

Prescription Monitoring Program (PMP) FAQs—FOR PHYSICIANS:

The following information is intended to provide guidance to physicians licensed by the Iowa Board of Medicine only. This does not apply to pharmacists. Pharmacists should check with the Iowa Board of Pharmacy for any questions regarding their PMP obligations.

1. When is PMP Review Required?

Iowa Code section 124.551A provides that “the prescribing practitioner or the prescribing practitioner's designated agent shall utilize the program database prior to issuing an opioid prescription as prescribed by rules adopted by the prescribing practitioner's licensing board to assist the prescribing practitioner in determining appropriate treatment options and to improve the quality of patient care.” See *also* Iowa Administrative Code rule 653—13.2(7).

2. For which drugs is PMP review required?

Iowa Code section 124.551A requires a prescribing physician to check the PMP when issuing a prescription for an “opioid.” Iowa Administrative Code rule 653—13.2(1) defines "opioid" as "any U.S. Food and Drug Administration (FDA)-approved product or active pharmaceutical ingredient classified as a controlled substance that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain."

3. Out-of-state prescribing & telemedicine.

The general rule is that Iowa’s PMP mandate applies when a physician is using their Iowa license to prescribe.

Physician & Patient in Iowa: The physician is prescribing under their Iowa license. Therefore, PMP mandate applies, regardless of where the patient fills the prescription.

Physician in Iowa & Patient out-of-state: The physician is prescribing under the license of the state in which the patient is located. Therefore, Iowa’s PMP mandate does not apply, even if the patient intends to fill the prescription in Iowa. However, the physician must comply with all laws and regulations, including any prescription-monitoring laws, of the state in which the patient receives the prescription.

Physician out-of-state & Patient in Iowa: The physician is prescribing under their Iowa license. Therefore, PMP mandate applies, regardless of where the patient fills the prescription.

4. Is the number of designated agents/delegates in the PMP limited?

The number of designated agents/delegates is not limited in the PMP. Practitioners can authorize as many delegates as they wish, as long as those delegates are actively working with the practitioner. New users and new delegates all register online at <https://iowa.pmpaware.net>. Once a new delegate registers and identifies one or more supervising practitioners by entering each practitioner's email address, the practitioner will receive an email notifying them that the delegate has registered and requests authorization. The practitioner must then log into the PMP and approve the delegate. Practitioners may manage their delegates at any time in their PMP account in the User Profile > Delegate Management section.

Note: The number of practitioners that a designated agent/delegate can actively work under is also not limited in the PMP.

5. Does it matter whether the patient has an Iowa medical license or not?

No. A prescribing physician must comply with Iowa's PMP requirements regardless of whether the patient is also an Iowa licensed physician.

6. Must a prescriber use the PMP when issuing refills, or just when writing an initial script?

Yes, issuing original scripts and subsequent refill prescriptions is subject to the PMP review requirement. However, a single prescription that varying dispensation dates does not require PMP monitoring. For example, if a single prescription provides for 30 pills to be dispensed every 30 days for 90 days, the prescriber is only required to check the PMP prior to issuing the initial prescription.

7. How is PMP use monitored?

PMP (PDMP) requests by prescriber and prescriber delegates are part of the quarterly prescriber activity reports (PARs). As a benchmark, PDMP requests by similar prescriber types and specialty are shown as part of the PAR. There is not currently a

mechanism in place to link dispensations (prescription fills) reported to the PMP with prescriber/delegate PDMP activity at the individual patient level.

The Board of Pharmacy does not have statutory authority to actively monitor PMP use to ensure providers are compliant with mandated use requirements. Further, while there is a robust PMP audit trail in place, pharmacists (and other care providers) are not able to view or verify PMP usage by other PMP users.

8. What are the exceptions to the PMP requirement?

Physicians are not required to utilize the PMP to assist in the care of patients in inpatient hospice care, and long-term care settings. Iowa Administrative Code rule 653-13.2(7) provides in part: "A physician is not required to utilize the prescription monitoring program to assist in the treatment of a patient receiving inpatient hospice care or long-term residential facility patient care. An order issued in an inpatient hospital setting is not considered a prescription for the purposes of these rules. Patient safety is adequately protected in an inpatient hospital setting, and physicians caring for patients in an inpatient hospital setting do not prescribe."

9. How are long term care and hospice patients identified in the PMP?

Hospice and long term care patients are not identified in the PMP. Please check with your licensing board if you have further questions regarding patient types or characteristics that meet or do not meet the definitions for long term care or hospice.

10. What are the consequences for noncompliance with the mandated use of the PMP?

A physician who fails to comply with the PMP requirements may be subject to discipline by the Iowa Board of Medicine as appropriate. The Board will consider a physician's failure to utilize the PMP prior to issuing an opioid prescription in making its overall determination as to whether the standard of care in any given case has been met.