IOWA BOARD OF PHARMACY
February 2026

2025 Annual Report

IOWA PRESCRIPTION MONITORING PROGRAM

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INTRODUCTION

The PMP became fully operational on March 25, 2009, and provides authorized prescribers and pharmacists with information regarding their patients' use of controlled substances. It 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 all dispensations of Schedule II, III, IV, and V controlled substances along with 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 committee, which currently consists of two physicians, one advanced registered nurse practitioner, one pharmacist, one veterinarian, and one law enforcement member appointed by the board. The committee convenes once annually in the spring to evaluate the benefits and expenses of the PMP, consider program enhancements, and review information, comments, and suggestions received from program users and interested stakeholders. Additional meetings are scheduled as needed.

The board reviews statistical data regarding the use of the PMP by prescribers, pharmacists, law enforcement, and regulatory agents. The board may review the number of prescriptions filled yearly, the top drugs dispensed in Iowa each year, and indices of excessive pharmacy- or doctor-shopping for controlled substances. Assessment of PMP data collected from Jan. 1, 2025, through Dec. 31, 2025, is included in this report.

Notable accomplishments of the 2025 calendar year for the Iowa PMP include:

1. Implementation of Overdose Data to Action (OD2A) grant-funded statewide integration initiatives
2. Data sharing and integration with PMP programs in 45 states and territories
3. Improved authorization (authentication) protocols regarding secure access to PMP data
4. Enactment of new delegate supervision limitations
5. Launch of a new DEA expiration reminder for prescribers

OPERATIONS

From March 25, 2009, until April 3, 2018, the PMP ran on the Otech software platform developed by Optimum Technologies. A federal grant of $411,250 funded the implementation cost of the PMP. From 2009–2018, the annual cost for the receipt and delivery of pharmacy data and software maintenance was 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, 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 a request for proposal (RFP) process. In 2017, the board, in conjunction with the Iowa Office of the Chief Information Officer (OCIO) and the Iowa Department of Administrative Services (DAS), awarded a contract to Appriss Health (Bamboo Health) for its PMP AWARxE™ platform. 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, with additional annual extensions optional until April 1, 2028.

The cost for the AWARxE™ platform was $100,000 per year for the first two years of the contract, and has increased by 3% annually. The fee for contract year 2026 is $117,820. Annual costs are paid from the Licensing and Regulation Fund established by 2023 Iowa Acts, Senate File 557. No additional user fees or surcharges have been imposed to pay for the activities or support of the PMP since its inception, though Iowa Code section 124.557 authorizes the board to assess a surcharge of up to 25% of Controlled Substances Act registration fees to be deposited into the drug information program fund.

NarxCare™ is an added enhancement to the AWARxE™ software platform that aids practitioners with their clinical decision-making and assists prescribers and dispensers in improving patient safety and outcomes. NarxCare™ 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 and was funded in 2025 by the State Opioid Response Grant (SOR4), a grant awarded to the Iowa Department of Health and Human Services (HHS) through the Substance Abuse and Mental Health Services Administration (SAMHSA). The PMP administrator is currently exploring options to fund NarxCare™ in 2026 and beyond.

Gateway is an application protocol interface (API) used to enable integration of the PMP with hospital and clinic electronic health records (EHRs) and pharmacy dispensing systems (PDSs). The Opioid Data to Action (OD2A) grant, awarded to Iowa HHS, covered 100% of the annual $215,000 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. Iowa's current integrated pharmacies and prescribers are saving an estimated $3 million per year through this initiative. Integrated users continue to express positive feedback, reinforcing the timesaving benefit of having a patient's PMP records within their EHR or PDS clinical workflow.

HF 2377/ "THE OPIOID BILL"

The enactment of House File 2377 into law on July 1, 2018, conferred new requirements on Iowa Controlled Substances Act (CSA) registrants and the PMP.

Iowa Code section 124.551A 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."

In addition, House File 2377 required 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 Dental Board and boards of Medicine, Nursing, Physician Assistants, Podiatry, Psychology, and Optometry adopted rules relating to such requirements during calendar years 2019 and 2020. Having received DEA approval for pharmacists to obtain individual mid-level practitioner registrations in 2025, the Iowa Board of Pharmacy will be adopting corresponding rules in 2026.

EXECUTIVE ORDER 10

In 2025, the Iowa Board of Pharmacy completed a regulatory analysis of all Board of Pharmacy rules pursuant to Executive Order 10. The board rescinded all 42 chapters from Iowa Administrative Code (IAC) section 657 and adopted eight new chapters under IAC 481. The new rules went into effect in August 2025. PMP rule 481 IAC – 556.3(3) now limits the number of delegates any one practitioner may supervise to a maximum of 30. However, there is no limit to the number of supervisors a delegate may have.

SUBMISSION COMPLIANCE

From March 25, 2009, until July 1, 2018, pharmacies were only required to submit dispensation data to the PMP on a weekly basis. In an effort to provide more contemporary and complete PMP records, Iowa Code 124.552 was amended to require prescribers to report any controlled substances they dispense to their patients and to require pharmacies to submit prescription data within one business day of dispensing. The PMP and the board continue to work in a coordinated effort to monitor and ensure compliance with timely reporting requirements. An audit of the AWARxE™ datatabase was completed in order to confirm that all nonexempt pharmacies are included in the compliance monitoring tool with accurate pharmacy business hours. More than 266 Iowa licensed pharmacies were added to or updated in the monitoring tool in 2025. This ensures reporting compliance can be monitored for all required entities in real time. PMP administrators have begun direct outreach regarding submission errors to ensure the accuracy and integrity of the data reported by pharmacies.

USER METRICS

During the 2025 calendar year, the number of active pharmacist and prescriber user accounts decreased. This was expected, as duplicate and dormant accounts were deactivated and invalid delegate accounts were removed. Efforts to clean up user accounts will continue in 2026 and beyond. Despite this decrease, the number of patient queries from both provider types (prescriber and pharmacist) was 12% higher in 2025 than in 2024. The rise in integrations between the PMP, electronic health records, and pharmacy dispensing systems correlate with the increased use of the PMP. Total patient searches from 2020 to 2025 via the Gateway™ integration solution continued to rise while use of direct access via the AWARxE™ platform continues to decline for prescribers and pharmacists. Of note: Previously this metric included both first and second call data. First call is the “pre-fetch” of data done on the backend by the program. For example, this data may be used to display certain aspects of the NarxCare summary, such as the patient's risk score, directly within the patient’s pharmacy record. The second call indicates the provider actually viewed the patient's full PMP report. In order to reflect actual requests made by users, these figures only include second call data. (Figures 1 and 2)

Pharmacist Queries

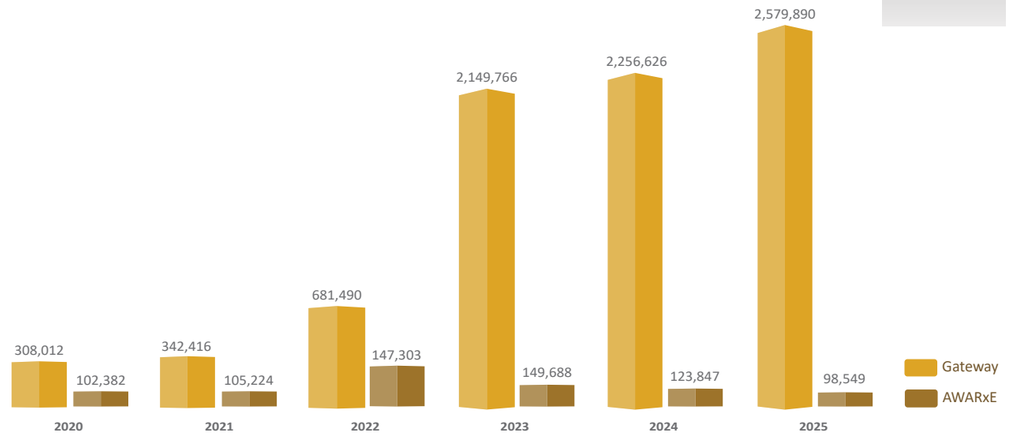


Figure 1: Pharmacist Queries (includes delegate requests)

Prescriber Queries

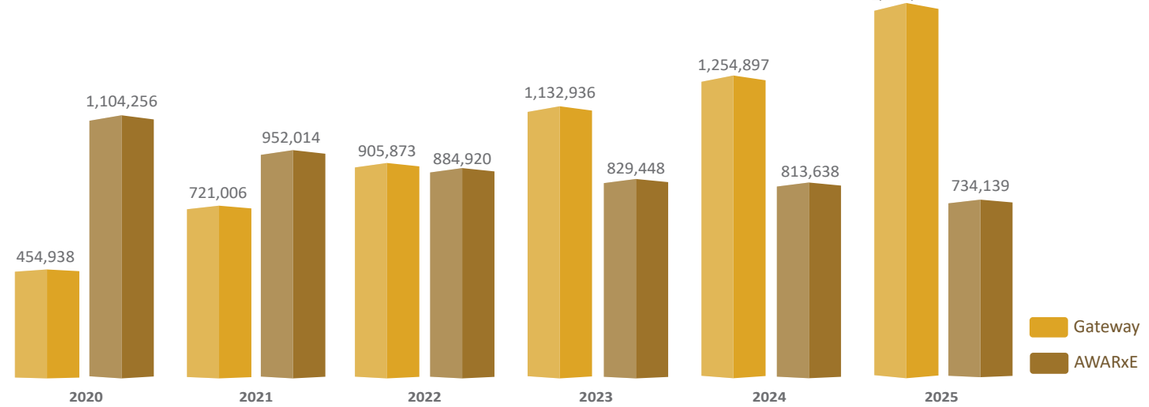


Figure 2: Prescriber Queries (includes delegate requests)

PMP DATA

Figures 3 through 12 display the top 10 Schedule II-V drugs by number of prescriptions and number of dosage units dispensed for years 2021-2025.

Pregabalin is in the top 10 for dosage units dispensed across all five years. However, amphetamine takes its place in the top 10 for prescriptions dispensed across all five years.

Notably, oxycodone rose to the fifth most prescribed medication in 2025.

Methylphenidate remains at number three for number of prescriptions dispensed since 2023, and dextroamphetamine has remained the number one drug prescribed in 2025 surpassing hydrocodone by 2% in 2024 and 6% in 2025. This aligns with similar trends seen across the U.S. where stimulant use continues to rise exponentially.

2021 Top 10 Schedule II-V Drugs by Units Dispensed

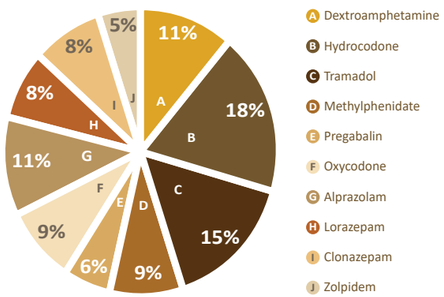


Figure 3: 2021 Top 10 Schedule II-V Drugs by ***Dosage Units Dispensed***

2021 Top 10 Schedule II-V Drugs by Prescription Count

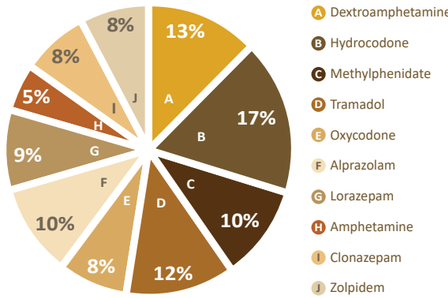


Figure 4: 2021 Top 10 Schedule II-V Drugs by ***Prescription Count***

2022 Top 10 Schedule II-V Drugs by Units Dispensed

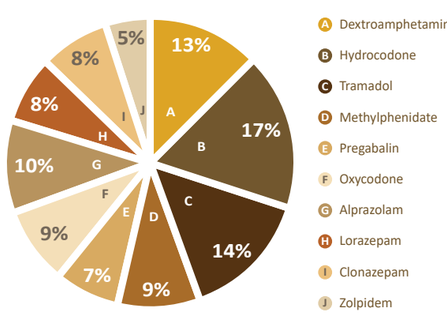


Figure 5: 2022 Top 10 Schedule II-V Drugs by ***Dosage Units Dispensed***

2022 Top 10 Schedule II-V Drugs by Prescription Count

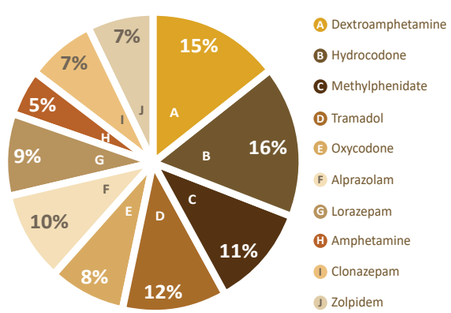


Figure 6: 2022 Top 10 Schedule II-V Drugs by ***Prescription Count***

2023 Top 10 Schedule II-V Drugs by Units Dispensed

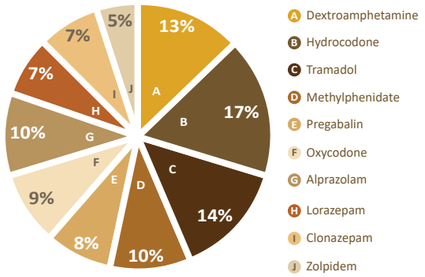


Figure 7: 2023 Top 10 Schedule II-V Drugs by ***Dosage Units Dispensed***

2023 Top 10 Schedule II-V Drugs by Prescription Count

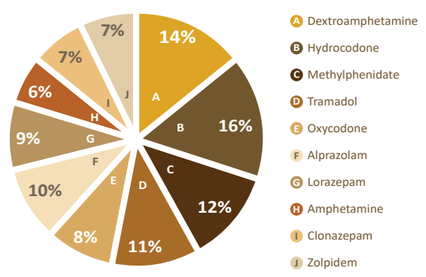


Figure 8: 2023 Top 10 Schedule II-V Drugs by ***Prescription Count***

2024 Top 10 Schedule II-V Drugs by Units Dispensed

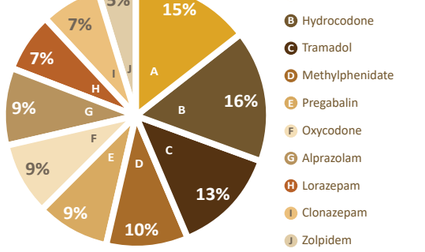


Figure 9: 2024 Top 10 Schedule II-V Drugs by ***Dosage Units Dispensed***

2024 Top 10 Schedule II-V Drugs by Prescription Count

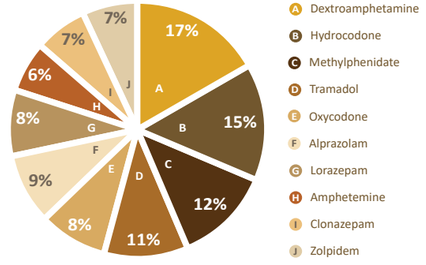


Figure 10: 2024 Top 10 Schedule II-V Drugs by ***Prescription Count***

2025 Top 10 Schedule II-V Drugs by Units Dispensed

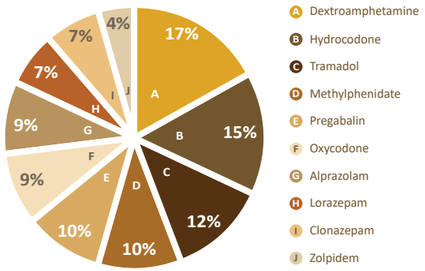


Figure 11: 2025 Top 10 Schedule II-V Drugs by ***Dosage Units Dispensed***

2025 Top 10 Schedule II-V Drugs by Prescription Count

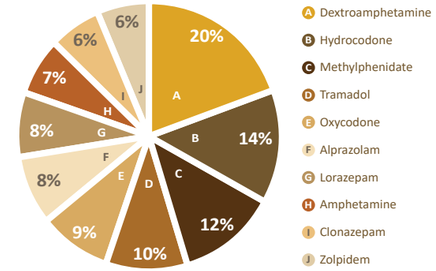


Figure 12: 2024 Top 10 Schedule II-V Drugs by ***Prescription Count***

Beginning in May 2021, all Schedule V (CV) prescriptions were required to be reported to the PMP. Thus, 2025 was the fourth 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 nonprescription sale of codeine-containing cough suppressants to the list of reportable transactions. Out of the four drug schedules that comprise prescription data reported to the PMP, Schedule V and Schedule III continue to rank a distant third and fourth in both prescriptions and dosage units dispensed in 2025. (Figures 13 and 14):

2025 Number of Dosage Units Dispensed by Schedule

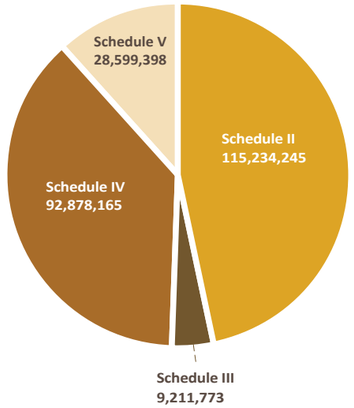


*Figure 13: 2025 Number of **Dosage Units Dispensed by Schedule***

2025 Number of Dosage Units Prescriptions by Schedule

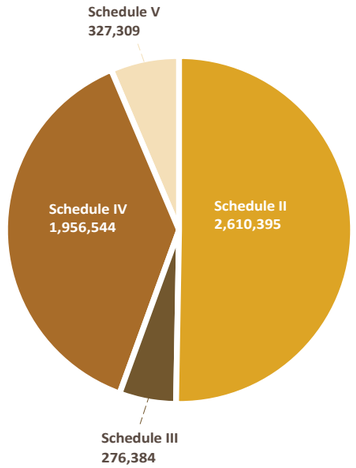


*Figure 14: 2025 Number of **Prescriptions Dispensed by Schedule***

While the changes in May 2021 may have resulted in more prescriptions being reported to the PMP, excluding CV prescriptions did not significantly affect the rate of the increase in prescriptions noted from 2020 in 2025 (Figure 15).

Total Number of Prescriptions Dispensed per Year, (in millions)

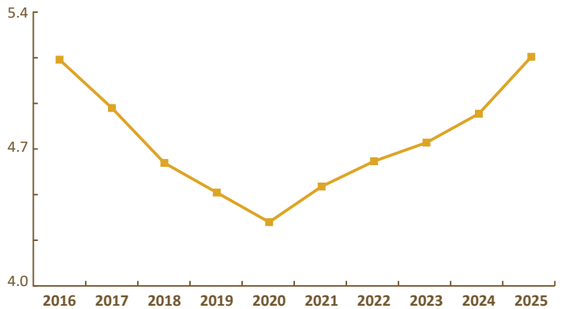


Figure 15: Total Schedule II-V Prescriptions Dispensed

Total Number of Prescriptions Dispensed per Year, Excluding CVs (in millions)

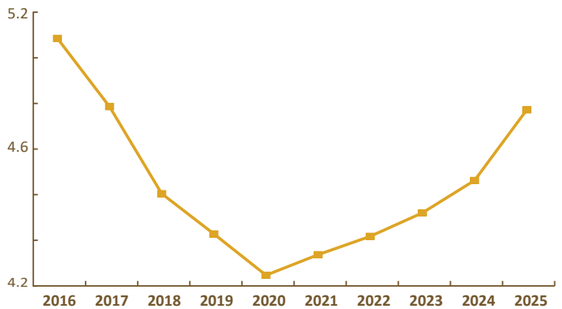


Figure 16: Total Schedule II-IV Prescriptions Dispensed

The total number of dosage units dispensed also increased from 2024 to 2025, but still remains well below total quantities dispensed in 2016. This indicates that prescription quantities remain smaller by comparison to those prescriptions dispensed in the mid-2010s despite the number of prescriptions steadily climbing since 2020. Dosage units dispensed in classes CII-IV continued to fall until 2024, indicating the overall rise in dosage units dispensed since 2020 is likely due to the change in reporting requirements to include CV substances in 2021. (Figures 17 & 18)

Total Number of Dosage Units Dispensed per Year, (in millions)

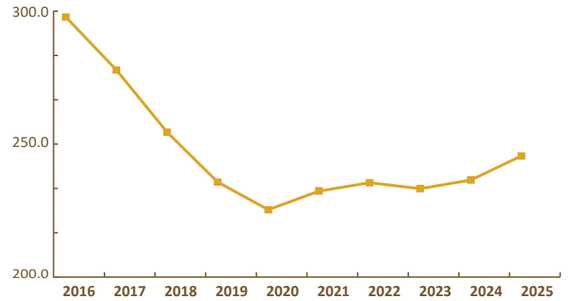


*Figure 17: Total Schedule II-V **Dosage Units Dispensed***

Total Number of Dosage Units Dispensed per Year, Excluding CVs (in millions)

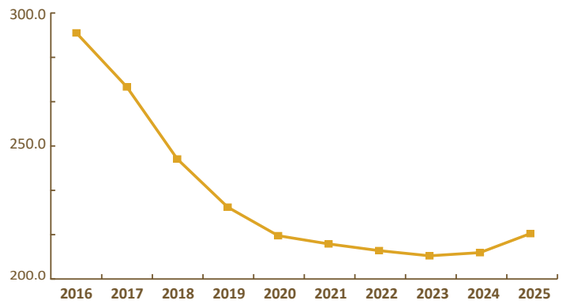


*Figure 18: Total Schedule II-IV **Dosage Units Dispensed***

The number of opioid prescriptions dispensed has stayed relatively stagnant after the steady decline from 2016 to 2020. The number of dosage units dispensed has also continued to fall (Figures 19 and 20). This also is indicative of patients receiving smaller quantities (i.e. for a shorter duration of therapy and/ or at decreased doses) per dispensation.

Total Number of Opioid Prescriptions Dispensed per Year, (in millions)

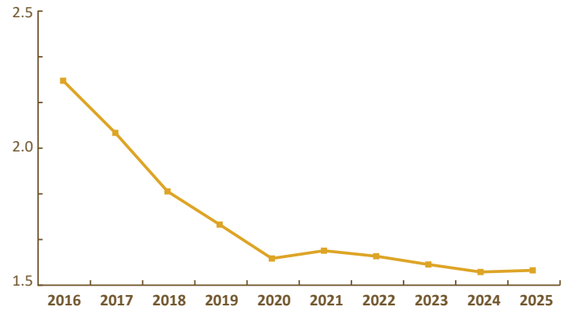


*Figure 19: Total Schedule II-V **Opioid Prescriptions Dispensed***

Total Number of Opioid Dosage Units Dispensed per Year, (in millions)

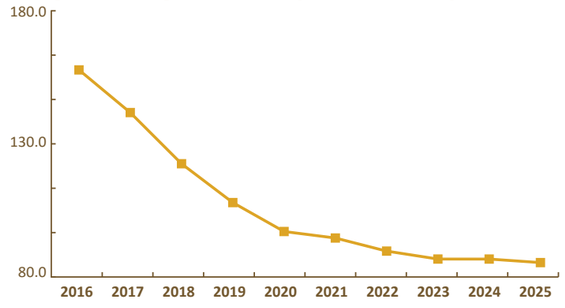


*Figure 20: Total Schedule II-IV **Opioid Dosage Units Dispensed***

Additionally, the number of benzodiazepine prescriptions and dosage units dispensed continue to decrease year over year. (Figures 21 and 22).

Total Number of Benzodiazepine Prescriptions Dispensed per Year, (in millions)

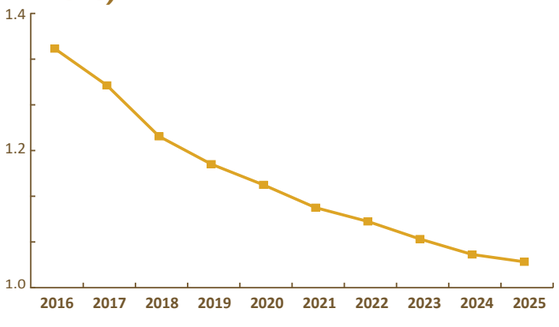


Figure 21: Total Benzodiazepine Prescriptions

Total Number of Benzodiazepine Dosage Units Dispensed per Year, (in millions)

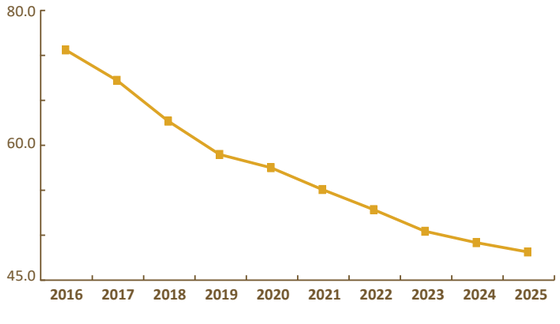


Figure 22: Total Benzodiazepine Dosage Units

Figures 23 and 24 reflect the trends noted in the top 10 drugs dispensed in 2025. The total number of stimulant prescriptions and dosage units dispensed continues to rise.

Total Number of Stimulant Prescriptions Dispensed per Year, (in millions)

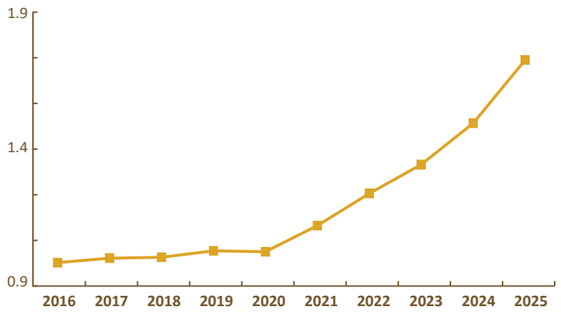


Figure 23: Total Stimulant Prescriptions Dispensed

Total Number of Stimulant Dosage Units Dispensed per Year, (in millions)

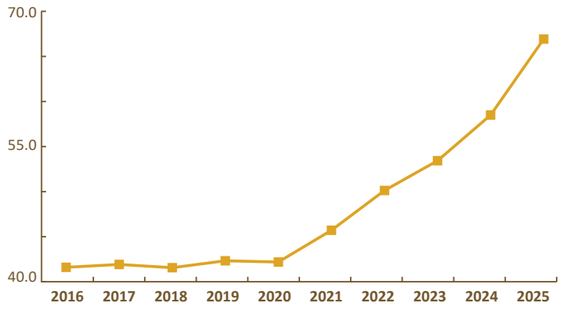


Figure 24: Total Stimulant Dosage Units Dispensed

REPORTING

Threshold reports inform both pharmacists and prescribers of patients under their care who are receiving prescriptions from multiple prescribers, multiple pharmacies, or patients with multiple provider episodes (MPEs). The most recent round of threshold reports from 2025 identified 46 patients exhibiting MPE behavior, with reports being sent to 342 prescribers and pharmacies. MPEs have increased since 2021, primarily due to multiple prescriber episodes. The proliferation of telehealth services may be responsible for some increases in the number of providers utilized by some patients. The Advisory Committee has agreed to consider changes to the parameters used to identify patients with MPEs to better acknowledge the changing telemedicine landscape. It should be noted that MPEs across 2024 and 2025 were relatively similar.

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 most recent round of 2025 prescriber activity reports were sent to 12,502 prescribers. The activity reports contain interactive capabilities that allow prescribers to “drill down” and identify individual patients from within their report. They also provide a summary snapshot along with a benchmark comparison relative to peers within the prescriber’s specialty practice area. 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. An example report is shown in Appendix A.

ONGOING IMPROVEMENT EFFORTS

A primary PMP initiative in 2025 was securing appropriate access to the PMP by updating and maintaining accurate user accounts. An audit was completed where over 5,000 DEA registrations were validated. Approximately 700 new, active DEA registration numbers were added to user profiles, and more than 300 invalid or expired DEA registration numbers were removed. In an effort to maintain current and accurate DEA registration information following the audit, the PMP rolled out a new feature. Starting on Dec. 2, all users with DEA numbers due to expire within the next 60 days began receiving a courtesy reminder from the PMP via email. The emails are sent at 60, 30, and finally 15 days to expiration. DEA registration validation is completed by the database nightly, and reminders cease after the expiring registration has been renewed or removed. More than 1500 providers were identified with expired or expiring DEA registrations!

Calendar year 2025 brought the fifth full year of integration of the PMP with hospital and clinic electronic health records (EHRs) and pharmacy dispensing systems (PDSs). Since the rollout of statewide integration (SWI) in June 2022, Iowa has seen an increase in the percentage of pharmacies integrated, from 28.6% to 67.7%, and an increase in prescriber integration by 24%, relative to pre-SWI. Additional efforts to increase PMP integration with Iowa providers in 2025 involved supporting the administration of the OD2A grant awarded to Iowa HHS to fund the statewide integration initiative (SWI). This initiative included expanding Iowa’s connections with other states and territories to allow for the sharing of PMP data across state lines. Iowa was able to establish new connections with Alaska, Delaware, Hawaii, and Idaho in 2025, bringing the state’s total connections to 45. Outreach will continue in 2026 to connect Iowa with the six remaining states and territories.

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. To bring awareness to the additional features provided by NarxCare, additional education and promotion of the NarxCare™ communications module are planned for 2026. This module allows providers to make clinical notes on patient profiles when appropriate, informing other providers on the care team of important information that would otherwise not be recorded within the patient's PMP report. There is also an option to send direct messages to other providers identified on the patient's report, enhancing collaboration and communication across all care settings. Another notable NarxCare™ feature is the incorporation of opioid rescue medication (e.g., naloxone) administrations by first responders or EMS as an additional risk indicator in the patient's PMP report. Changes made in 2025 have allowed for consistent monthly reporting of these administrations by the Bureau of Emergency Medical and Trauma Services. More timely reporting of these encounters provides additional insight to prescribers and pharmacists regarding potential patient overdose risk factors.

The PMP is excited to partner with HHS on a new project under the OD2A grant! A new clinical alerts enhancement will be rolling out in the second quarter of 2026. This enhancement will focus on a new co-indicator alert, for patients who meet certain criteria, that recommends an opioid antagonist should be co-prescribed with opioid prescriptions. The alert will show up on the patient's report within the NarxCare summary information. The enhancement will also unlock other features that will allow the PMP to automate threshold reports.

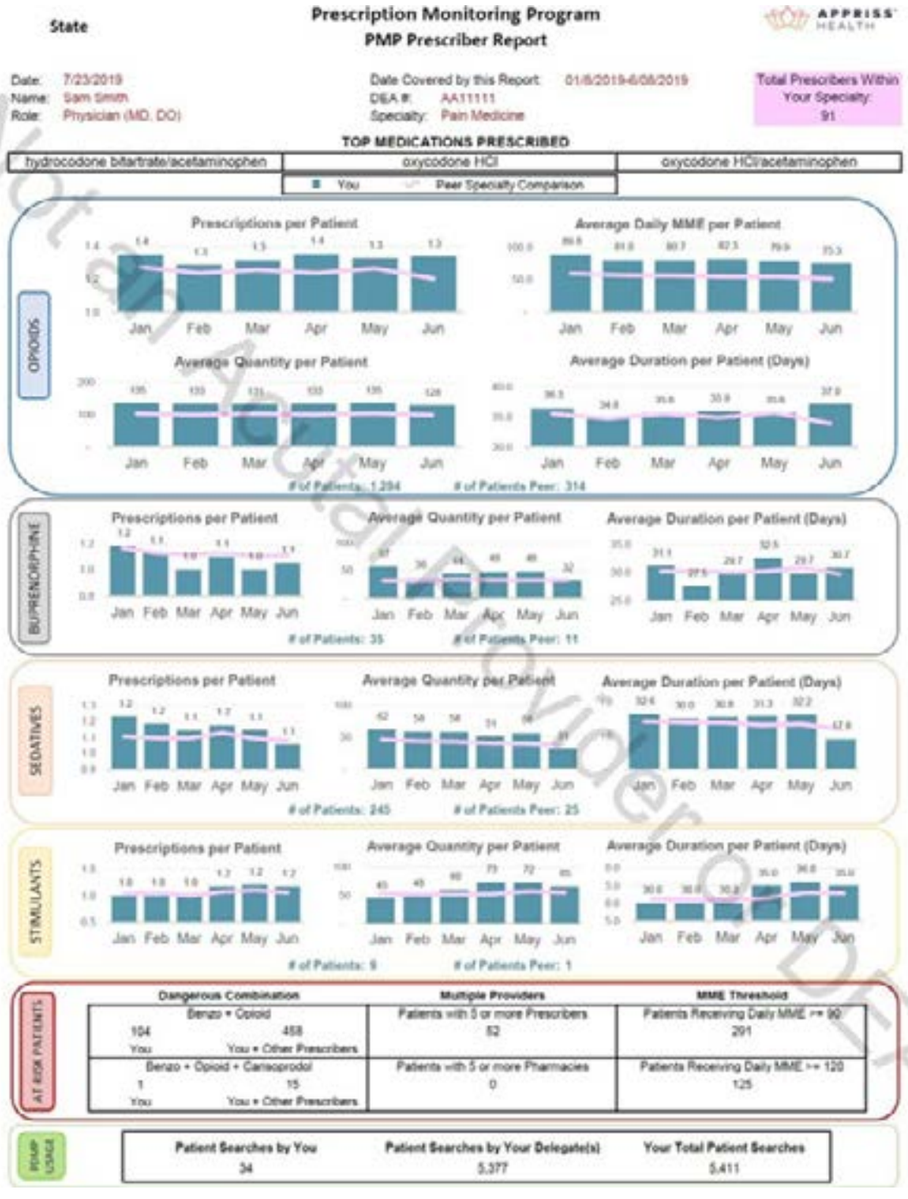
Collaboration with Iowa HHS continues through various projects. The PMP is still working, in partnership with HHS, to release a new, reimagined public-facing dashboard. The dashboard will continue to highlight historical PMP data regarding opioid and controlled substance use trends. However, additional dashboard enhancements, including metrics related to stimulant use and other emerging trends, will also be included. Work is underway with a goal of publishing in 2026. The current public-facing dashboard continues to be available on the state's data tracking portal website.

SUMMARY

The impact of the Iowa PMP has been shown in year-to-year increases in both provider PMP utilization and integrations, and year-to-year decreases in the total number of opioid dosage units dispensed per capita. Goals for the PMP in 2026 include continued efforts to reduce the number of delinquent reporting pharmacies, promote appropriate access to and utilization of the AWARxE™ database through user update-and-confirm initiatives, provide education to users to enhance their understanding of the tools and features available within the PMP, and integration nationwide via targeted outreach to states and territories not currently connected with Iowa. 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.

Appendix

APPENDIX A – REVISED PRESCRIBER ACTIVITY REPORT



APPENDIX B – LIST OF FIGURES

APPENDIX C – LIST OF ACRONYMS

- API .....Application Protocol Interface
- CSA .....Controlled Substances Act
- DIAL ..... Department of Inspections, Appeals, and Licensing
- EHR .....Electronic Health Records
- EMR .....Electronic Medical Records
- EMS .....Emergency Medical Services
- HHS..... Health and Human Services
- MPE .....Multiple Provider Episodes
- OCIO .....Office of the Chief Information Officer
- OD2A .....Overdose Data to Action
- PDS .....Pharmacy Dispensing Systems
- PMP .....Prescription Monitoring Program
- RFP .....Request for Proposal
- SAMHSA Substance Abuse and Mental Health Services Administration
- SOR4 .....State Opioid Response Grant
- STR.....State Targeted Response to the Opioid Crisis
- SWI .....Statewide Integration

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