



2020 Annual Report

Summary of IDPH Activities

Authorship – Iowa Board of Pharmacy

February 2021



Protecting and Improving the Health of Iowans



Acknowledgements

Iowa Department of Public Health. Iowa Board of Pharmacy. *Iowa Prescription Monitoring Program (PMP) 2020 Annual Report*. Des Moines: Iowa Dept. of Public Health, 2021. Iowa Board of Pharmacy Web. <https://pharmacy.iowa.gov/> [Accessed January 31, 2021].

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List of Acronyms

| | |
|---------------|--|
| API | Application Protocol Interface |
| BJA..... | Bureau of Justice Assistance |
| COAP..... | Bureau of Justice Assistance Comprehensive Opioid Abuse Prevention |
| COVID-19..... | Coronavirus Disease of 2019 |
| CSA..... | Controlled Substance Act |
| DAS | Department of Administrative Services |
| EHR..... | Electronic Health Records |
| EMR..... | Electronic Medical Records |
| EMS..... | Emergency Medical Services |
| IDPH..... | Iowa Department of Public Health |
| MPE..... | Multiple Provider Episodes |
| OCIO..... | Office of the Chief Information Officer |
| PDS..... | Pharmacy Dispensing Systems |
| PMP..... | Prescription Monitoring Program |
| RFP | Request for Proposal |
| STR..... | State Targeted Response to the Opioid Crisis |

Report Main Body

Introduction

The Iowa Prescription Monitoring Program (PMP) became fully operational on March 25, 2009, and provides authorized prescribers and pharmacists with on-going 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 to ambulatory patients.

The Board administers the Iowa PMP with the assistance and guidance of an advisory council consisting of four physicians, three pharmacists and one non-physician prescriber appointed by the governor. The advisory council meets as needed, but at least once annually, 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. Assessment of PMP data collected for the timeframe of 1/1/2020 through 12/31/2020 is included in this report. Historical data since 2013 is also provided in table format as an attachment.

Operations

From March 25, 2009, until April 3, 2018, the Iowa PMP ran on a software platform, referred to as Otech, developed by Optimum Technologies. The cost of initial implementation of the Iowa PMP was paid by a federal grant and amounted to \$411,250. From 2009 until 2018, the annual cost for the receipt and delivery of pharmacy data and software maintenance amounted to approximately \$112,000 – even after Optimum Technologies was acquired by Appriss Health on April 24, 2015. The Otech platform included limited functionality that did not enable Iowa PMP administrators to run many basic statistical reports. That, as a major downfall, along with the aging, server-based software platform that was not able to accommodate any sizable integration of the PMP with Electronic Health Record (EHR) systems, Electronic Medical Record (EMR) systems and Pharmacy Dispensing Systems (PDS), propelled the Board to initiate the Request for Proposal (RFP) process.

On June 2, 2017, the Board, in conjunction with the Office of the Chief Information Officer (OCIO) and the Department of Administrative Services (DAS), submitted the initial draft of

the Project Charter for a new contract for the PMP application. The RFP for the project was issued by the state on August 20, 2017, with proposals due on November 13, 2017. On November 30, 2017, the Notice of Intent to Award RFP 0918005004 for the Iowa Board of Pharmacy Prescription Monitoring Program was given to Appriss Health for their PMP AWARe™ solution. The contract was officially executed in January 2018. On March 28, 2018, data from the former Otech platform was successfully migrated into AWARe™ and the upgraded system became fully operational on April 4, 2018. Calendar year 2020 marked the second full year of use with the new AWARe™ software platform. The new platform and add-on services continue to be well received by the PMP users in Iowa.

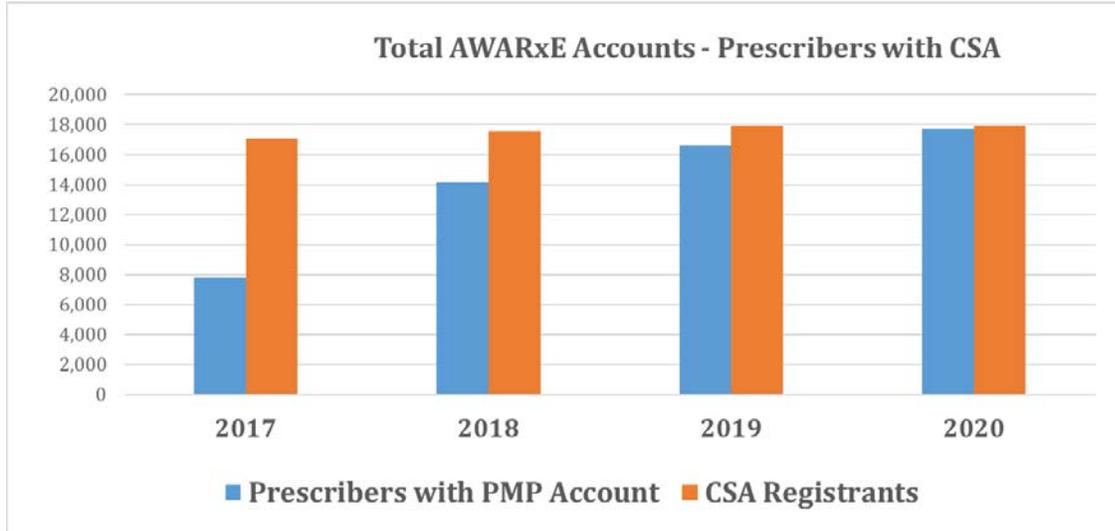
Cost for the AWARe™ solution is \$100,000 per year for the first two years of the contract. For contract years 3, 4, 5 and 6, the annual fees will increase to \$102,000, \$104,040, \$106,120 and \$108,250, respectively. Annual costs are paid from license fees retained by the Board for the support of Board programs and activities. No additional user fees or surcharges have been imposed to pay for the activities or support of the Iowa PMP since its inception.

NarxCare™ was selected to be an add-on service to further enhance the AWARe™ software platform. NarxCare™ aids practitioners with their clinical decision making and assists prescribers and dispensers in improving patient safety and bettering patient outcomes. NarxCare™ summarizes and analyzes data collected by the PMP and generates summary information, additional insights, and overdose risk scores related to each patient. The annual fee for NarxCare™ is \$186,000 per year, which was paid for in 2020 using funds from the State Targeted Response to the Opioid Crisis Grant (STR), a grant jointly awarded to the Iowa Department of Public Health and the Iowa Board of Pharmacy. The STR grant runs until April 30, 2021. It is the intent of the Board to seek additional grant funding to pay for NarxCare™ beyond April 30, 2021.

HF 2377/ “The Opioid Bill”

The enactment of HF 2377 into law on July 1, 2018, conferred new requirements on Iowa Controlled Substance Act (CSA) registrants and the PMP. One requirement of note is Iowa Code 124.551A which mandates that a prescribing practitioner “shall register for the program at the same time the prescribing practitioner applies to the Board to register or renews registration to prescribe controlled substances as required by the board.” The percent of CSA registrants that had a PMP user account continued to increase throughout 2020, ending the year at approximately 98.6%. It should be noted that all CSA holders who have not registered with the PMP fall within the Governor’s COVID-19 proclamation, temporarily suspending rules relating to professional license registration and renewal. The proclamation went into effect on March 22, 2020. It is expected that this percentage will reach 100% once the proclamation expires and the 30-day grace period ends. (Figure 1):

Figure 1: CSA Registrants vs. PMP Prescriber Account Holders



In addition, HF 2377 mandated that Iowa licensing boards adopt rules requiring their respective licensees to utilize the PMP database prior to issuing an opioid prescription. The Iowa Board of Medicine, Board of Nursing, Dental Board, Board of Physician Assistants, Board of Optometry and Board of Podiatry all adopted rules relating to such requirements during calendar year 2019. Therefore, 2020 represented the first full calendar year since the licensing boards adopted these requirements. The impact of these new regulations on PMP utilization is highlighted in the “PMP Data” section below.

PMP Data

From March 25, 2009, until May 15, 2018, in-state and nonresident Iowa licensed pharmacies were only required to submit data on reportable prescriptions to the PMP on a weekly basis. In an effort to provide more contemporary PMP records, Iowa Administrative Code 657-37.3(3) was amended by the Board to require pharmacies to submit prescription data no later than the next business day following dispensing. The PMP and the Board continue to work in a coordinated effort to monitor and ensure compliance with the updated reporting requirements, including an effort to purge the PMP files of closed or otherwise dormant pharmacies and updating AWARe™ to accurately reflect pharmacy hours of operation (e.g., identify and flag pharmacies closed Saturday, Sunday, holidays). In addition, the Iowa PMP began an outreach program in 2020 to contact pharmacies who were identified as regularly delinquent in their reporting. Currently, the compliance (defined as no more than two days delinquent) rate for pharmacies hovers around 98.3%, an increase from 93.2% in 2019. The percent compliant is expected to increase further in 2021 as pharmacy records continue to be brought up to date, the PMP continues its outreach, and education and newly available compliance toolkits within AWARe™ are utilized.

Prescription and PMP user data referenced in this report was collected by the PMP between

January 1, 2020, and December 31, 2020. During the 2020 calendar year, not only did the number of pharmacist and prescriber user accounts increase, but the number of patient queries from both provider types (prescriber and pharmacist) also increased, with a 182.4% increase in provider searches seen in 2020 relative to 2019. These increases are in large part due to the rise in the number of integrations between the PMP and Electronic Health Records (EHR), Electronic Medical Records (EMR) and Pharmacy Dispensing Systems (PDS). To date, all integrations have been enabled using an Application Protocol Interface (API) known as Gateway™. Queries that originated in the stand-alone AWA Rx E™ web portal and integrated queries that originated through Gateway™ are shown separately for both pharmacist and prescriber provider categories. Both provider categories show a marked increase in total patient searches from 2017 to 2020 (Figures 2 and 3). Daily and active PMP users have also increased.

Figure 2: Pharmacist Queries (includes delegate requests)

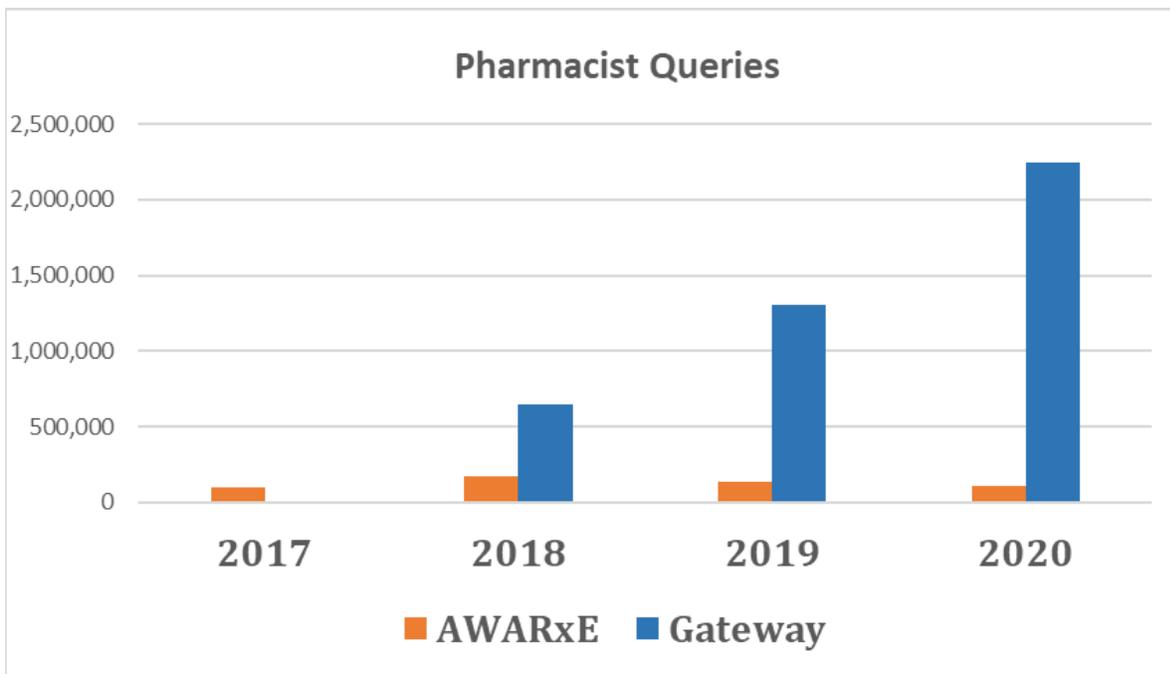
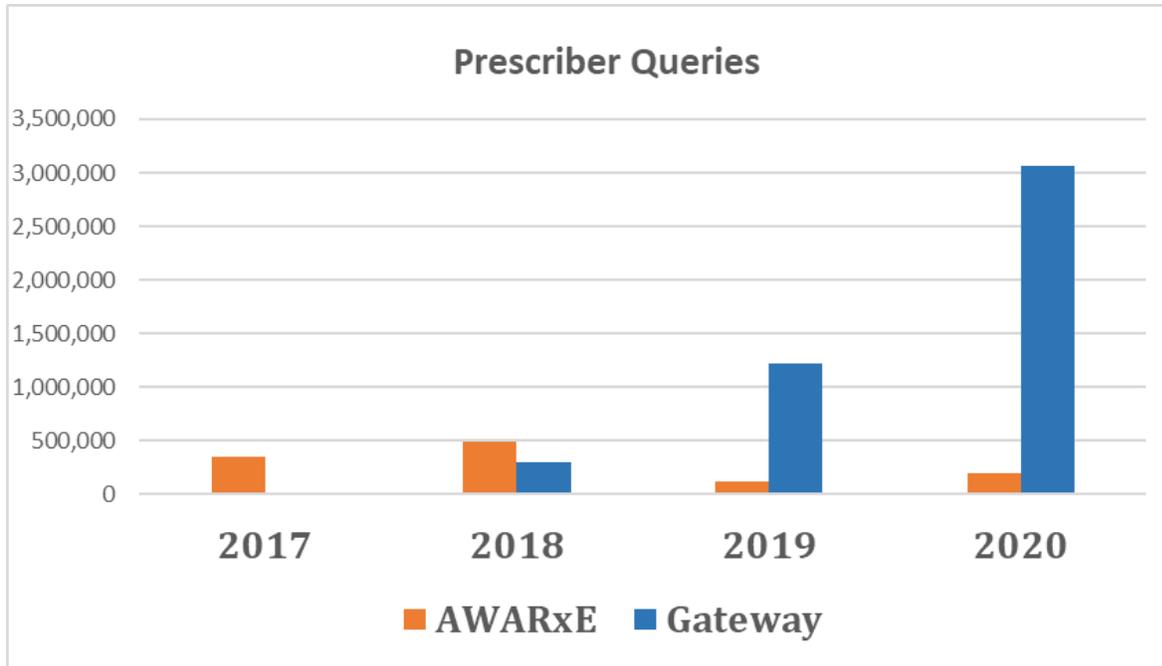


Figure 3: Prescriber Queries (includes delegate requests)



Figures 4 through 6 display the top 10 Schedule II-IV drugs dispensed by number of dosage units for years 2018, 2019 and 2020, respectively. The drugs that fill those top 10 spots were identical in 2018 and 2019, and similar for 2020. The lone exception was lisdexamfetamine, which took the place of amphetamine among the top 10 in 2020. The ranking orders also remained relatively consistent. Of note, and similar to other states, Iowa has seen a reduction in the relative percentage of opioids dispensed, and a relative increase in the percentage of stimulants and benzodiazepines. It remains unknown how much of this trend was driven in 2020 by COVID-19.

Figure 4: Top 10 drugs by Dosage Units 2018

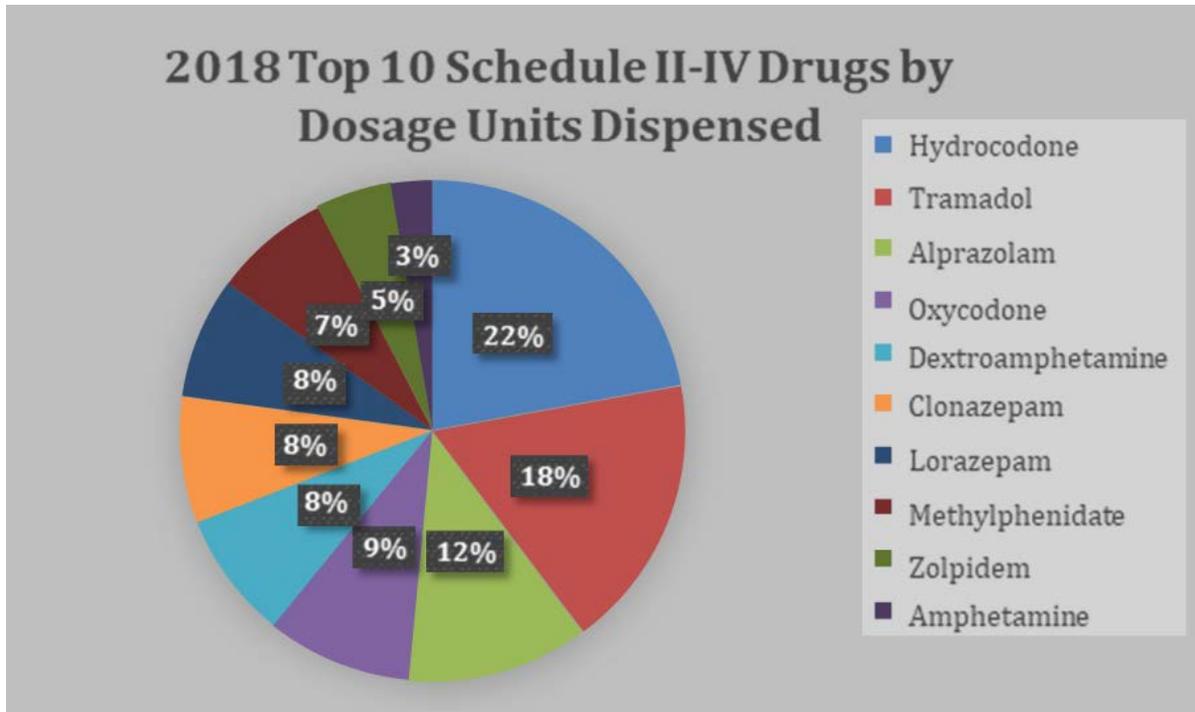


Figure 5: Top 10 drugs by Dosage Units 2019

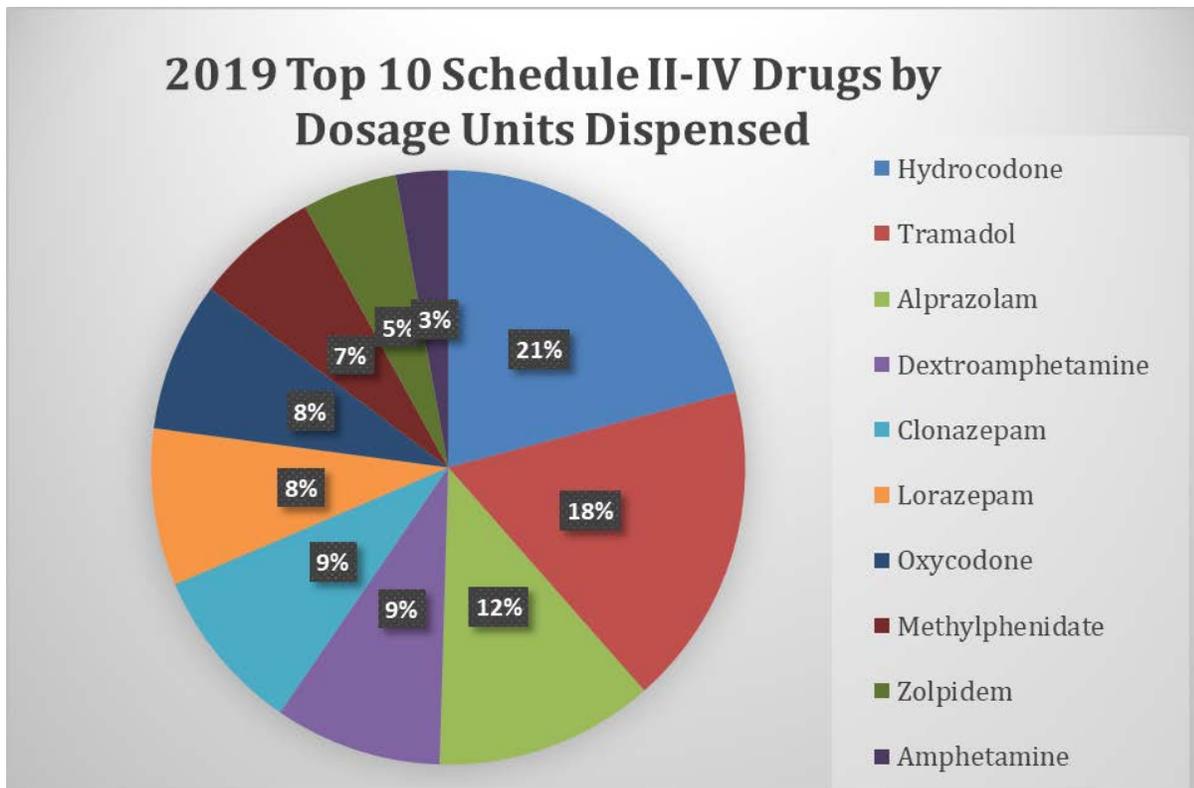
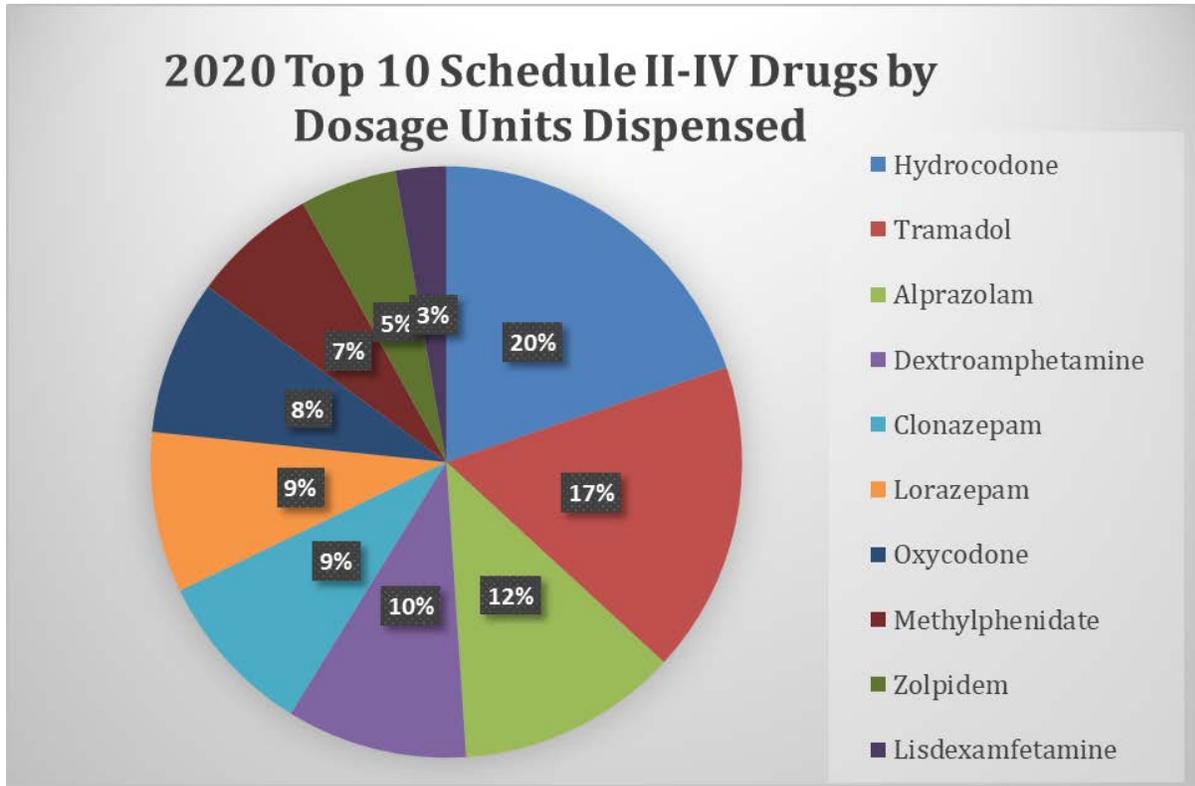
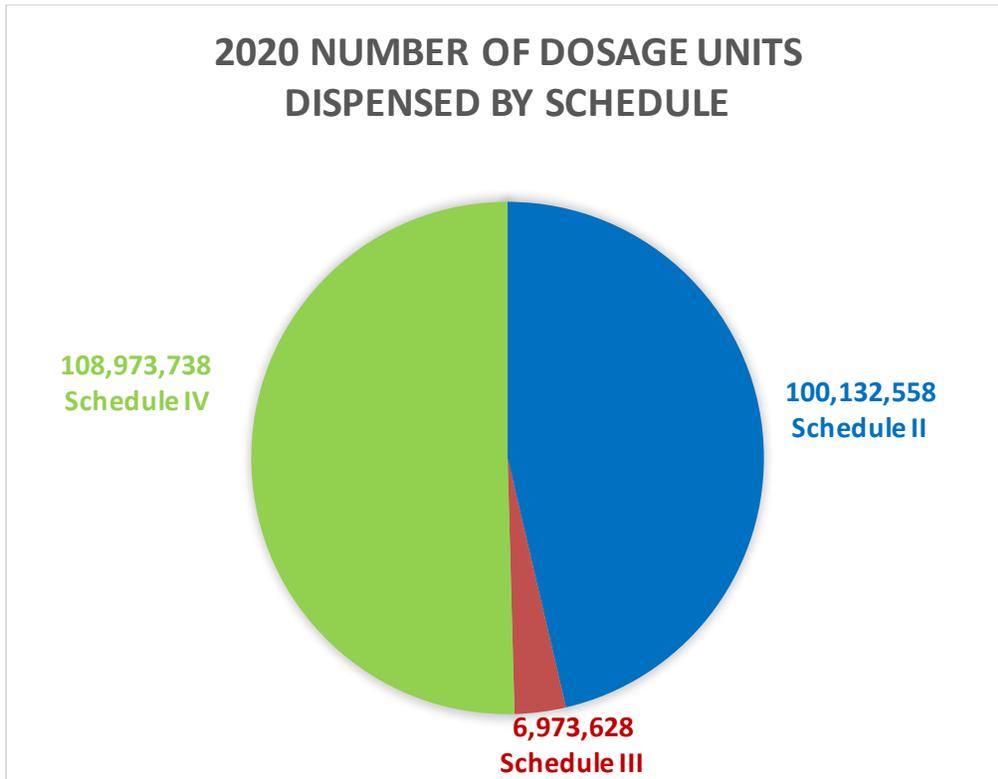


Figure 6: Top 10 drugs by Dosage Units 2020



Out of the three drug schedules that comprise prescription data reported to the PMP in 2020, the number of dosage units of Schedule IV drugs narrowly surpassed that of Schedule II drugs. Schedule III drugs came in a distant third with regard to dosage units dispensed (Figure 7):

Figure 7: Total Dosage Units by Schedule (II, III, IV)



From 2019 until 2020, the total number of Schedule II-IV prescriptions dispensed decreased again, and was the lowest on record since 2013 (Figure 8). The same held true with the total number of dosage units dispensed (Figure 9).

Figure 8: Total Schedule II-IV Prescriptions Dispensed

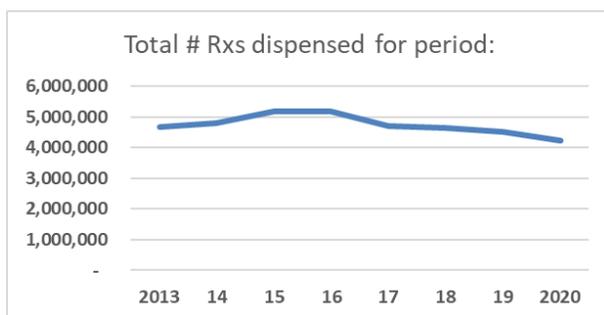
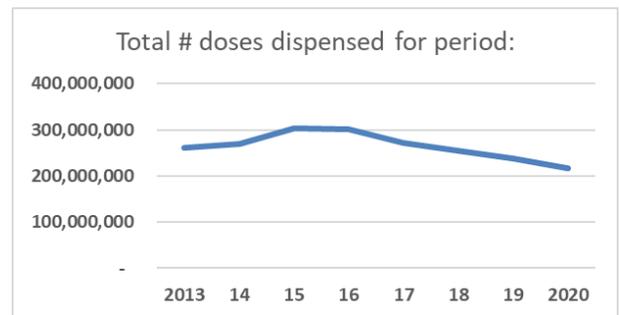


Figure 9: Total Schedule II-IV Dosage Units Dispensed



Numbers for individual classes of drugs, (e.g., opioids, benzodiazepines and stimulants) from 2016 to 2020 are shown in Figures 10 – 15:

Figure 10: Total Opioid Prescriptions Dispensed

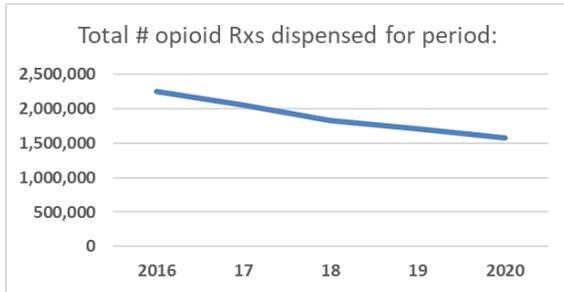


Figure 11: Total Opioid Dosage Units Dispensed

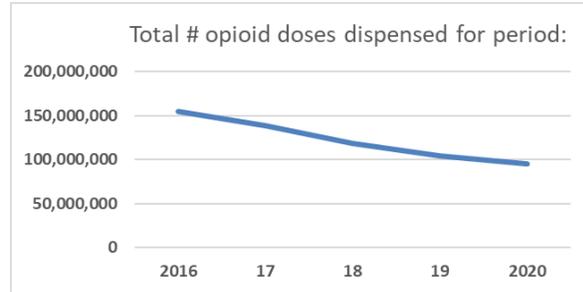


Figure 12: Total Benzodiazepine Prescriptions Dispensed

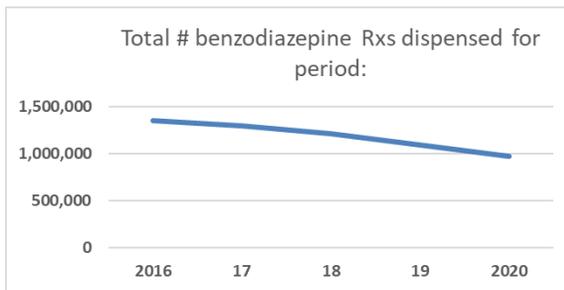


Figure 13: Total Benzodiazepine Dosage Units Dispensed

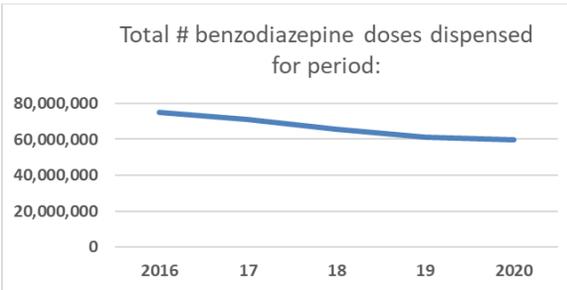


Figure 14: Total Stimulant Prescriptions Dispensed

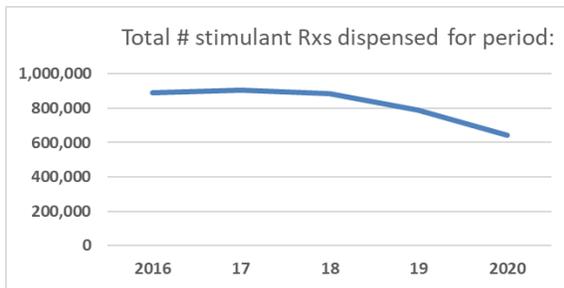
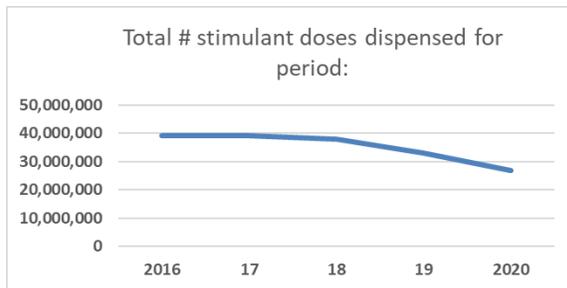


Figure 15: Total Stimulant Dosage Units Dispensed



The current AWARxE™ platform incorporates a sophisticated patient matching algorithm and logic to identify and track trends at the individual patient level. While the number of patients receiving prescriptions from multiple prescribers at multiple pharmacies, or patients with multiple provider episodes (MPEs), was determined under the previous vendor’s program, the values likely underestimated the actual number due to use of a less robust patient matching algorithm. Recalculated MPE estimates, provided by Appriss for 2017, and actual MPE calculations from 2018 to 2020, reflect a significant reduction in Iowa patients with 5 or 10 MPEs across 2017 to 2020 (Figures 10 and 11, respectively).

Figure 16: Patients Filling Prescriptions from 5 or More Prescribers or Pharmacies

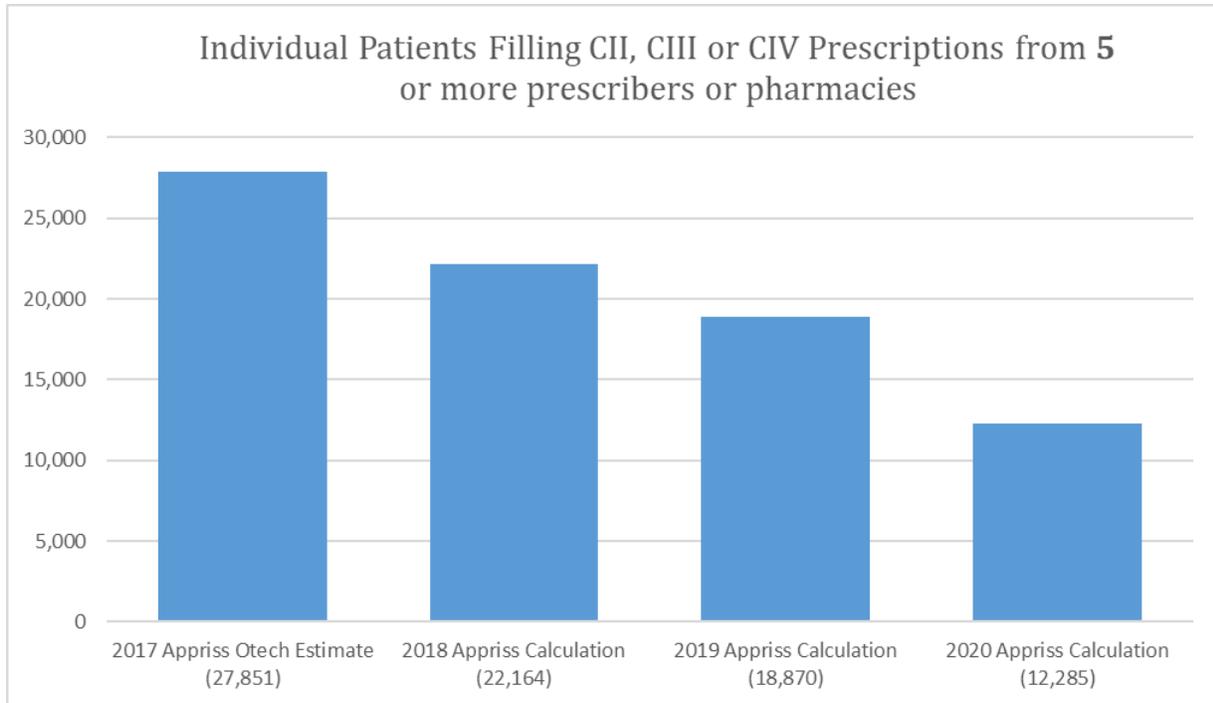
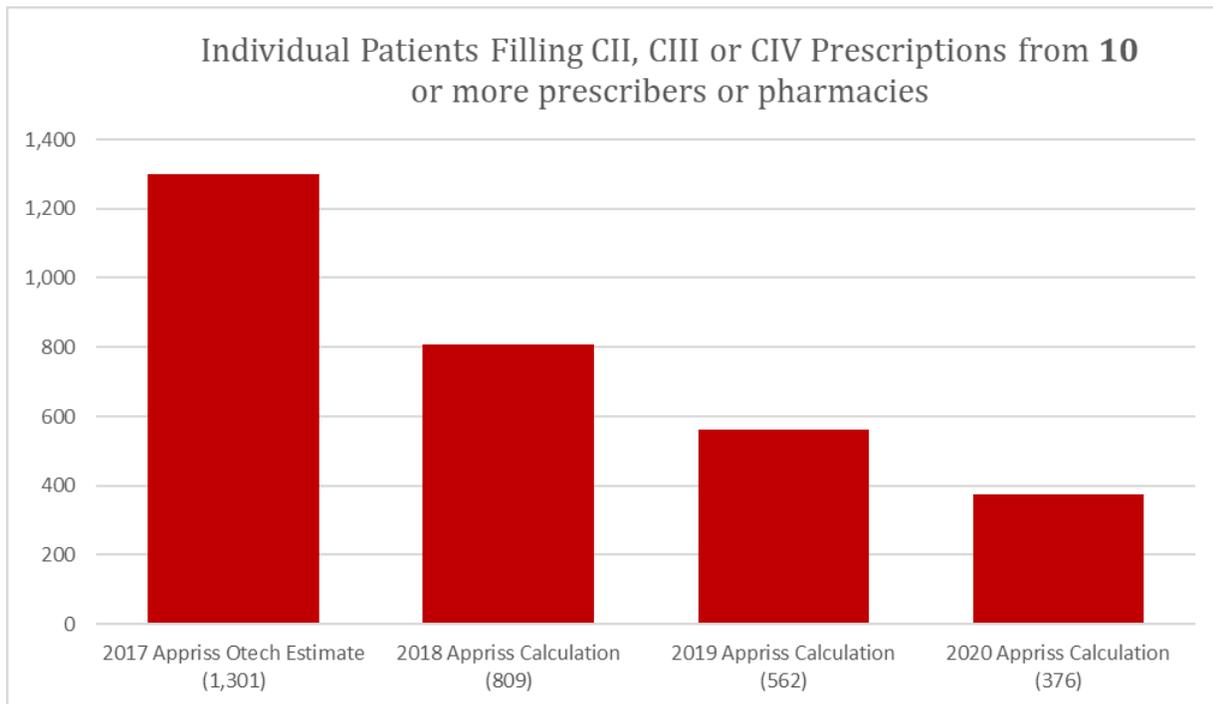
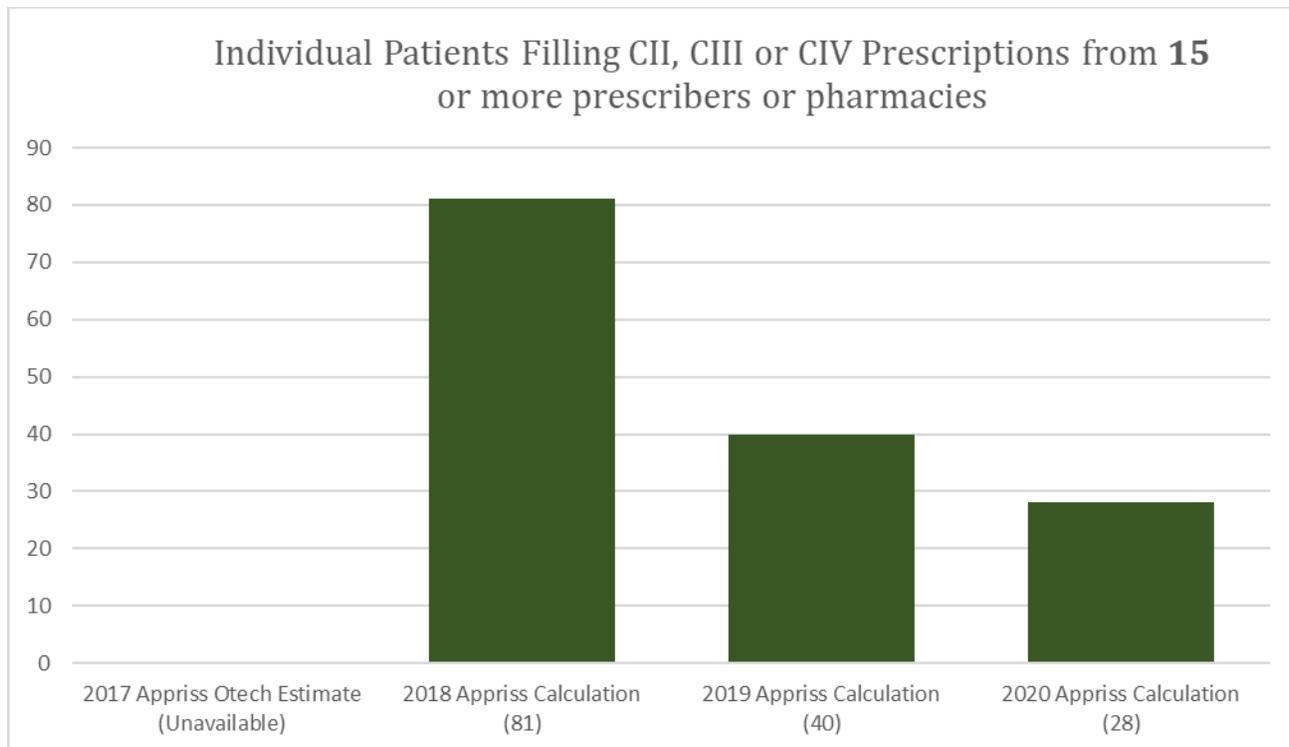


Figure 17: Patients Filling Prescriptions from 10 or More Prescribers or Pharmacies



A valid estimate for the number of patients with 15 or more MPEs in 2017 is not available and is therefore not reported. Nonetheless, a significant reduction in Iowa patients with 15 MPEs was seen from 2018 to 2020 (Figure 12):

Figure 18: Patients Filling Prescriptions from 15 or More Prescribers or Pharmacies



While the identification of potentially inaccurate MPE estimates prior to 2018 was disheartening, it provided an opportunity for the Iowa PMP to better launch the dissemination of provider threshold reports and prescriber activity reports. Threshold reports inform both pharmacists and prescribers of MPE patients under their care. Prescriber activity reports are sent to any Iowa prescriber who issued a Schedule II-IV controlled substance over the previous six months. The activity reports also provide a summary snapshot along with a benchmark comparison relative to a prescriber’s peers within the prescriber’s specialty practice area.

An important update in the format of the prescriber activity reports was seen with the prescriber activity reports sent out in the last quarter of 2020. The new format contained several enhancements and were visually “easier-to-read.” An example report is shown in Appendix A. Feedback from providers regarding the updated format was overwhelmingly positive. The most recent round of 2020 prescriber activity reports were sent to 10,627 prescribers. Other initiatives related to prescriber activity reports in 2020 included an outreach

program by the PMP to prescribers who were previously missing a provider specialty code in their PMP profile. The provider specialty code or “practice area” is used for benchmarking purposes and is provided as part of the confidential prescriber activity reports. A valid specialty code is vital in order for the metric to provide meaningful feedback to the prescriber.

The most recent round of threshold reports from 2020 identified 54 patients exhibiting MPE behavior, with reports being sent to 244 prescribers and pharmacies. While it is impossible to prove the direct impact of implementing threshold reports on patient MPE behavior, a strong correlation is observed between the rollout of threshold reports and their continued use and refinement, and the previously mentioned reduction in MPEs since 2018.

Ongoing Improvement Efforts.

Calendar year 2020 brought the second full year of integration of the PMP with hospital and clinic EHRs and pharmacy PDSs. The PMP started the year with 93 integrated Iowa hospitals, clinics and pharmacies in the state and ended the year with 253 integrated entities. Those hospitals and pharmacies that integrated have continued to express positive feedback, reinforcing the timesaving benefit of having a patient’s PMP records within their EHR or PDS clinical workflow. Additional efforts to increase PMP integration with Iowa providers in 2020 involved support and administration of two major grants awarded to IDPH. The first initiative funded integration for 1,480 University of Iowa Hospitals and Clinics (UIHC) providers. The second initiative, directly awarded reimbursement toward integration costs to other entities throughout the state. Not counting the UIHC, a total of 34 entities received funding covering an estimated additional 4,000 providers. The 34 entities had a combined presence in 48 of Iowa’s 99 counties.

Launch of the enhanced software and analytical platforms (AWARxE™ and NarxCare™) in 2018 positioned the Iowa PMP to serve as an even more useful tool in the midst of the opioid crisis. The majority of comments on the upgrades remain positive. A frequent suggestion from practitioners for the program to allow pharmacists and prescribers to add information to a patient profile regarding concerns such as drug-seeking, drug screen results, opioid contracts or other information resulted in the late 2019 deployment of a peer-to-peer communication tool within AWARxE™ and NarxCare™. While a vendor validation issue previously limited pharmacist’s use of the communications module, a working solution to allow pharmacists to fully utilize the module was implemented by Appriss in the first quarter of 2020. Plans to more fully promote the communications module were hampered by COVID-19, but additional promotion by the PMP is planned for 2021. Another enhancement to the Iowa PMP platform in 2020 included reports of the administration of an opioid rescue medication (e.g., Narcan®) by first-responders or EMS as an additional risk indicator in the patient’s PMP profile and NarxCare™ report.

PMP stakeholders and end users continue to express gratitude for the expediency with which Iowa controlled substance prescription data is now available as a result of the 2018 rule changes. Feedback regarding ongoing efforts by the PMP to promote cost-effective integration solutions and provide support, both financial and logistical, continues to be positive. Iowa’s

PMP continued to receive needed facelifts and updates in 2020, many made possible by the software platform's capabilities. It is thought that the features and updates planned for 2021 will continue to provide for an improved user experience. The PMP will continue to solicit and evaluate feedback from program users to assist in ongoing monitoring efforts to provide the most cost-effective and user-friendly, and useful system enhancements.

Collaboration with the Iowa Department of Public Health's (IDPH) Bureau of Substance Abuse continues through various grant projects. This includes sharing de-identified PMP data with IDPH which has proved to be valuable in helping guide the department's statewide prevention and monitoring activities. In addition, IDPH and the PMP made a public facing dashboard available in 2020 which highlights historical PMP data and opioid and controlled substance use trends. Additional dashboard enhancements and more timely rollouts of data are both planned for 2021. The public facing dashboard is available on both the IDPH and Board's websites.

In July 2020, the PMP, Iowa Board of Pharmacy, and IDPH joined efforts to initiate a program to make the opioid rescue medication, Narcan®, available at no cost to any patient in need at any community pharmacy in Iowa. The innovative program also involved collaborating with an Iowa-based pharmacy benefits management company and professional groups and organizations. Despite the challenges of rolling out a new initiative during COVID-19, the project has been considered a resounding success when measured by the number of kits dispensed and the geographical reach of the program. From July through December 2020, a total of 661 Narcan® kits were dispensed to Iowa patients, with at least one community pharmacy from 48 of Iowa's 99 counties participating. In late 2020, promotional kits detailing the program and patient educational materials were mailed to all Iowa pharmacies. As a result of the promotion, an uptick in kits dispensed and participation from additional pharmacies is anticipated in 2021.

In July 2020, the PMP, in cooperation of the Iowa Board of Pharmacy, began a comprehensive field audit project to validate the information found in the Iowa PMP. The origin of the project was the realization that the PMP was moving towards becoming a clinical tool upon which practitioners based clinical decisions. There was, therefore, a need to verify the accuracy of the data along with evaluating the efficacy of the policies and systems that the PMP has implemented. Over 1,500 prescriptions were analyzed in 2020. While the project is still in the initial phases, preliminary findings have resulted in several "positives," including expanded outreach efforts to update the list of exempt pharmacies and education regarding reporting requirements. It is hoped that results and ongoing efforts of the project will increase provider confidence in the validity of PMP data.

Other notable accomplishments of the PMP for calendar year 2020 include the Associate Director providing narration for an on-demand continuing education webinar (made available at no cost for Iowa providers) entitled "*Modernizing the Iowa PMP: What's New for 2020*" and work with the Board of Pharmacy to create an interactive Iowa PMP "Frequently Asked Questions" webpage: [Iowa PMP FAQ](#)

Summary

The impact of previous and on-going efforts by the Iowa PMP can be shown in year-to-year increases in both provider PMP registration and utilization, year-to-year reductions in the number of Iowa patients who are at-risk for adverse events stemming from either consciously or inadvertently receiving controlled substances from numerous providers and pharmacies, and overall year-to-year decreases in the total numbers of Schedule II-IV prescriptions and dosage units dispensed per capita. Goals for the Iowa PMP in 2021 include efforts to realize 100% PMP registration among CSA registrants, continued reduction in the number and percentage of delinquent reporting pharmacies, and exploring funding options to build on the success of the Iowa Pharmacy Narcan® Dispensing Program by supporting additional pharmacist-provided opioid patient screening, education and patient resource tools.

The PMP staff, the Advisory Council, and the Board of Pharmacy look forward to strengthening the program in 2021 and maintaining persistent positive data trends.

Appendix A – Revised Prescriber Activity Report

State

Date: 7/23/2019
 Name: Sam Smith
 Role: Physician (MD, DO)

**Prescription Monitoring Program
PMP Prescriber Report**



Total Prescribers Within Your Specialty: 91

TOP MEDICATIONS PRESCRIBED

| | | |
|--------------------------------------|---------------|-----------------------------|
| hydrocodone bitartrate/acetaminophen | oxycodone HCl | oxycodone HCl/acetaminophen |
|--------------------------------------|---------------|-----------------------------|

■ You ~ Peer Specialty Comparison

OPIOIDS

Prescriptions per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 1.4 | 1.3 | 1.3 | 1.4 | 1.3 | 1.3 |
| Peer | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 |

Average Daily MME per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|------|------|------|------|------|------|
| You | 89.8 | 81.0 | 80.7 | 82.3 | 79.9 | 75.3 |
| Peer | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 |

Average Quantity per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 135 | 133 | 131 | 133 | 135 | 128 |
| Peer | 100 | 100 | 100 | 100 | 100 | 100 |

Average Duration per Patient (Days)

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|------|------|------|------|------|------|
| You | 36.3 | 34.8 | 35.6 | 35.9 | 35.6 | 37.0 |
| Peer | 35.0 | 35.0 | 35.0 | 35.0 | 35.0 | 35.0 |

of Patients: 1,284 # of Patients Peer: 314

BUPRENORPHINE

Prescriptions per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 1.2 | 1.1 | 1.0 | 1.1 | 1.0 | 1.1 |
| Peer | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |

Average Quantity per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 57 | 36 | 44 | 48 | 48 | 32 |
| Peer | 50 | 50 | 50 | 50 | 50 | 50 |

Average Duration per Patient (Days)

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|------|------|------|------|------|------|
| You | 31.1 | 27.5 | 29.7 | 32.5 | 29.7 | 30.7 |
| Peer | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 |

of Patients: 35 # of Patients Peer: 11

SEDATIVES

Prescriptions per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 1.2 | 1.2 | 1.1 | 1.2 | 1.1 | 1.1 |
| Peer | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 |

Average Quantity per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 62 | 58 | 58 | 51 | 56 | 31 |
| Peer | 50 | 50 | 50 | 50 | 50 | 50 |

Average Duration per Patient (Days)

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|------|------|------|------|------|------|
| You | 32.6 | 30.0 | 30.8 | 31.3 | 32.2 | 17.8 |
| Peer | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 |

of Patients: 245 # of Patients Peer: 25

STIMULANTS

Prescriptions per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 1.0 | 1.0 | 1.0 | 1.2 | 1.2 | 1.2 |
| Peer | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |

Average Quantity per Patient

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|-----|-----|-----|-----|-----|-----|
| You | 45 | 48 | 60 | 73 | 72 | 65 |
| Peer | 50 | 50 | 50 | 50 | 50 | 50 |

Average Duration per Patient (Days)

| Month | Jan | Feb | Mar | Apr | May | Jun |
|-------|------|------|------|------|------|------|
| You | 30.0 | 30.0 | 30.0 | 35.0 | 36.0 | 35.0 |
| Peer | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 | 30.0 |

of Patients: 9 # of Patients Peer: 1

| AT-RISK PATIENTS | Dangerous Combination | | Multiple Providers | | MME Threshold | |
|------------------|-------------------------------|-----|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| | Benzo + Opioid | You | You + Other Prescribers | Patients with 5 or more Prescribers | Patients Receiving Daily MME >= 90 | Patients Receiving Daily MME >= 120 |
| | 104 | 458 | 1 | 52 | 291 | 125 |
| | Benzo + Opioid + Carisoprodol | | Patients with 5 or more Pharmacies | | | |
| | 1 | 15 | 0 | | | |
| | You | | You + Other Prescribers | | | |
| | 1 | 15 | 0 | | | |

| PDMP USAGE | Patient Searches by You | Patient Searches by Your Delegate(s) | Your Total Patient Searches |
|------------|-------------------------|--------------------------------------|-----------------------------|
| | 34 | 5,377 | 5,411 |

Appendix B – Iowa PMP Historical Data

Appendix A: 2013 to 2020 Historical Data

| Period: | 1/1/2013 - 12/31/2013 | 1/1/2014 - 12/31/2014 | 1/1/2015 - 12/31/2015 | 1/1/2016 - 12/31/2016 | 1/1/2017 - 12/31/2017 | 1/1/2018 - 12/31/2018 | 1/1/2019 - 12/31/2019 | 1/1/2020 - 12/31/2020 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CSA Registrant/ Prescribers | 14,891 | 15,491 | 16,012 | 16,357 | 17,091 | 17,553 | 17,933 | 17,937 |
| Total Iowa Pharmacies | 1,520 | 1,708 | 1,703 | 1,728 | 1,695 | 1,786 | 1,635 | 1,640 |
| Total Iowa Pharmacists | 3,489 | 3,523 | 3,568 | 3,607 | 3,633 | 3,755 | 3,704 | 3,770 |
| | | | | | | | | |
| Prescribers Registered | 4,496 | 5,147 | 5,909 | 6,849 | 7,798 | 12,630 | 16,583 | 17,683 |
| Pharmacists Registered | 2,081 | 2,390 | 2,692 | 2,978 | 3,200 | 3,777 | 4,000 | 4,246 |
| Regulators Registered | 33 | 33 | 32 | 34 | 37 | 37 | 42 | 37 |
| Law Enforcement Agents Registered | 152 | 162 | 176 | 182 | 196 | 195 | 129 | 156 |
| Practitioner Delegates | 423 | 721 | 1,114 | 1,696 | 2,122 | 3,555 | 4,531 | 6,307 |
| | | | | | | | | |
| Prescriber Requests via Gateway | | | | | | 360,583 | 1,223,446 | 3,069,233 |
| Prescriber Requests Processed via AWARxE | 129,702 | 170,696 | 236,663 | 297,876 | 347,703 | 487,322 | 915,206 | 1,104,259 |
| Total Prescriber Requests | | | | | | 847,905 | 2,138,652 | 4,173,492 |
| Pharmacist Requests via Gateway | | | | | | 648,673 | 1,305,025 | 2,249,024 |
| Pharmacist Requests Processed via AWARxE | 48,040 | 68,669 | 91,174 | 94,482 | 99,196 | 172,827 | 133,983 | 102,759 |
| Total Pharmacist Requests | | | | | | 821,500 | 1,439,008 | 2,351,783 |
| LE/Regulator Requests Processed | 484 | 487 | 459 | 461 | 577 | 517 | 1,515 | 501 |
| Total # Requests Processed | 178,226 | 239,852 | 328,296 | 392,819 | 447,476 | 1,669,922 | 3,579,175 | 6,525,776 |
| Filled prescriptions for period: | 1/1/2013 - 12/31/2013 | 1/1/2014 - 12/31/2014 | 1/1/2015 - 12/31/2015 | 1/1/2016 - 12/31/2016 | 1/1/2017 - 12/31/2017 | 1/1/2018 - 12/31/2018 | 1/1/2019 - 12/31/2019 | 1/1/2020 - 12/31/2020 |
| # patients filling CII Rxs | 425,604 | 769,937 | 905,146 | 733,586 | 679,262 | 505,808 | 447,753 | 413,434 |
| # patients filling CII or CIII Rxs | 1,026,837 | 821,058 | 971,460 | 784,931 | 727,099 | 544,076 | 481,033 | 443,906 |
| # patients filling CII-IV Rxs | 1,447,418 | 1,142,768 | 1,498,700 | 1,159,368 | 1,092,481 | 808,403 | 730,874 | 682,949 |
| | | | | | | | | |

Iowa Prescription Monitoring Program (PMP) 2020 Annual Report

| | | | | | | | | |
|--------------------------------|-------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Total # CII-IV Rxs dispensed | 4,679,271 | 4,800,912 | 5,183,996 | 5,182,263 | 4,712,701 | 4,646,391 | 4,515,063 | 4,378,653 |
| Total # CII-IV Doses dispensed | 260,092,453 | 269,466,02 | 303,030,950 | 300,729,482 | 271,499,890 | 255,569,745 | 237,644,176 | 216,079,923 |