2022 Annual Report

Iowa Prescription Monitoring Program (PMP)

Iowa Board of Pharmacy

February 1, 2023

Acknowledgments

Iowa Board of Pharmacy. *Iowa Prescription Monitoring Program (PMP) 2022 Annual Report.* Des Moines: 2022. Iowa Board of Pharmacy Web. https://pharmacy.iowa.gov/ [Accessed January 31, 2023].

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List of Acronyms

API ..... Application Protocol Interface
BJA ..... Bureau of Justice Assistance
COAP ..... Comprehensive Opioid Abuse Prevention
COVID-19 ..... Coronavirus Disease of 2019
CSA ..... Controlled Substances Act
DAS ..... Department of Administrative Services
EHR ..... Electronic Health Records
EMR ..... Electronic Medical Records
EMS ..... Emergency Medical Services
HHS ..... Health and Human Services
IDPH ..... Iowa Department of Public Health
MPE ..... Multiple Provider Episodes
OCIO ..... Office of the Chief Information Officer
OD2A ..... Overdose Data to Action
OTC ..... Over the Counter
PDS ..... Pharmacy Dispensing Systems
PMP ..... Prescription Monitoring Program
RFP ..... Request for Proposal
SAMHSA ..... Substance Abuse and Mental Health Services Administration
SOR2 ..... State Opioid Response Grant
STR ..... State Targeted Response to the Opioid Crisis
SWI ..... Statewide Integration

Annual Report

Summary

The impact of previous and ongoing efforts by the PMP can be shown in year-to-year increases in both provider PMP registration and utilization, overall year-to-year decreases in the total numbers of Scheduled dosage units dispensed per capita, and continued growth in both the Community Pharmacy Narcan™ and Disposal Project Programs. Goals for the PMP in 2023 include continued efforts to reduce the number and percentage of delinquent reporting pharmacies, continued efforts to promote integration via targeted outreach to pharmacies who have yet to adopt integration, and exploring funding options to build on the success of the Iowa Pharmacy Narcan™ Dispensing and Drug Disposal Programs by supporting additional pharmacist-provided patient resource tools.

The PMP staff, the Advisory Council, and the Board of Pharmacy look forward to strengthening the program in 2023 and maintaining persistent positive data trends.

Introduction

The Iowa Prescription Monitoring Program (PMP) became fully operational on March 25, 2009, and provides authorized prescribers and pharmacists with ongoing 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 resident and nonresident, and dispensing prescribers, are required to report to the PMP all Schedule II, III, IV, and V controlled substances along with acute opioid antagonists (e.g., naloxone) dispensed to ambulatory patients.

The Iowa Board of Pharmacy (Board) administers the 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. It should be noted that Advisory Council member appointments will move to Board appointed in 2023 as part of the implementation of HF2201, which was passed during the 2022 legislative session. HF2201 will also allow a member of the public to be appointed to the PMP Advisory Council.

The Advisory Council meets as needed to review the cost and progress of the PMP. In addition, the Advisory Council examines 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 PMP by prescribers, pharmacists, law enforcement, and regulatory agents. They may review the number of prescriptions filled yearly, 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 from January 1, 2022, through December 31, 2022, is included in this report. Historical data since 2013 is also provided in table format as an attachment.

Notable accomplishments of the 2022 calendar year for the Iowa PMP include:

1. National presentations at the Pharmacy Quality Alliance Forum at the annual National Association of State Controlled Substance Authorities meeting, highlighting the state of Iowa Community Pharmacist Disposal Kit Program and the Iowa PMP Audit Project, respectively;
2. Implementation of an Overdose Data to Action (OD2A) Grant funded initiative to fully cover vendor-related costs associated with PMP integration for entities within the state; and;
3. Rollout of a provider authorization (authentication) protocol within the Iowa PMP to verify the current PMP account holder status before returning any patient search results.

Operations

From March 25, 2009, until April 3, 2018, the PMP ran on a software platform, referred to as Otech, developed by Optimum Technologies. The cost of the initial implementation of the 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 (now DBA Bamboo Health) on April 24, 2015. The Otech platform included limited functionality that did not enable 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. In 2017, the Board, in conjunction with the Office of the Chief Information Officer (OCIO) and the Department of Administrative Services (DAS), issued and awarded a Request for Proposal, with the award going to Appriss Health (Bamboo Health) for its PMP AWARxE™ solution. The contract was officially executed in

January 2018. On March 28, 2018, data from the former Otech platform was successfully migrated into AWARxE™, and the upgraded system became fully operational on April 4, 2018. Calendar year 2022 marked the fourth full year of use with the AWARxE™ software platform, with year 2023 representing the last full year remaining on the current contract. The platform and add-on services continue to be well received by the PMP users in Iowa.

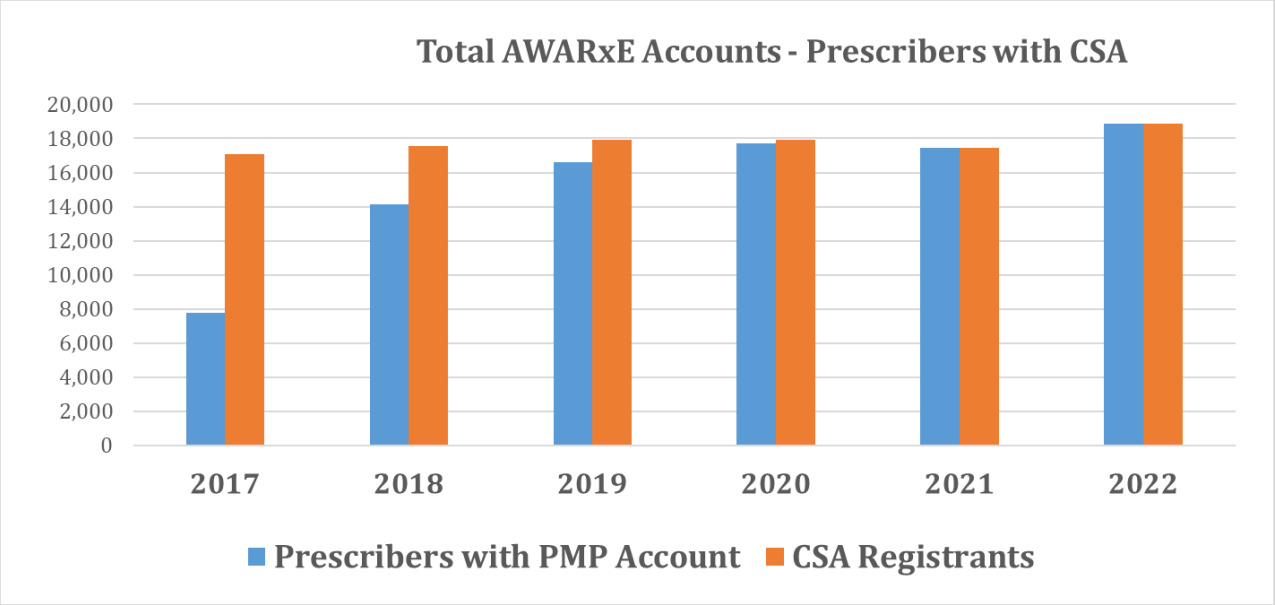
The cost for the AWARxE™ solution was $100,000 per year for the first two years of the contract. For contract years 3, 4, 5, and 6, the annual fees have increased to $102,000, $104,040, $106,120, and $108,250, respectively. Annual costs are paid from license fees retained by the Board for the support of Board programs and activities. No additional user fees or surcharges have been imposed to pay for the activities or support of the PMP since its inception. Each year, the Board has received a few donations to support the PMP and specific improvements or add-ons to the PMP.

NarxCare™ was selected as an add-on service to further enhance the AWARxE™ software platform. NarxCare™ aids practitioners with their clinical decision-making and assists prescribers and dispensers in improving patient safety and 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, which previously was paid for using funds from the State Targeted Response to the Opioid Crisis Grant (STR), a grant jointly awarded to legacy IDPH and the Board. The STR grant ran until April 30, 2021. In 2022, NarxCare™ was paid for using funds from the State Opioid Response Grant (SOR2/SOR3), a grant jointly awarded to legacy IDPH and the Board through SAMHSA.

HF 2377/ “The Opioid Bill”

The enactment of HF 2377 into law on July 1, 2018, conferred new requirements on Iowa Controlled Substances Act (CSA) registrants and the PMP. Iowa Code 124.551A mandates that a prescribing practitioner “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 percentage of CSA registrants with a PMP user account remained at 100% throughout 2022 (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. As a result, the Iowa Board of Medicine, Board of Nursing, Dental Board, Board of Physician Assistants, Board of Podiatry, Board of Psychology, and Board of Optometry adopted rules relating to such requirements during calendar years 2019 and 2020. Thus, 2022 represented the third full calendar year since the licensing boards adopted these requirements.

PMP Data

From March 25, 2009, until May 15, 2018, 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 to require pharmacies to submit prescription data by 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 Clearinghouse of closed pharmacies and updating AWARxE™ to reflect pharmacy hours of operation accurately.

Beginning in May of 2021, all Schedule V (CV) prescriptions were required to be reported to the PMP. Thus, 2022 was the first full calendar year since this new reporting requirement took effect. Common CV prescriptions include promethazine with codeine (Phenergan with Codeine®), atropine/diphenoxylate (Lomotil®), and pregabalin (Lyrica®), among others. This rule change also

added the non-prescription sale of codeine-containing cough suppressants to the list of reportable transactions.
The impact of these new regulations on PMP utilization is reflected in the reported "PMP Data" below.

In 2022, the PMP continued efforts to have previously exempt pharmacies complete and submit an updated exemption request. The new exemption request form reflects the change in CV and acute opioid antagonist reporting requirements. In addition, the PMP continued an outreach program begun in 2020 to contact pharmacies identified as regularly delinquent in their reporting. Currently, the compliance (includes a two-day grace period) rate for pharmacies hovers around 98.1%, an increase from 93.2% compliance in 2019. The compliance rate is expected to increase further in 2023 as pharmacy records continue to be brought up to date, the PMP continues its outreach and education, and newly available compliance toolkits and reports within AWARxE™ are utilized.

During the 2022 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 39.7% increase in provider searches in 2022, relative to 2021. These increases are 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), and the Statewide Integration (SWI) initiative. To date, all integrations have been enabled using an application protocol interface (API) known as Gateway™. Queries that originated in the stand-alone AWARxE™ 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 2022 (Figures 2 and 3). Daily and active PMP user totals have also increased.

Figure 2: Pharmacist Queries (includes delegate requests)

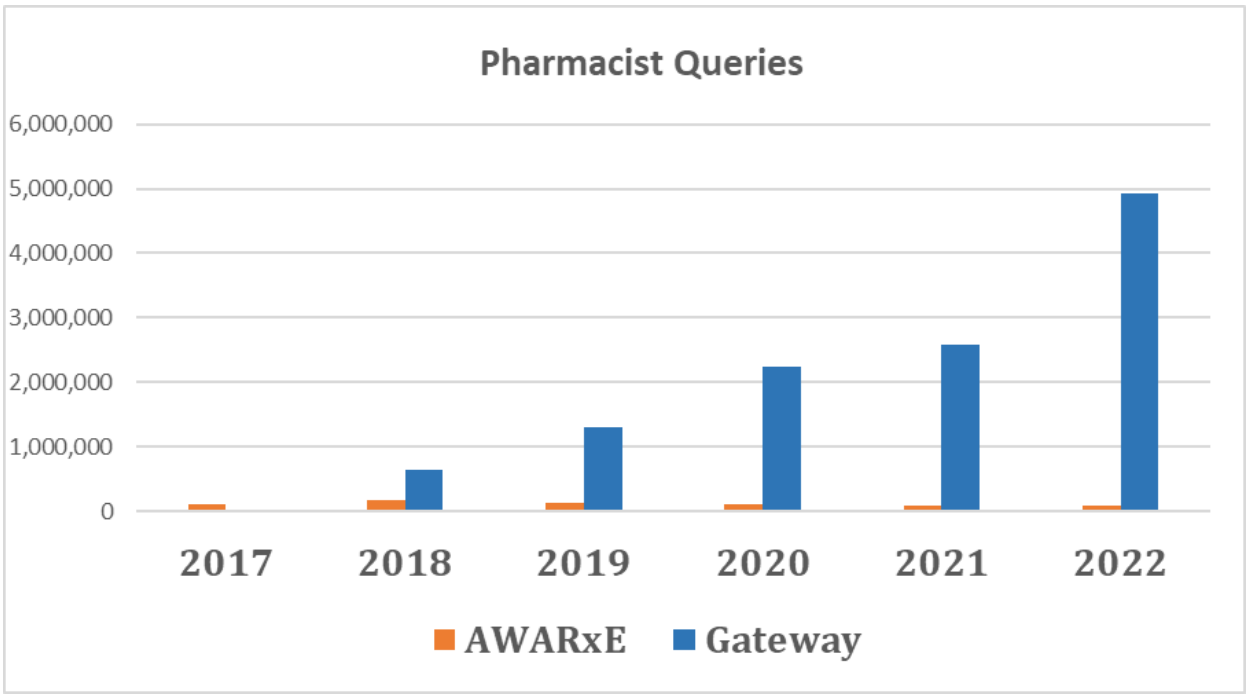
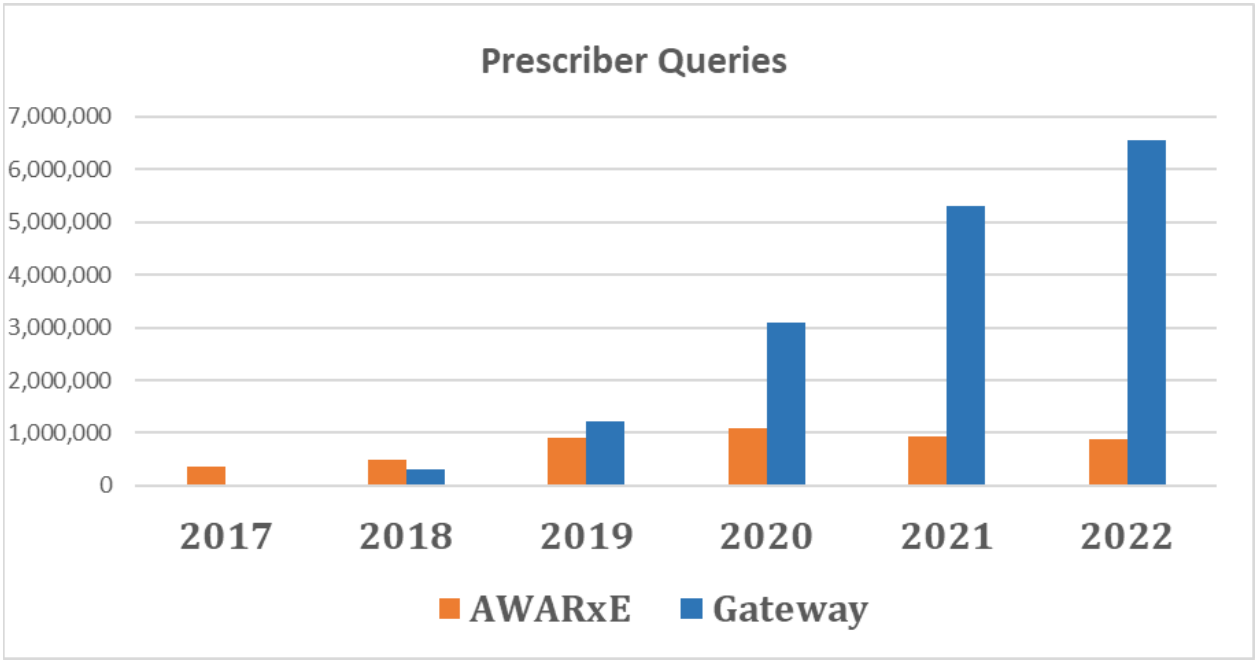


Figure 3:Prescriber Queries (includes delegate requests)



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, while Figures 7 and 8 display the top ten Schedule **II-V** drugs dispensed by number of dosage units for years 2021 and 2022. The drugs filling the top ten spots were identical in 2018 and 2019 and similar in 2020, 2021, and 2022. The exceptions were lisdexamfetamine, which took the place of amphetamines among the top ten in 2020, the addition of pregabalin and the deletion of lisdexamfetamine in 2021, and the addition of codeine and the deletion of zolpidem in 2022. The changes noted in 2022 continue to reflect the changes in PMP Schedule V reporting requirements occurring in 2021. The ranking orders have remained relatively consistent over time. Similar to other states, Iowa has seen a reduction in the relative percentage of opioids dispensed, and a relative increase in the percentages of stimulants.

Figure 4: 2018 Top 10 Schedule II-IV Drugs by Dosage Units Dispensed

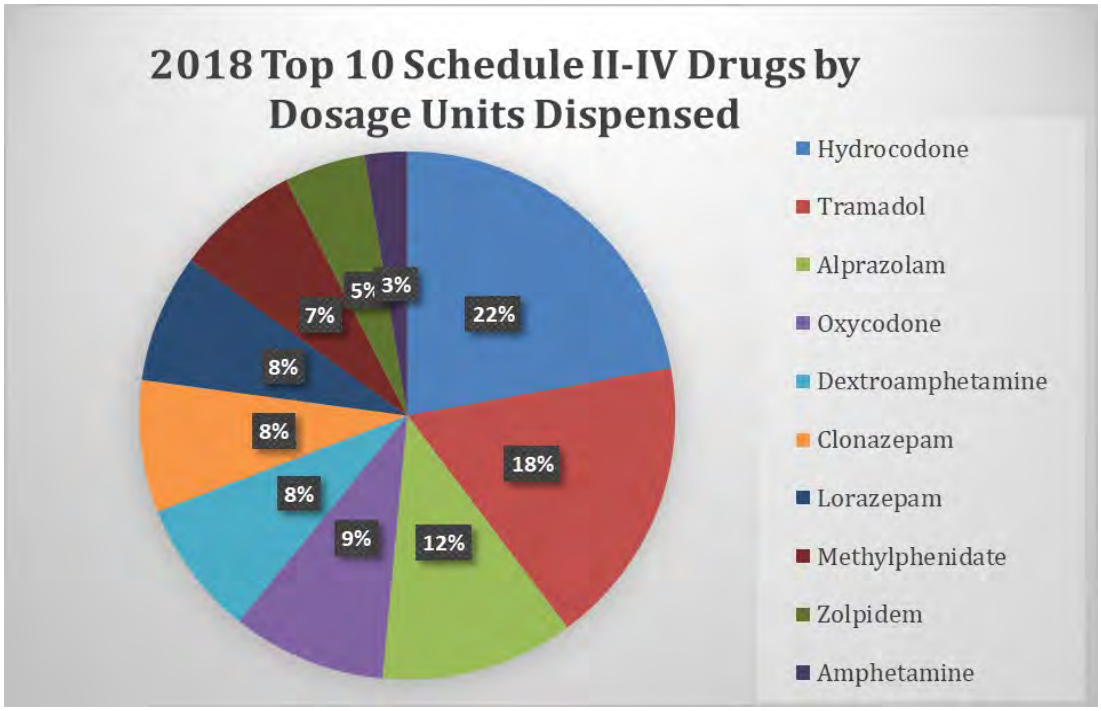


Figure 5: 2019 Top 10 Schedule II-IV Drugs by Dosage Units Dispensed

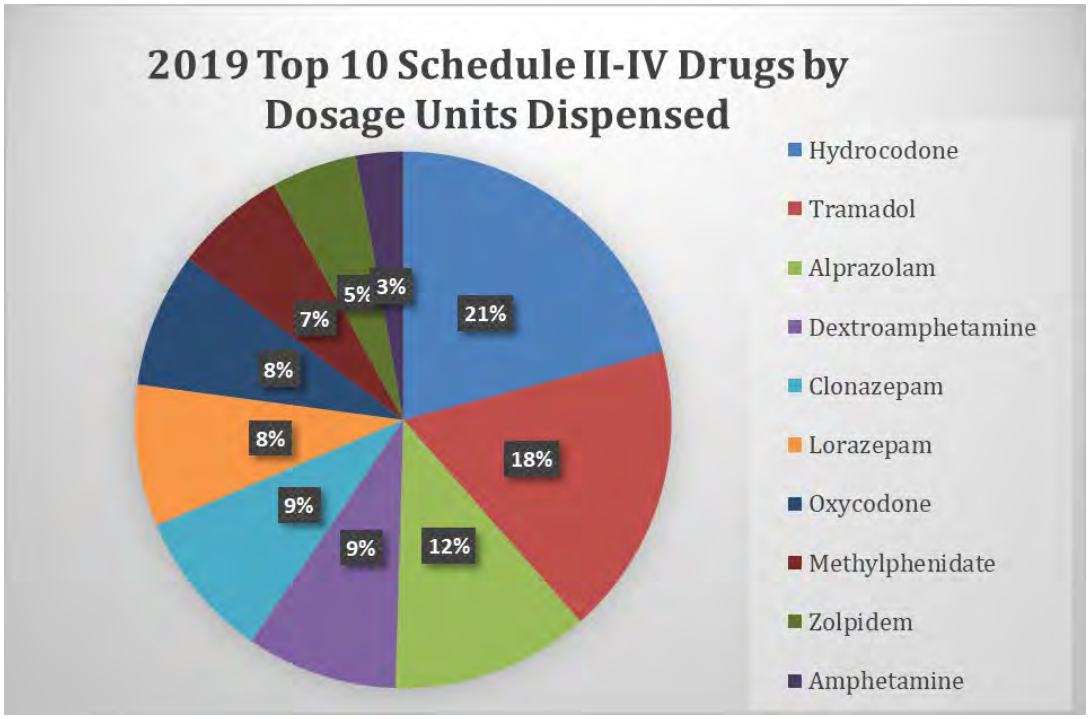


Figure 6: 2020 Top 10 Schedule II-IV Drugs by Dosage Units Dispensed

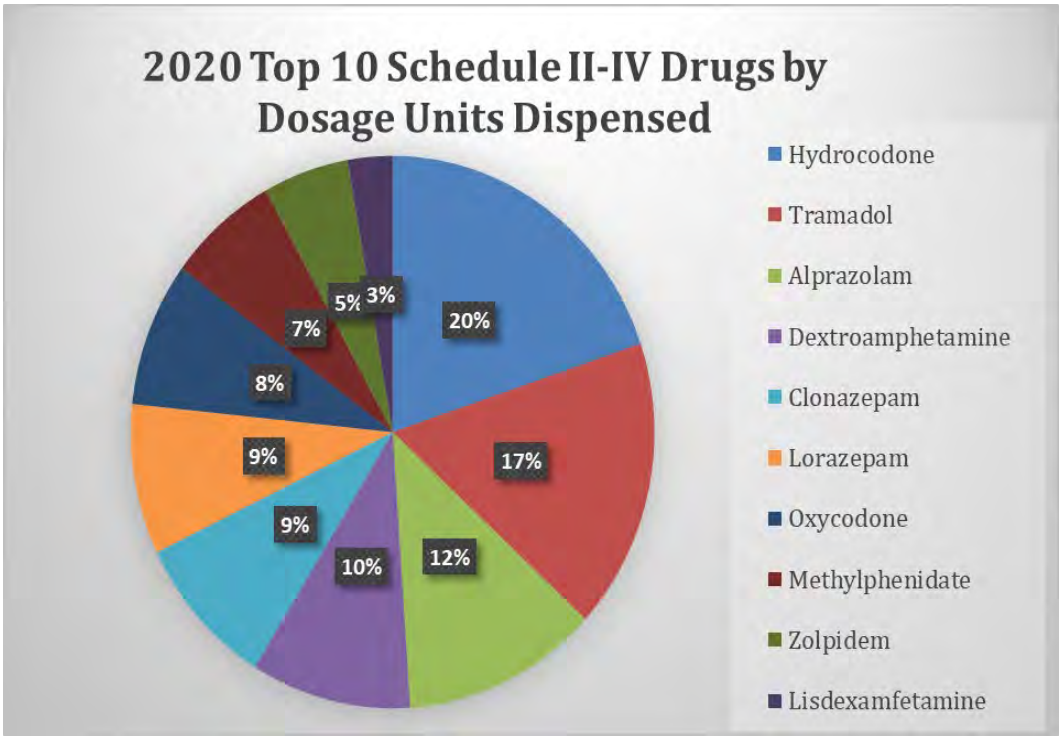


Figure 7: 2021 Top 10 Schedule II-V Drugs by Dosage Units Dispensed

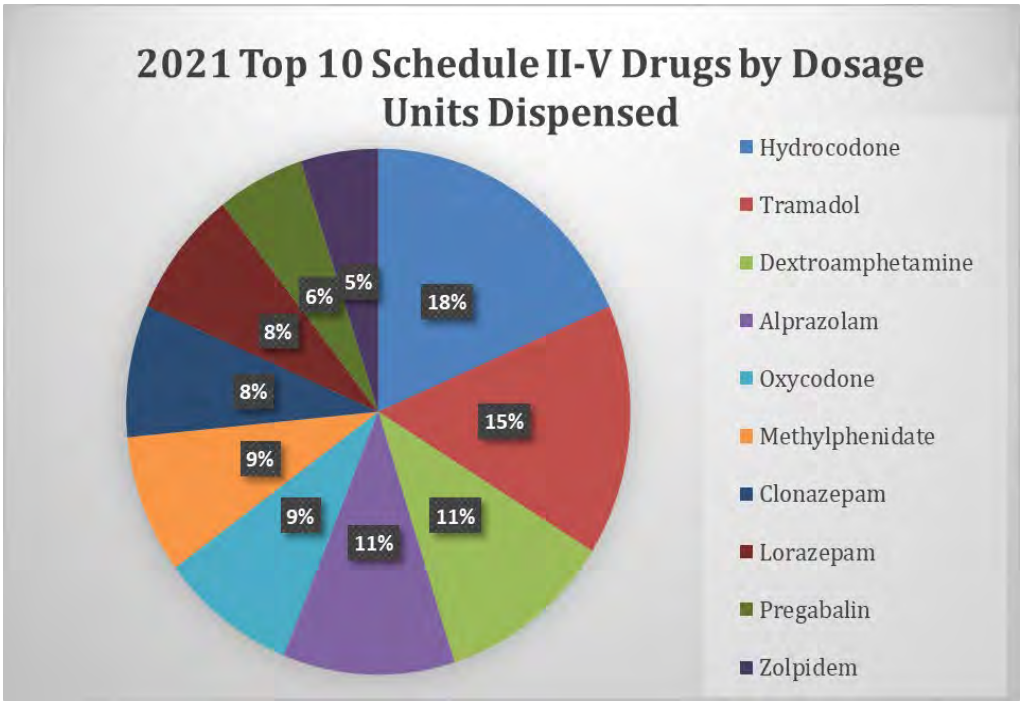
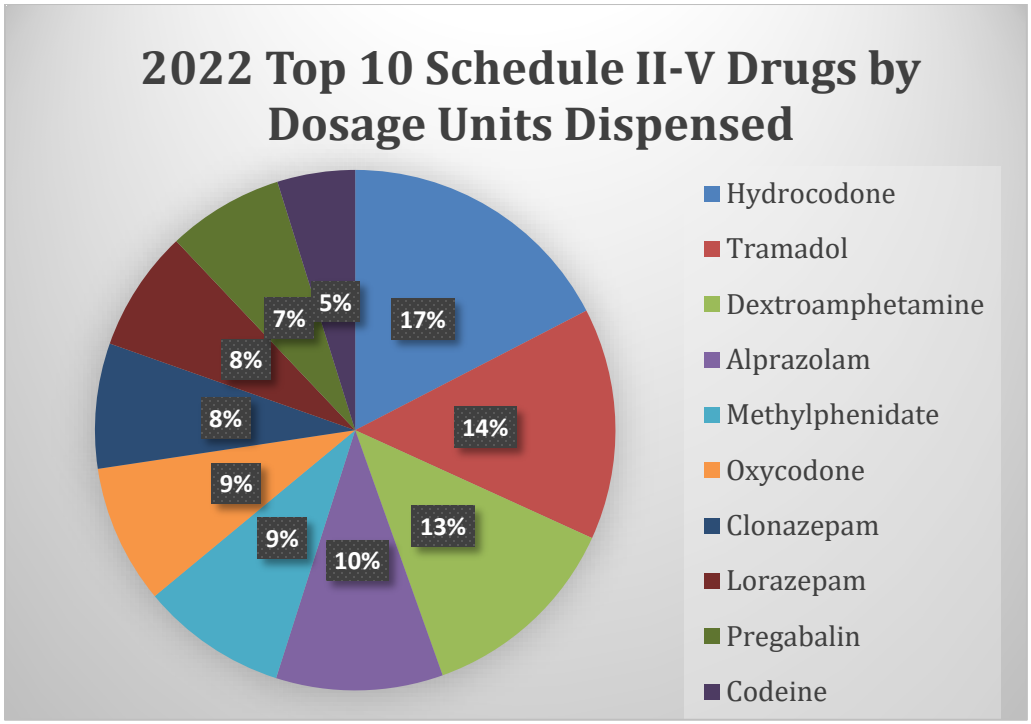
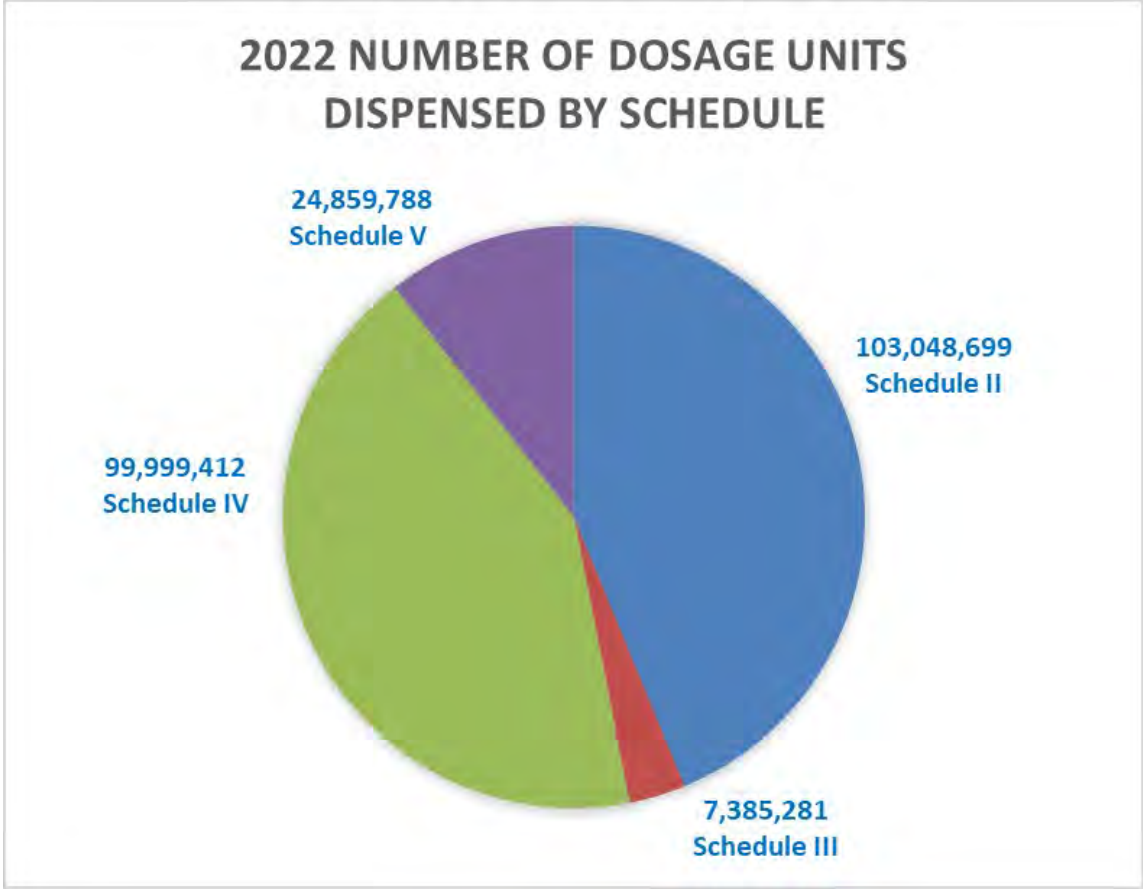


Figure 8: 2022 Top 10 Schedule II-V Drugs by Dosage Units Dispensed



Out of the four drug schedules that comprise prescription data reported to the PMP in 2022, the number of dosage units of Schedule II drugs slightly surpassed that of Schedule IV drugs. Schedule V and III drugs came in a distant third and fourth, respectively, with regard to dosage units dispensed (Figure 9):

Figure 9: 2022 Number of Dosage Units Dispensed by Schedule



In 2022, the total number of reportable prescriptions dispensed increased, relative to 2021, but remained lower than the 2013 to 2017 calendar years (Figure 10). The total number of dosage units also increased slightly in 2022 compared to 2021, but remained the third lowest reported since 2013 (Figure 11). The continued upward shifts in 2022 reflect the reporting of an additional schedule of medications (Schedule Vs) beginning in May 2021.

Excluding Schedule Vs from 2022 reporting revealed relatively consistent total dispensation numbers and slightly lower dosage unit total numbers for 2022, compared to 2021 (Figures 12 and 13, respectively). This suggests that the recent downward trend seen in the number of Schedule II-IV dosage units has continued in Iowa, while the downward trend in dispensations appears to be leveling off. The apparent contradiction of decreasing yearly total dosage units and increasing yearly total dispensations is reflective of patients receiving smaller quantities (i.e., for a shorter duration of therapy and/or at decreased doses) per dispensation.

*Figure 10: Total Schedule II-IV **Prescriptions** Dispensed*
*(*Includes reporting of CVs for 2021 & 2022)*

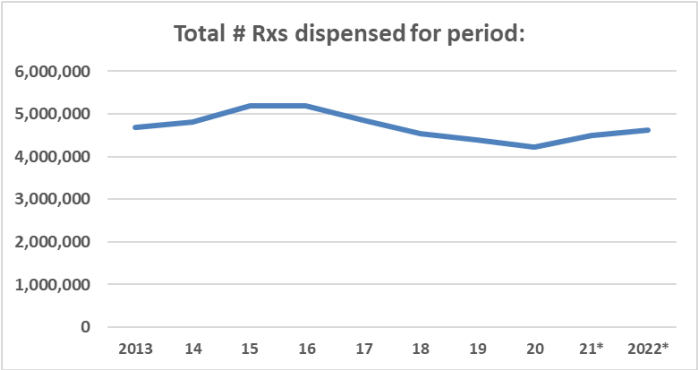


*Figure 11: Total Schedule II-IV **Dosage Units** Dispensed*
*(*Includes reporting of CVs for 2021 & 2022)*

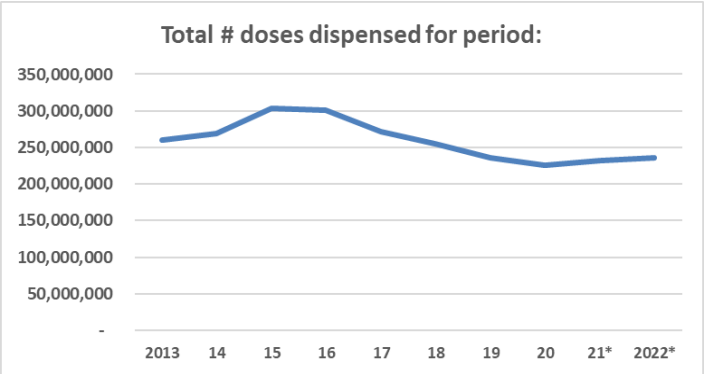


*Figure 12: Total Schedule II-IV **Prescriptions** Dispensed*
Over Previous 5 years (excludes reporting of CVs for 2021 & 2022)

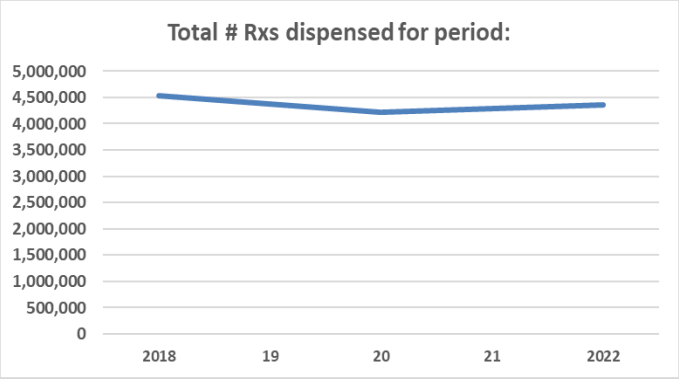
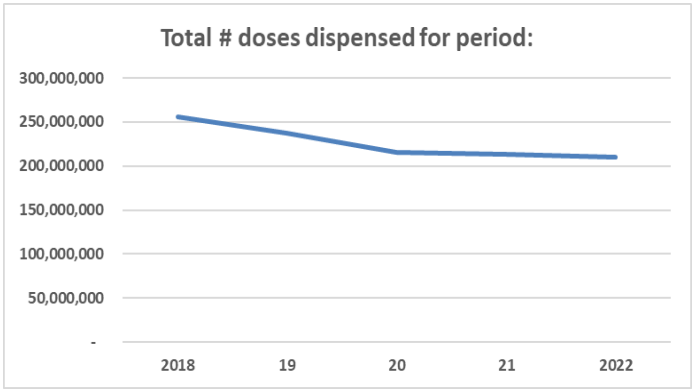


*Figure 13: Total Schedule II-IV **Dosage Units** Dispensed*
Over Previous 5 years (excludes reporting of CVs for 2021 & 2022)



Numbers for individual classes of drugs (e.g., opioids, benzodiazepines, and stimulants) from 2018 to 2022 are shown in Figures 14 – 19:

*Figure 14: Total Opioid **Prescriptions** Dispensed*
*(*Includes reporting of CVs for 2021 & 2022)*

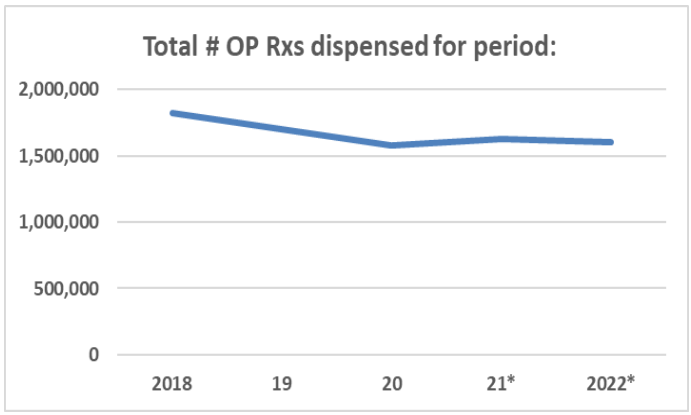


*Figure 15: Total Opioid **Dosage Units** Dispensed*
*(*Includes reporting of CVs for 2021 & 2022)*

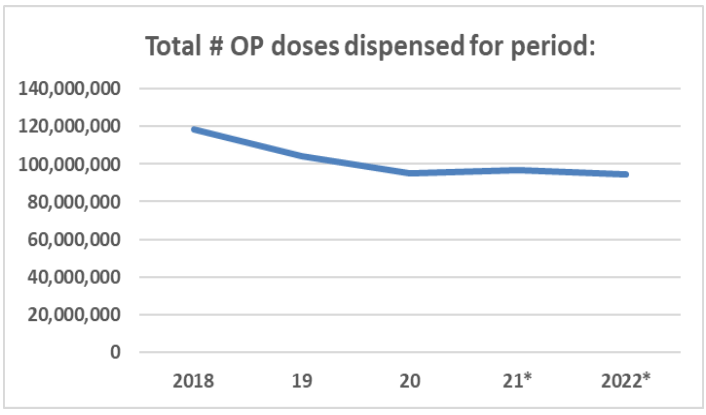


*Figure 16: Total Benzodiazepine **Prescriptions** Dispensed (*Includes reporting of CVs for 2021 & 2022)*

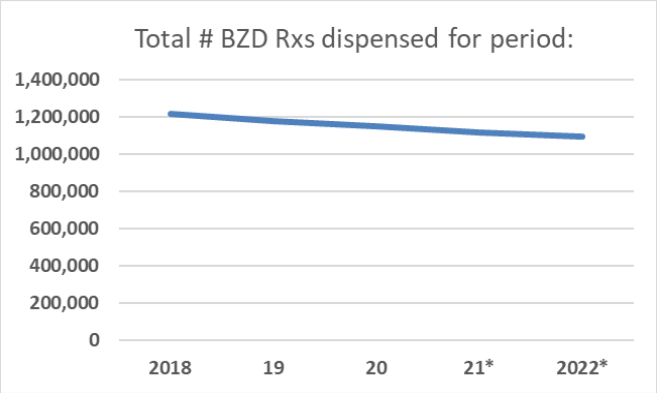


*Figure 17: Total Benzodiazepine **Dosage Units** Dispensed (*Includes reporting of CVs for 2021 & 2022)*

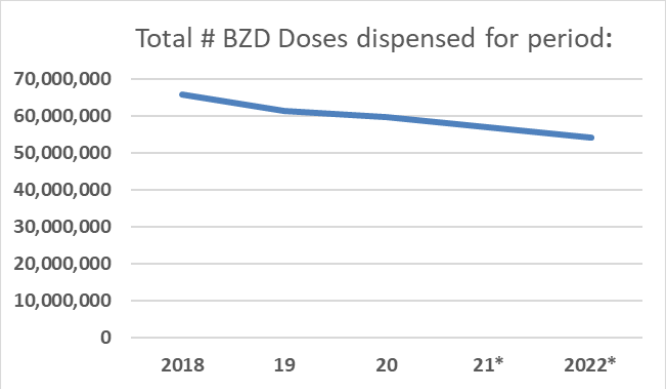


*Figure 18: Total Stimulant **Prescriptions** Dispensed (*Includes reporting of CVs for 2021 & 2022)*

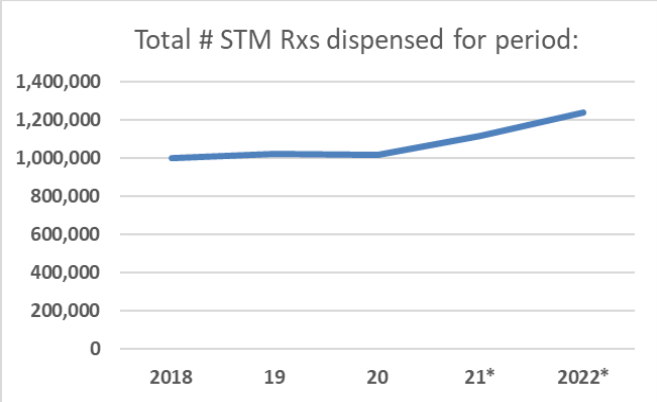
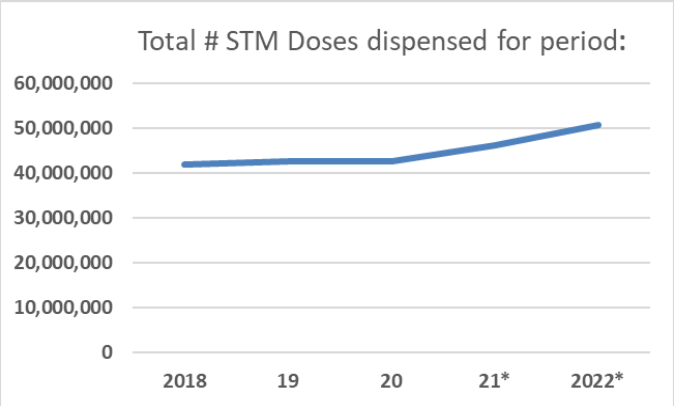


*Figure 19: Total Stimulant **Dosage Units** Dispensed (*Includes reporting of CVs for 2021 & 2022)*



The Iowa PMP uncovered a flaw in Bamboo Health's mapping algorithm used to classify Stimulants in 2022. This system-wide error resulted in the prior underreporting of stimulant prescriptions and doses for more recent calendar years. Figures 18 and 19 show corrected numbers for the years 2018-2021, along with 2022. Similar to other states and national trends, Iowa has witnessed a rise in prescription stimulant use.

The current AWARxE™ platform incorporates a sophisticated patient-matching algorithm and logic to identify and track individual patient-level trends. While the number of patients receiving prescriptions from multiple prescribers, 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 the use of a less robust patient matching algorithm. Recalculated MPE estimates, provided by Appriss for 2017, and actual MPE calculations from 2018 to 2021 reflect a significant reduction in Iowa patients with 5, 10, or 15 MPEs across 2017 to 2020 (Figures 20, 21, and 22, respectively). MPEs for 2021 and 2022 showed an upward trend, relative to previous years. However, MPEs for 2021 and 2022

included episodes related to the use of Schedule V medications, so the upward trend was not surprising. In addition, the proliferation of telehealth services may be responsible for some increases in the number of providers utilized by some patients. It should be noted that MPEs across 2021 and 2022 were relatively similar.

Figure 20: Patients Filling Prescriptions from 5 or More Prescribers or Pharmacies

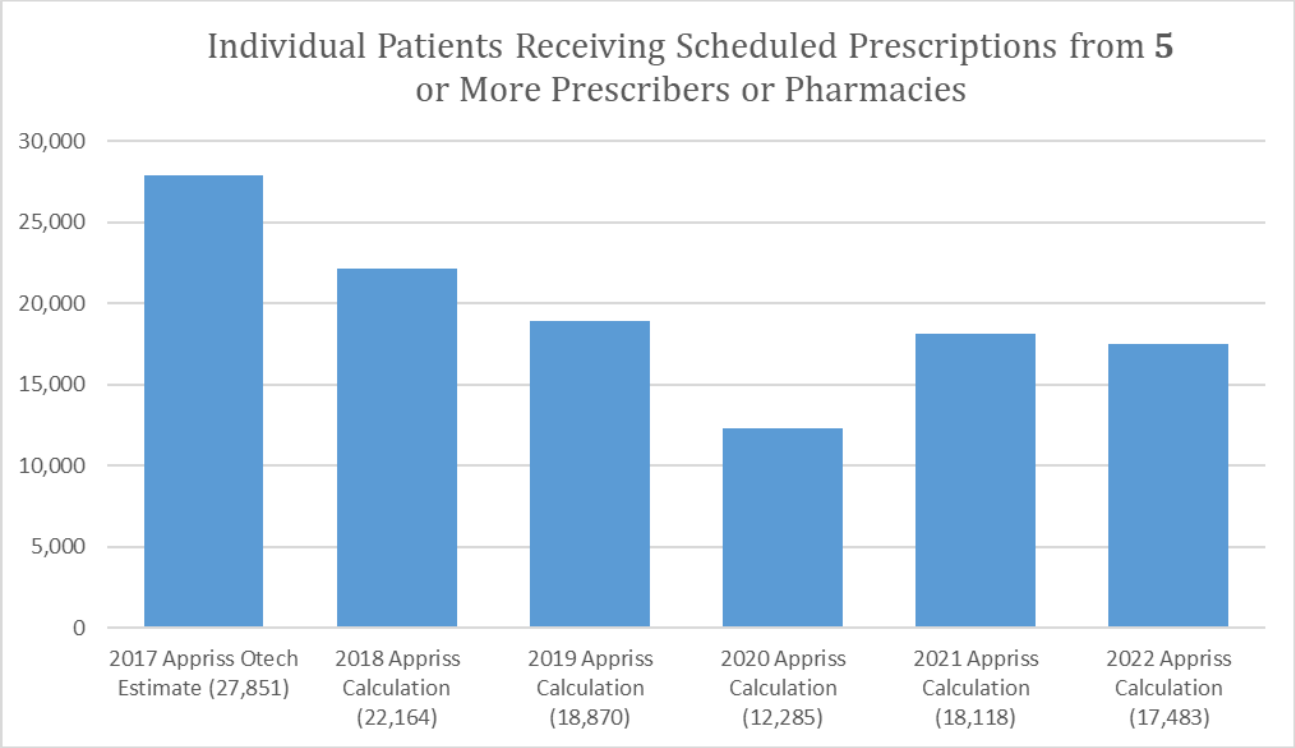


Figure 21: Patients Filling Prescriptions from 10 or More Prescribers or Pharmacies

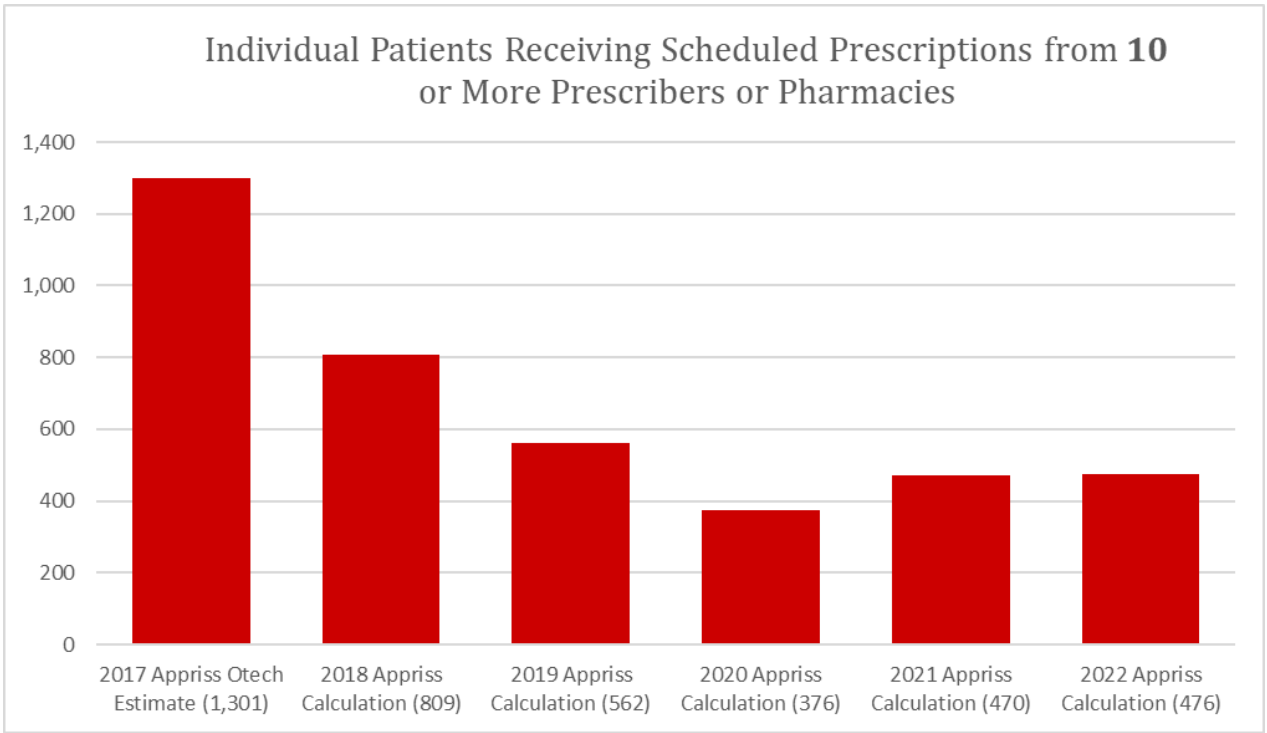
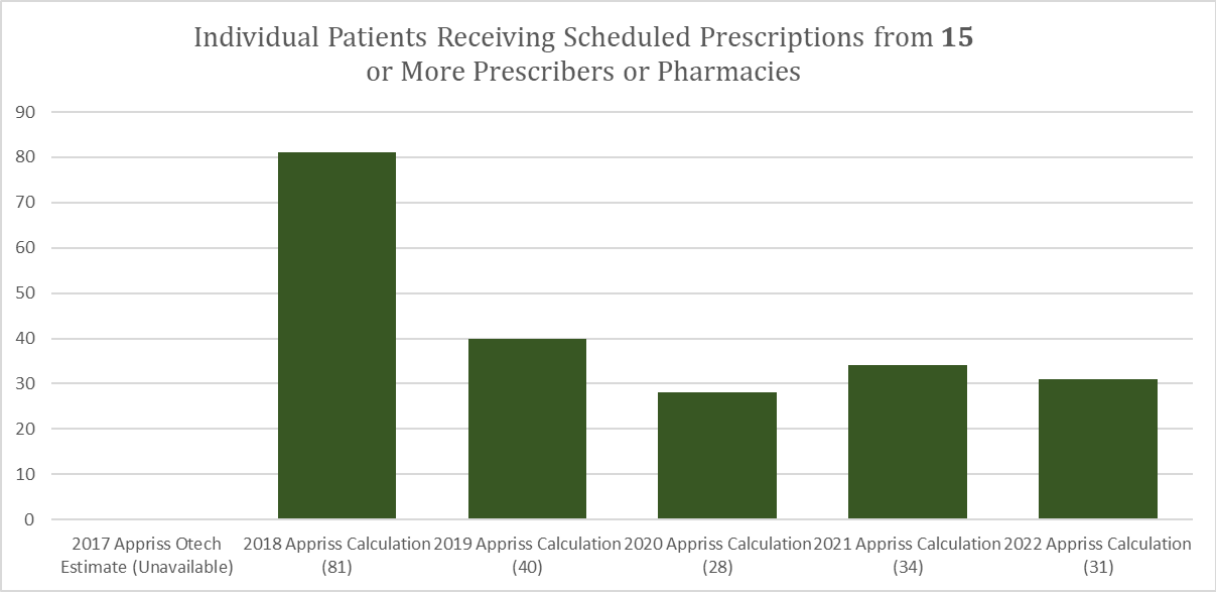


Figure 22: Patients Filling Prescriptions from 15 or More Prescribers or Pharmacies



While identifying potentially valid MPE estimates prior to 2018 is questionable, it did provide an opportunity for the PMP to better launch the dissemination of provider threshold 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-V controlled substance prescription reported 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 2021. The new format contained several enhancements, including enhanced security measures and interactive capabilities. The interactive capabilities allow prescribers to "drill down" and identify individual patients from within their report. An example report is shown in Appendix A. Feedback from prescribers regarding the updated format was positive. The most recent round of 2022 prescriber activity reports was sent to 11,338 prescribers. Other initiatives related to prescriber activity reports in 2022 included continued outreach by the PMP to prescribers who were 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 for the metric to provide meaningful feedback to the prescriber.

The most recent round of threshold reports from 2022 identified 49 patients exhibiting MPE behavior, with reports being sent to 477 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 relative reductions in MPEs since 2018.

Ongoing Improvement Efforts

Calendar year 2022 brought the third full year of integration of the PMP with hospital and clinic EHRs and PDSs. The PMP started the year with 312 integrated hospitals, clinics, and pharmacies in the state and ended the year with 425 integrated Iowa entities, an increase of 36.2%. Integrated hospitals and pharmacies continue 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 2022 involved supporting and administering a major grant awarded to legacy IDPH to fund statewide integration (SWI). The Overdose Data to Action (OD2A) grant directly covered 100% of the Gateway™ related subscription and connection fees for all entities in the state. Prior to SWI, these integration fees were negotiated and paid for by the individual entities. Since the rollout of SWI in June of 2022, Iowa has seen an increase in the percentage of pharmacies integrated, from 28.6% to 53.8%, and an increase in prescriber integration by 6.3%, relative to pre-SWI.

The launch of the enhanced software and analytical platforms (AWARxE™ and NarxCare™) in 2018 positioned the PMP to serve as a more useful tool amid the opioid crisis. The majority of comments on the upgrades remain positive. Bamboo Health continues to update, enhance and promote the communication capabilities within the AWARxE™ platform. Another enhancement to the PMP platform is the incorporation 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. Iowa remains one of only a handful of states to offer this feature to their providers through NarxCare™. Having this measure available within a patient's PMP profile provides additional insight to prescribers and pharmacists regarding potential patient overdose risk factors.

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. In addition, feedback regarding ongoing efforts by the PMP to promote cost-effective integration solutions and provide financial and logistical support continues to be positive. The PMP will continue to solicit and evaluate feedback from program stakeholders and end users to assist in ongoing monitoring efforts to provide the most cost-effective, user-friendly, and useful system enhancements.

Collaboration with the legacy Iowa Department of Public Health's (IDPH) Bureau of Substance Abuse continues through various grant projects. This includes sharing de-identified PMP data, which has proved to be valuable in helping guide the department's statewide prevention and monitoring activities. In addition, HHS and the PMP continued to make enhancements and provide updates to the public-facing dashboard, which was first made available in 2020.

The dashboard highlights historical PMP data and opioid and controlled substance use trends. A notable enhancement to the dashboard in 2022 included displaying stimulant data. Additional dashboard enhancements, including metrics related to patients receiving overlapping therapies, such as the concomitant use of benzodiazepines and opioids, and more timely rollouts of data are planned for 2023. The public-facing dashboard is available on the State's data tracking portal website. Planned 2023 updates to the Board's website include additional links to useful webpages, resources, education, and support.

In July 2020, the PMP, Board, and legacy IDPH joined efforts to initiate a program to make the opioid rescue medication, Narcan™, available at any community pharmacy in Iowa at no cost to any patient in need. The innovative program includes collaboration with an Iowa-based pharmacy benefits management company, professional groups, and other organizations. The program continues to be a success and garnered additional regional and national recognition in 2022. To date, a total of 5,163 kits have been dispensed to 4,800 unique Iowa patients, with 3,055 kits being dispensed in 2022. The program accounted for 44.1% of the total 6,920 Narcan™ dispensations reported to the Iowa PMP in 2022. Continued efforts for the PMP to promote the program are planned for 2023.

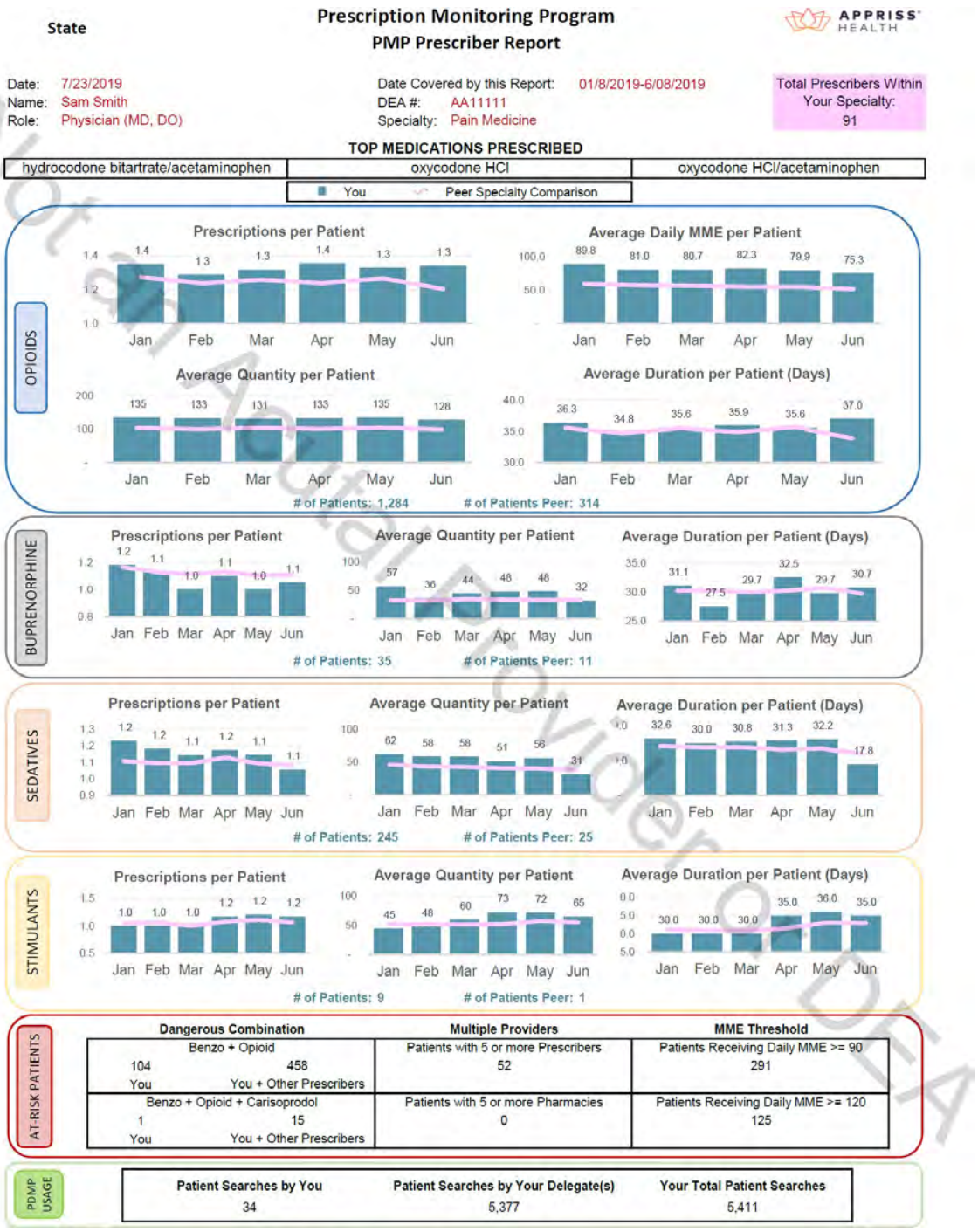
Building on the success of the Narcan™ project, the PMP, in collaboration with the Iowa Board of Pharmacy and legacy IDPH, helped launch the community pharmacy Drug Disposal Kit Dispensing Program in 2021. The Disposal Kit program built upon relationships established with the Narcan™ program and mimicked it closely in design and implementation. All Iowa community pharmacies were encouraged to participate in the program. Over 22,000 disposal kits have been dispensed to over 16,000 unique patients under the program. In 2022, a total of 18,066 kits were dispensed. Similar to the Narcan™ program, the Disposal Kit program gained additional regional and national recognition in 2022 and has been very well received by participating pharmacies. The disposal kit program was highlighted in a national presentation and 1.0 hour CE hosted by the Pharmacy Quality Alliance in April.

In July 2020, the PMP, in cooperation with the Iowa Board of Pharmacy, began a comprehensive field audit project to validate the information found in the 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. Therefore, there was a need to verify the accuracy of PMP data and evaluate the efficacy of the policies and systems implemented by the PMP. An additional 2,000 prescriptions were systematically analyzed in 2022. While the project is still ongoing, findings have resulted in several "positives," including expanded outreach efforts to update the list of exempt pharmacies and education regarding reporting requirements of CVs. The overarching goal is that the project will increase provider confidence in the validity of Iowa PMP data.

A final notable accomplishment of the PMP for calendar year 2022 included the successful implementation of a provider authorization protocol in December. The protocol verifies current PMP account holder status prior to the return of any integrated search results and ensures proper tracking and audit trails are created within the Gateway^{tm} system.

Appendix A – Revised Prescriber Activity Report

Appendix A: Prescriber Activity Report



Appendix B – PMP Historical Data

Appendix B: 2013 to 2022 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	1/1/2021 - 12/31/2021	1/1/2022 - 12/31/2022
CSA Registrants										20,062
CSA Registrant/ Prescribers	14,891	15,491	16,012	16,357	17,091	17,553	17,933	17,937	17,708	18,278
Total Iowa Pharmacies	1,520	1,708	1,703	1,728	1,695	1,786	1,635	1,640	1,692	1,716
Total Iowa Pharmacists	3,489	3,523	3,568	3,607	3,633	3,755	3,704	3,770	3,736	3,704
Total Prescribers Registered						15,921	23,890	28,110	31,034	34,088
CSA Prescribers Registered	4,496	5,147	5,909	6,849	7,798	12,630	16,583	17,683	17,708	18,278
Pharmacists Registered	2,081	2,390	2,692	2,978	3,200	3,777	4,000	4,246	4,450	5,137
Regulators Registered	33	33	32	34	37	37	42	47	50	49
Law Enforcement Agents Registered	152	162	176	182	196	195	215	227	238	273
Practitioner Delegates	423	721	1,114	1,696	2,122	3,555	4,531	6,307	6,999	8,209
Prescriber Requests via Gateway						360,583	1,223,446	3,101,216	5,301,210	6,553,078
Prescriber Requests Processed via AWARxE	129,702	170,696	236,663	297,876	347,703	487,322	915,206	1,100,229	944,786	882,313
Total Prescriber Requests						847,905	2,138,652	4,201,445	6,245,996	7,435,391
Pharmacist Requests via Gateway						648,673	1,305,025	2,249,024	2,572,439	4,917,195
Pharmacist Requests Processed via AWARxE	48,040	68,669	91,174	94,482	99,196	172,827	133,983	102,759	82,771	85,850
Total Pharmacist Requests						821,500	1,439,008	2,351,783	2,655,210	5,003,045
LE/Regulator Requests Processed	484	487	459	461	577	517	720	501	513	540
Total # Requests Processed	178,226	239,852	328,296	392,819	447,476	1,669,922	3,578,380	6,553,729	8,901,719	
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	1/1/2021- 12/31/2021	1/1/2022- 12/31/2022
# patients filling CII Rxs	425,604	769,937	905,146	733,586	679,262	505,808	470,559	433,783	462,875	476,165
# patients filling CII or CIII Rxs	1,026,837	821,058	971,460	784,931	727,099	544,076	505,905	466,142	494,873	508,371
# patients filling CII-IV Rxs	1,447,418	1,142,768	1,498,700	1,159,368	1,092,481	808,403	768,245	717,446	745,178	755,458

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	1/1/2021 - 12/31/2021	1/1/2022 - 12/31/2022
# patients filling CII-V Rxs	-	-	-	-	-	-	-	-	771,702	789,577
Total # CII-IV Rxs dispensed	4,679,271	4,800,912	5,183,996	5,182,263	4,851,012	4,529,582	4,382,355	4,225,589	4,296,734	4,363,033
Total # CII-V Rxs dispensed	-	-	-	-	-	-	-	-	4,496,036	4,624,137
Total # CII-IV Doses dispensed	260,092,453	269,466,020	303,030,950	300,729,482	271,499,890	254,706,699	235,780,954	225,246,531	213,122,910	210,449,743
Total # CII-V Doses dispensed	-	-	-	-	-	-	-	-	232,286,739	235,315,907