



Louisiana Board of Pharmacy

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Prescription Monitoring Program Annual Report

Fiscal Year 2016-2017

July 1, 2017

Introduction

Act 676 of the 2006 Louisiana Legislature authorized the development, implementation, operation, and evaluation of an electronic system for the monitoring of controlled substances and other drugs of concern that are dispensed within the state or dispensed by a licensed pharmacy outside the state to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

The Prescription Monitoring Program (PMP) was implemented in August 2008. We notified pharmacies of their requirement to report all eligible prescription transactions to the program, and further, required them to report all historical data retroactive to June 1, 2008 no later than December 31, 2008. In December 2008, the Board notified all prescribers and dispensers wishing to acquire direct access privileges of the requirement to complete the web-based orientation program prior to receiving their access privileges. The web portal to the program database was opened to queries on January 1, 2009, and the program remains fully functional.

The initial vendor selected pursuant to the original public bid in 2008 was Health Information Designs, Inc. from Auburn, AL. When that contract was re-bid in 2013, the successful bidder was Optimum Technology, Inc. from Columbus, OH. In 2015, that firm was acquired by Appriss, Inc. based in Louisville, KY. During Fiscal Year 2015-2016, Appriss transitioned the Louisiana program from the Optimum Technology platform to its own Aware platform. Among other benefits will be an enhanced reporting capability.

Advisory Council

The enabling legislation created the PMP Advisory Council to assist the Board in the development and operation of the program. The Board shall seek, and the advisory council shall provide, information and advice regarding: (1) which controlled substances should be monitored, (2) which drugs of concern demonstrate a potential for abuse and should be monitored, (3) design and implementation of educational courses required by the PMP law, (4) methodology to be used for analysis and interpretation of prescription monitoring information, (5) design and implementation of a program evaluation component, and (6) identification of potential additional members to the advisory council. The original legislation specifically identified the 25 organizations named to the council and further, named the leader of the organization but permitted the leader to name a designee to function in the absence of the appointee. The organizations represented on the council include the licensing agencies for the prescribers and dispensers, the professional membership organizations for the prescribers and dispensers, organizations representing federal, state, and local law enforcement agencies, as well as representatives from the legislature. The advisory council has elected its own leadership, adopted policies and procedures for its operations, and meets on a quarterly basis.

The council actively reviews the program's operations and makes recommendations for the improvement of the program. Those recommendations are forwarded to the Board of Pharmacy, resulting in regulatory or legislative initiatives designed to implement the council's recommendations.

Legislative Mandates

The 2014 Legislature adopted a number of measures which will serve to improve the program. Beginning August 1, 2014, pharmacies and other dispensers will be required to report their eligible prescription transactions to the program database no later than the next business day following the date of dispensing, instead of the previous seven day allowance. In addition, the Board has recently completed the rulemaking process authorized by the 2013 Legislature that will allow authorized prescribers and dispensers to appoint delegates for the purpose of retrieving data from the program's database.

The 2015 Legislature also adopted a measure that will require prescribers of certain controlled substances for the treatment of certain conditions to access the patient's history in the program database prior to initiating such treatment. The same measure will require pharmacists dispensing certain controlled substances to certain patients to access the patient's history in the program database prior to dispensing such medications.

The 2017 Legislature amended the state controlled substance law to require the automatic issuance of PMP access privileges to all practitioners with prescriptive authority for controlled substances except veterinarians. Another measure amended the PMP law to enable additional categories of authorized users, e.g., medical examiners, substance abuse counselors, and probation and parole officers, as well as judicially supervised specialty courts.

Program Highlights

- September 2016 – began sharing information with Texas.
- October 2016 – began sharing information with Alaska, Kansas, Massachusetts, Nevada, North Dakota, South Dakota, and Tennessee.
- December 2016 – began sharing information with Minnesota and Oklahoma.
- April 2017 – began sharing information with Alabama.
- June 2017 – began sharing information with Pennsylvania.

Program Metrics

The data on the following pages provide summary data for the operational aspects of the program – number of prescription transactions reported to the program database, number of prescribers and dispensers and their delegates registered to access the program data, the number of queries performed by those authorized prescribers and dispensers and their delegates as well as law enforcement agencies and regulatory agencies, and finally, the average number of queries per day. In addition, we present the top ten controlled substances dispensed, by label name, for the past four years, both number of prescriptions and the number of units dispensed.

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Calendar Year:	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>6/30/2017</u>
Prescription Database:										
Transactions Reported (in Millions)	6.015	11.144	12.117	12.775	12.99	13.032	13.02	12.403	12.245	6.062
Access to Program Data:										
New prescribers registered:		1,526	721	548	574	640	1,093	958	766	413
<i>Total prescribers registered:</i>		<i>1,526</i>	<i>2,247</i>	<i>2,795</i>	<i>3,369</i>	<i>4,009</i>	<i>5,102</i>	<i>6,060</i>	<i>6,826</i>	<i>7,239</i>
New prescriber delegates registered:							473	709	364	239
<i>Total prescriber delegates registered:</i>							<i>473</i>	<i>1,182</i>	<i>1,546</i>	<i>1,785</i>
New pharmacists registered:		728	483	361	494	509	466	418	353	117
<i>Total pharmacists registered:</i>		<i>728</i>	<i>1,211</i>	<i>1,572</i>	<i>2,066</i>	<i>2,575</i>	<i>3,041</i>	<i>3,459</i>	<i>3,812</i>	<i>3,929</i>
New pharmacist delegates registered:							143	236	166	126
<i>Total pharmacist delegates registered:</i>							<i>143</i>	<i>379</i>	<i>545</i>	<i>671</i>
Searches Performed by Users:										
Solicited by prescribers:		235,985	368,376	496,270	650,514	842,139	942,733	1,178,446	1,740,249	1,009,921
Solicited by prescriber delegates:							26,993	269,147		
Solicited by pharmacists:		74,277	111,075	153,783	212,754	382,204	456,568	1,015,496	1,166,655	633,821
Solicited by pharmacist delegates:							3,954	51,285		
Solicited by law enforcement:		680	889	1,230	845	1,150	1,224	1,011	843	509
Solicited by regulatory agencies:		833	1,401	1,612	1,584	1,364	1,675	1,477	1,663	1,136
Average queries per day:										
		854	1,319	1,788	2,372	3,361	3,926	6,896	7,971	9,016

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Top Controlled Substance Drugs Dispensed, by Label Name

2013	<u>Drug Name</u>	<u># Rx</u>	<u>Qty</u>
	Hydrocodone/APAP 10-500	853,416	58,549,294
	Tramadol 50mg	765,440	52,645,565
	Zolpidem 10mg	611,493	18,844,825
	Hydrocodone/APAP 7.5-500	503,602	19,435,356
	Hydrocodone/APAP 5-500	460,105	14,821,532
	Hydrocodone/APAP 10-325	444,618	32,776,638
	Alprazolam 0.5mg	443,306	23,845,024
	Alprazolam 1mg	325,623	20,685,013
	Carisoprodol 350mg	320,099	21,833,430
	Clonazepam 1mg	261,320	14,447,060

2014	<u>Drug Name</u>	<u># Rx</u>	<u>Qty</u>
	Hydrocodone/APAP 10-325	1,270,652	91,205,954
	Tramadol 50mg	900,872	60,641,816
	Hydrocodone/APAP 7.5-325	708,467	29,507,180
	Hydrocodone/APAP 5-325	616,995	19,932,033
	Zolpidem 10mg	526,666	16,493,087
	Alprazolam 0.5mg	416,194	22,424,375
	Alprazolam 1mg	303,529	19,330,194
	Oxycodone/APAP 10-325	268,583	21,420,793
	Clonazepam 0.5mg	253,289	12,559,739
	Clonazepam 1mg	252,646	14,018,210

2015	<u>Drug Name</u>	<u># Rx</u>	<u>Qty</u>
	Hydrocodone/APAP 10-325	1,134,284	85,692,900
	Tramadol 50mg	939,808	64,608,114
	Hydrocodone/APAP 7.5-325	599,864	26,098,294
	Hydrocodone/APAP 5-325	551,317	18,432,786
	Zolpidem 10mg	512,297	16,049,100
	Alprazolam 0.5mg	416,972	22,514,399
	Oxycodone/APAP 10-325	329,285	26,347,048
	Alprazolam 1mg	303,200	19,385,621
	Clonazepam 1mg	264,126	14,859,779
	Clonazepam 0.5mg	258,410	12,986,657

2016	<u>Drug Name</u>	<u># Rx</u>	<u>Qty</u>
	Hydrocodone/APAP 10-325	1,134,992	84,713,832
	Tramadol 50mg	975,537	65,742,114
	Hydrocodone/APAP 7.5-325	599,483	25,362,244
	Hydrocodone/APAP 5-325	575,255	18,417,263
	Zolpidem 10mg	512,753	16,157,638
	Alprazolam 0.5mg	437,175	23,594,764
	Oxycodone/APAP 10-325	377,013	30,248,215
	Alprazolam 1mg	316,590	20,207,395
	Clonazepam 1mg	279,482	15,813,361
	Clonazepam 0.5mg	276,798	13,951,268

Outlook for Next Fiscal Year

The program will continue the implementation of the legislative mandate to issue access privileges to all practitioners with prescriptive authority for controlled substances, except veterinarians. The current contract for the program vendor is slated to expire in late 2018. The program staff will collaborate with the state procurement office to facilitate the issuance of a new bid invitation.

Conclusion

The program has completed approximately eight years of operation. Based on feedback from authorized users, it appears to represent an efficient and cost-effective use of resources. Data from the program suggests we have made some early contributions to the reduction of diversion of controlled substances. Our interstate collaborations have yielded high marks for our program design and operation. We look forward to fully developing the potential of our program to identify and inhibit the diversion of controlled substances in Louisiana.

We acknowledge the contributions from Ms. Lindsey Schultz and Ms. Danielle Hartzog, our administrative coordinators, and Mr. Joseph Fontenot, Program Manager, for their operation of the program and the development of this report.

Prepared by:
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