulator Requests Processed	340	423	644	484	487	459
<b>Total # Requests Processed</b>	<b>52,770</b>	<b>79,768</b>	<b>117,402</b>	<b>178,226</b>	<b>239,852</b>	<b>328,296</b>
<i>*beginning 2013, includes nonresident pharmacies; required to report effective 1/1/2013</i>						
<b>Filled prescriptions for period:</b>	<b>1/1/2010 - 12/31/2010</b>	<b>1/1/2011 - 12/31/2011</b>	<b>1/1/2012 - 12/31/2012</b>	<b>1/1/2013 - 12/31/2013</b>	<b>1/1/2014 - 12/31/2014</b>	<b>1/1/2015 - 12/31/2015</b>
# Individual patients filling CII Rxs	297,424	322,950	332,908	425,604	769,937	905,146
...from 5 or more prescribers or pharmacies	217	249	186	42	303	169
...from 10 or more prescribers or pharmacies	4	7	3	-	2	1
...from 15 or more prescribers or pharmacies	-	-	1	-	-	-
# Individual patients filling CII or CIII Rxs	825,693	870,441	865,412	1,026,837	821,058	971,460
...from 5 or more prescribers or pharmacies	1,360	1,313	1,072	264	330	198
...from 10 or more prescribers or pharmacies	68	60	31	1	2	1
...from 15 or more prescribers or pharmacies	11	8	2	-	-	-
# Individual patients filling CII, III, IV Rxs	1,170,815	1,149,197	1,181,762	1,447,418	1,142,768	1,498,700
...from 5 or more prescribers or pharmacies	2,016	1,769	1,576	371	527	355
...from 10 or more prescribers or pharmacies	96	72	49	3	5	3
...from 15 or more prescribers or pharmacies	16	9	2	-	-	-
<b>Total # Rxs dispensed for period:</b>	<b>4,442,017</b>	<b>4,581,643</b>	<b>4,668,502</b>	<b>4,679,271</b>	<b>4,800,912</b>	<b>5,183,996</b>
<b>Total # Doses dispensed for period:</b>	<b>242,691,025</b>	<b>253,631,899</b>	<b>254,137,229</b>	<b>260,092,453</b>	<b>269,466,402</b>	<b>303,030,950</b>

## CII-CIV CONTROLLED SUBSTANCES DOSES DISPENSED JANUARY - DECEMBER 2015

