



January 31, 2017

Governor Terry E. Branstad
Members of the 87th 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, until the current year when these numbers appear to be stabilizing. The number of patients obtaining prescriptions from multiple prescribers and multiple pharmacies (doctor/pharmacy shoppers) 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. The number of patients obtaining prescriptions from 15 or more pharmacies or prescribers has remained at zero, for all drug schedules, since 2013.

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 2016 is also included. The substances ranking in the top doses dispensed have been fairly consistent since implementation of the Iowa PMP. The classification in August 2014 by the federal Drug Enforcement Administration 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 oxycodone to patients in Iowa has decreased and dispensing of amphetamines and morphine 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. As a result of legislative amendments enacted during the 2014 legislative session, authorized practitioner users of PMPs in Iowa's border states of South Dakota, Minnesota, Wisconsin, and Illinois, plus users of the Kansas PMP, 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. This enhancement has been very well received, with an average 8,080 queries from Iowa PMP users to other state PMPs each month and an average 13,290 queries to the Iowa PMP from users of other state PMPs. The Board has received numerous comments expressing users' appreciation of the ability to check other state PMPs for information regarding their patients' controlled substances prescription history but many communications also suggest the need for access to more states' PMP data. With more patients co-locating between Iowa during the summer months and warmer, southern states during the winter, with the increased mobility of our populations, and the high numbers of temporary or traveling workers passing through Iowa, PMP users have indicated increased need to obtain controlled prescription drug information regarding their patients in order to make informed decisions regarding the appropriate drug therapy plan and treatment for their patients.

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. Some of the recommendations from that conference have been at least partially implemented by integrating the Iowa PMP with border state PMPs and authorization of practitioner agent users. The process of integrating the Iowa PMP into electronic health and pharmacy record systems is in progress but no direct integrations of this type have yet to be completed.

Other recommendations from participants in the conference have been presented to the General Assembly in a proposal prefiled by the Board and include: require reporting by dispensing prescribers any controlled substances directly dispensed by the prescriber to the patient; expand the substances reported to and maintained by the Iowa PMP to include Schedule V controlled substances that are dispensed directly by the prescriber to the patient or that are dispensed by a pharmacy to a patient pursuant to a prescription; authorize the distribution to practitioners

directly involved in the care of a patient of unsolicited reports identifying the patient as at risk for addiction or abuse; and expand interconnection to include all state PMPs that meet the requirements of Iowa law 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 and should evolve to improve program accessibility.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Andrew R. Funk", enclosed within a hand-drawn oval shape.

Andrew R. Funk, Pharm.D.
Executive Director

ARF:tmw

Attachments

IOWA PRESCRIPTION MONITORING PROGRAM REPORT 2016

DATA COMPILATION

JANUARY 1, 2010, TO DECEMBER 31, 2016

Period:	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	1/1/2015 - 12/31/2015	1/1/2016 - 12/31/2016
Total CSA Registrant/Prescribers	13,472	14,008	14,547	14,891	15,491	16,012	16,357
Total Iowa Pharmacies*	943	948	942	1,520	1,708	1,703	1,728
Total Iowa-resident Pharmacists	3,314	3,372	3,410	3,489	3,523	3,568	3,607
Prescribers Registered	2,254	2,956	3,766	4,496	5,147	5,909	6,849
Pharmacists Registered	1,020	1,208	1,698	2,081	2,390	2,692	2,978
Regulators Registered	26	28	32	33	33	32	34
Law Enforcement Agents Registered	65	92	119	152	162	176	182
Practitioner Agents Registered	-	-	124	423	721	1,114	1,696
Prescriber Requests Processed	44,442	71,172	104,431	129,702	170,696	236,663	297,876
Pharmacist Requests Processed	7,988	8,173	12,327	48,040	68,669	91,174	94,482
LE/Regulator Requests Processed	340	423	644	484	487	459	461
Total # Requests Processed	52,770	79,768	117,402	178,226	239,852	328,296	392,819
<i>*beginning 2013, includes nonresident pharmacies; required to report effective 1/1/2013</i>							
Filled prescriptions for period:	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	1/1/2015 - 12/31/2015	1/1/2016 - 12/31/2016
# Individual patients filling CII Rx's	297,424	322,950	332,908	425,604	769,937	905,146	733,586
...from 5 or more prescribers or pharmacies	217	249	186	42	303	169	232
...from 10 or more prescribers or pharmacies	4	7	3	-	2	1	2
...from 15 or more prescribers or pharmacies	-	-	1	-	-	-	-
# Individual patients filling CII or CIII Rx's	825,693	870,441	865,412	1,026,837	821,058	971,460	784,931
...from 5 or more prescribers or pharmacies	1,360	1,313	1,072	264	330	198	255
...from 10 or more prescribers or pharmacies	68	60	31	1	2	1	2
...from 15 or more prescribers or pharmacies	11	8	2	-	-	-	-
# Individual patients filling CII, III, IV Rx's	1,170,815	1,149,197	1,181,762	1,447,418	1,142,768	1,498,700	1,159,368
...from 5 or more prescribers or pharmacies	2,016	1,769	1,576	371	527	355	466
...from 10 or more prescribers or pharmacies	96	72	49	3	5	3	2
...from 15 or more prescribers or pharmacies	16	9	2	-	-	-	-
Total # Rx's dispensed for period:	4,442,017	4,581,643	4,668,502	4,679,271	4,800,912	5,183,996	5,182,263
Total # Doses dispensed for period:	242,691,025	253,631,899	254,137,229	260,092,453	269,466,402	303,030,950	300,729,482

CII-CIV CONTROLLED SUBSTANCES DOSES DISPENSED JANUARY - DECEMBER 2016

