



STATE OF IOWA

TERRY BRANSTAD
GOVERNOR
KIM REYNOLDS
LT. GOVERNOR

BOARD OF PHARMACY
LLOYD K. JESSEN, RPh, JD
EXECUTIVE DIRECTOR

January 19, 2015

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 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 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 governor-appointed pharmacists and prescribers. 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 members of 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 modestly during each year of the program and the number of patients obtaining prescriptions from multiple prescribers and multiple pharmacies decreased each year.

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 2014 is included. The substances ranking in the top doses dispensed have been fairly consistent since implementation of the Iowa PMP, especially within the top six substances. The recent addition of tramadol to controlled substance status has resulted in this substance ranking, for the first time, within this list of top ten dispensed controlled substances.

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 license, 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. Since July 2013, when practitioner agents were authorized, the Iowa PMP has registered nearly 650 prescriber agents and nearly 75 pharmacist agents.

A frequent suggestion from users is 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 are especially supportive of such a program enhancement. Amendments approved during the 2014 legislative

session authorize the Board to enter into agreements for the exchange of PMP information with Kansas and the states bordering Iowa. Program enhancements are in process and data sharing with Illinois, Wisconsin, Minnesota, South Dakota, and Kansas is expected within the first quarter of 2015.

The Board, the PMP Advisory Council, and the Governor's Office of Drug Control Policy, will be convening a one-day conference of 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 will include identification and discussion of other state PMPs; PMP successes, difficulties, and "best practices;" and future plans or recommendations for 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,

A handwritten signature in black ink, appearing to read "Lloyd K. Jessen".

Lloyd K. Jessen, R.Ph., J.D.
Executive Secretary/Director

LKJ:tmw

Attachments

IOWA PRESCRIPTION MONITORING PROGRAM REPORT 2014

DATA COMPILATION

MARCH 26, 2009, TO DECEMBER 31, 2014

Period:	3/26/2009 - 12/31/2009	1/1/2010 - 12/31/2010	1/1/2011 - 12/31/2011	1/1/2012 - 12/31/2012	1/1/2013 - 12/31/2013	1/1/2014 - 12/31/2014
Total CSA Registrant/Prescribers	13,074	13,472	14,008	14,547	14,891	15,491
Total Iowa Pharmacies*	939	943	948	942	1,520	1,708.00
Total Iowa-resident Pharmacists	3,269	3,314	3,372	3,410	3,489	3,523
Prescribers Registered	1,436	2,254	2,956	3,766	4,496	5,147
Pharmacists Registered	758	1,020	1,208	1,698	2,081	2,390
Regulators Registered	15	26	28	32	33	33
Law Enforcement Agents Registered	29	65	92	119	152	162
Practitioner Agents Registered	-	-	-	124	423	721
Prescriber Requests Processed	16,806	44,442	71,172	104,431	129,702	170,696
Pharmacist Requests Processed	5,703	7,988	8,173	12,327	48,040	68,669
LE/Regulator Requests Processed	251	340	423	644	484	487
Total # Requests Processed	22,760	52,770	79,768	117,402	178,226	239,852
<i>*beginning 2013, includes nonresident pharmacies; required to report effective 1/1/2013</i>						
Filled prescriptions for period:	1/1/2009 - 12/31/2009	1/1/2010 - 12/31/2010	1/1/2011 - 12/31/2011	1/1/2012 - 12/31/2012	1/1/2013 - 12/31/2013	1/1/2014 - 12/31/2014
# Individual patients filling CII Rx's	198,795	297,424	322,950	332,908	425,604	769,937
...from 5 or more prescribers or pharmacies	501	217	249	186	42	303
...from 10 or more prescribers or pharmacies	22	4	7	3	-	2
...from 15 or more prescribers or pharmacies	4	-	-	1	-	-
# Individual patients filling CII or CIII Rx's	611,040	825,693	870,441	865,412	1,026,837	821,058
...from 5 or more prescribers or pharmacies	2,270	1,360	1,313	1,072	264	330
...from 10 or more prescribers or pharmacies	171	68	60	31	1	2
...from 15 or more prescribers or pharmacies	40	11	8	2	-	-
# Individual patients filling CII, III, IV Rx's	822,577	1,170,815	1,149,197	1,181,762	1,447,418	1,142,768
...from 5 or more prescribers or pharmacies	3,293	2,016	1,769	1,576	371	527
...from 10 or more prescribers or pharmacies	232	96	72	49	3	5
...from 15 or more prescribers or pharmacies	57	16	9	2	-	-
Total # Rx's dispensed for period:	4,239,890	4,442,017	4,581,643	4,668,502	4,679,271	4,800,912
Total # Doses dispensed for period:	228,149,732	242,691,025	253,631,899	254,137,229	260,092,453	269,466,402

CII-CIV CONTROLLED SUBSTANCES DOSES DISPENSED JANUARY - DECEMBER 2014

