Louisiana Board of Pharmacy

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Prescription Monitoring Program
Annual Report

Fiscal Year 2017-2018

July 1, 2018

Introduction

The Louisiana Prescription Monitoring Program (PMP) is an electronic database used to collect and monitor prescription data for all Schedule II, III, IV, and V controlled substances, as well as certain drugs of concern, dispensed by a pharmacy in Louisiana or to a Louisiana resident from a pharmacy located in another state. The PMP also provides a venue for monitoring patient prescription history for practitioners.

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 to state residents by pharmacies located in other states. 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 PMP was implemented in August 2008. Pharmacies and dispensing prescribers were instructed how and when to transmit their dispensing transactions to the program vendor for assimilation into the PMP database. Prescribers, dispensers, and other persons authorized to access PMP information were instructed how to secure their access privileges. The web portal to the PMP 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. Appriss transitioned the program from the previous platform to its own AWARxE platform in June 2016.

Advisory Council

The enabling legislation created the PMP Advisory Council to assist the Board in the development and operation of the program. The council consists of the following members, each of whom may appoint a designee:

1. The president of the Louisiana State Board of Medical Examiners;
2. The president of the Louisiana State Board of Dentistry;
3. The president of the Louisiana State Board of Nursing;
4. The president of the Louisiana State Board of Optometry Examiners;
5. The president of the Louisiana Academy of Physician Assistants;
6. The president of the Louisiana Board of Pharmacy;
7. The superintendent of the Louisiana State Police;
8. The administrator of the United States Drug Enforcement Administration;
9. The speaker of the Louisiana House of Representatives;
10. The president of the Louisiana Senate;
11. The chairman of the House Committee on Health and Welfare;
12. The chairman of the Senate Committee on Health and Welfare;
13. The secretary of the Department of Health;

14. The president of the Louisiana State Medical Society;
15. The president of the Louisiana Dental Association;
16. The president of the Louisiana Association of Nurse Practitioners;
17. The president of the Optometry Association of Louisiana;
18. The president of the Louisiana Pharmacists Association;
19. The president of the Louisiana Independent Pharmacies Association;
20. The president of the National Association of Chain Drug Stores;
21. The president of the Louisiana Sheriffs' Association;
22. The president of the Louisiana District Attorneys Association;
23. The president of the Pharmaceutical Research and Manufacturers of America; and
24. The president of the Louisiana Academy of Medical Psychologists.

During Fiscal Year 2017-2018, the council convened all four of their regularly-scheduled quarterly meetings. Representatives from eleven of the 24 organizations attended 100% of the meetings; four entities attended 75%; two attended 50%; two attended 25%, and five entities had no representation at any of the meetings. During each of the meetings, program staff presented data concerning the number of prescription transactions reported to the program database as well as the number of queries to the database by prescribers, dispensers, law enforcement, and regulatory agencies. The staff also reported on the addition of new states available through the PMP InterConnect interstate network. Staff also reported on the increased utilization by the private sector of the PMP Gateway service, which integrates the PMP access portal into existing practice information systems in a variety of settings, including hospitals, clinics, practitioner offices, and pharmacies. The council reviewed new legislation adopted during the 2017 legislative session, and staff provided updates on the operational implementation of the legislative mandates.

Legislative Mandates

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.

The program staff implemented the auto-registration for all practitioners with prescriptive authority for controlled substances and sent multiple notices to those practitioners on how to secure their access privileges to the PMP database. At the request of the two medical schools in the state, the Board staff started issuing state controlled substance license numbers to medical interns and residents, which then authorized those practitioners to obtain PMP access privileges. The program staff also implemented access privilege procedures for the new categories of persons identified in the 2017 legislation.

The 2018 Legislature amended the PMP law to enable access to program data by epidemiologists with the state health department for public health surveillance purposes. Another measure amended the definition of 'drugs of concern' to authorize the tracking of certain drugs for public health purposes.

Program Highlights

- September 2017 – began sharing information with Virginia (17th state) via the PMP InterConnect interstate network.
- October 2017 – enabled Ochsner Health System's access to the PMP Gateway.
- November 2017 – enabled PMP auto-registration for prescribers.
- April 2018 – enabled PMP Gateway for multiple clinics and Wal-Mart pharmacies.
- May 2018 – notified all pharmacies of new service (Rx Management), which allows pharmacies to ensure all of their controlled substance prescription transactions have been reported to the PMP database.
- June 2018 – enabled PMP Gateway for Lafayette General Medical Center and an additional medical clinic.

Legislative Audit

The Louisiana Legislative Auditor performed their first-ever performance audit of the Board of Pharmacy's oversight of the state prescription monitoring program. The objective of the audit was to evaluate whether the Board of Pharmacy provided effective oversight of the prescription monitoring program to ensure compliance with the Prescription Monitoring Program Act. The auditor opined that overall the Board maintains and reviews the PMP database as required by state law and has implemented many best practices; however, the Board cannot ensure the database contains every controlled substance prescription dispensing transaction or ensure that every transaction record in the database is accurate.

Two significant findings reported by the auditor include:

- For Calendar Year 2016, 161 (5%) of the 3,222 prescriptions for hydrocodone and oxycodone submitted to the Workers' Compensation program were missing from the PMP database, as were 14,467 (3%) of the 484,173 prescriptions for the same two drugs submitted to the state Medicaid program.
- For Calendar Year 2016, approximately 25,500 prescriptions with outstanding errors had not been released into the PMP database by November 2017.

The auditor offered nine recommendations to improve the Board's oversight of the program:

- *Recommendation No. 1:* The Board should expand its current process for compliance testing on PMP data so it can identify more pharmacies that do not report as required by R.S. 40:1009. This process should be documented in a formatted policy that includes the number of tests that staff should conduct, how often, and how long pharmacies are given to report missing prescription information.
  - The Board will develop and implement formal policies for compliance monitoring, including parameters for the number of tests to be performed, their frequency, and a timeline for response by pharmacies with missing information. We will also resume the compliance checks that were interrupted to implement the legislative mandate for practitioner auto-registration.
- *Recommendation No. 2:* The Board should develop a process for ensuring that pharmacies are reporting all prescriptions as required by using a risk-based approach and incorporating PMP audits into its routine inspections.

- The Board implemented a new service offered by the PMP vendor (Rx Management); it enables a pharmacy to compare all of the prescription transactions it has reported with the pharmacy's dispensing information system to ensure that all prescription transactions have been reported to the PMP database. The Board intends to hire a new pharmacist compliance officer; the addition of new staff will allow the compliance officer to include PMP audits as part of their inspection and investigation activities.

- *Recommendation No. 3:* The Board should ensured that its PMP software vendor, Appriss, provides error reports on a routine basis, potentially by making the delivery of such reports a contract requirement.
  - The vendor contract is scheduled for public bid in November 2018. The staff has already added routine delivery of error reports to the bid specifications.
- *Recommendation No. 4:* The Board should regularly review error reports and penalize pharmacies who fail to correct errors in a timely manner.
  - Act 241 of the 2017 Legislature authorizes the Board to penalize pharmacies which fail to correct errors in a timely manner after notice by the Board. As we improve the error report process, the Board will exercise that new authority when appropriate.
- *Recommendation No. 5:* The Board should use the results of the error report to educate pharmacies about avoiding common errors so that fewer transactions are delayed from appearing in the PMP database.
  - The Board anticipates the error report summary from the vendor will facilitate that educational outreach to the pharmacies.
- *Recommendation No. 6:* The Board should formally establish a timeframe requirement for pharmacies to correct data errors and sanction pharmacies that do not comply with such timeframes.
  - The Board will evaluate whether such a timeline can be established by policy or whether promulgation of a rule is required and proceed accordingly.
- *Recommendation No. 7:* The Board should resume threshold testing on a routine basis so that it can identify patients that are potentially doctor or pharmacy shopping.
  - The Board intends to hire additional staff for the program to implement this and other recommendations.
- *Recommendation No. 8:* The Board should continue to work with its PMP software vendor to develop and implement automated data analytics to identify doctors, pharmacists, and patients with questionable activity involving controlled substances.
  - The program staff added the advanced analytics package to the bid specifications anticipated for the November 2018 public bid process.
- *Recommendation No. 9:* The Board should follow up on red flags from our analyses and alert appropriate authorities/boards as necessary, in accordance with its normal process.
  - The program staff followed up on some of the red flags prior to the release of the auditor's report and found some of the issues identified in the report had already been resolved. For example, the number of patients exceeding certain threshold levels indicating potential 'doctor-shopping' activity no longer exceeded those thresholds due to improved prescriber monitoring of PMP patient records.

In summary, the Board noted the report found approximately 95% of the approximately one million prescriptions per month had been reported to the PMP database. We agreed with the

auditor's recommendations to improve the completeness and accuracy of the PMP database. The auditor's report (*Oversight of the Prescription Monitoring Program*, Louisiana Board of Pharmacy; April 11, 2018) is available at the Louisiana Legislative Auditor's website, www.lla.la.gov as well as the Board's website, www.pharmacy.la.gov.

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 Calendar Years 2016 and 2017, both number of prescriptions and the quantity dispensed.

Outlook for Next Fiscal Year

The Board has several initiatives in progress for the program, including:

- Development of formal policies and procedures to implement the recommendations from the legislative auditor;
- Preparing additional technical specifications for the vendor contract public bid process anticipated in November 2018;
- Collaboration with the Dept. of Health to improve public health surveillance of the PMP database; and
- Collaboration with the Dept. of Health on a statewide integration of the PMP Gateway in practitioner offices, health systems, and pharmacies.

Conclusion

The program has completed approximately ten 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 progress in 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 appreciate the contributions from and collaboration with our partners on the Prescription Monitoring Program Advisory Council. We also acknowledge the contributions from our administrative coordinators, Ms. Danielle Hartzog and Ms. Lindsey Schultz, and the program manager, Mr. Joseph Fontenot, for their assistance with the development of this report and administrative oversight of the program.

Respectfully submitted,
Malcolm J. Broussard
Executive Director

Calendar Year:	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	6/30/2018
Prescription Database:											
Transactions Reported (in Millions)	6.015	11.144	12.117	12.775	12.99	13.032	13.02	12.403	12.248	11.960	5.694
Access to Program Data:											
New prescribers registered:		1,526	721	548	574	640	1,093	958	766	3,570	2,212
Total prescribers registered:		1,526	2,247	2,795	3,369	4,009	5,102	6,060	6,826	10,396	12,608
New prescriber delegates registered:							473	709	364	607	277
Total prescriber delegates registered:							473	1,182	*1,546*	2,153	2,430
New pharmacists registered:		728	483	361	494	509	466	418	353	329	119
Total pharmacists registered:		728	1,211	1,572	2,066	2,575	3,041	3,459	3,812	4,141	4,260
New pharmacist delegates registered:							143	236	166	253	123
Total pharmacist delegates registered:							143	379	545	798	921
User Requests:											
Solicited by prescribers through **AWARxE**:		235,985	368,376	496,270	650,514	842,139	969,726	1,447,593	1,740,249	2,187,167	1,243,438
Solicited by prescribers through **Gateway**:										716,317	1,624,410
Solicited by pharmacists through **AWARxE**:		74,277	111,075	153,783	212,754	382,204	460,522	1,066,781	1,166,655	1,325,673	713,467
Solicited by pharmacists through **Gateway**:									109,417	143,787	75,080
Solicited by law enforcement:		680	889	1,230	845	1,150	1,224	1,011	843	823	805
Solicited by regulatory agencies:		833	1,401	1,612	1,584	1,364	1,675	1,477	1,663	2,245	1,440
Average requests per day:		854	1,319	1,788	2,372	3,361	3,926	6,896	8,271	11,989	20,047

Prescription Monitoring Program
Top Ten Drugs Dispensed

2017 Drug Label Name	# RX	Qty
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1,042,233	76,142,030
TRAMADOL HCL 50 MG TABLET	930,637	60,522,780
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	563,433	23,249,217
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	550,072	16,705,145
ZOLPIDEM TARTRATE 10 MG TABLET	491,726	15,638,980
ALPRAZOLAM 0.5 MG TABLET	430,047	23,004,392
OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	374,517	29,700,513
ALPRAZOLAM 1 MG TABLET	312,181	19,698,028
CLONAZEPAM 0.5 MG TABLET	280,916	14,104,143
CLONAZEPAM 1 MG TABLET	277,463	15,718,582

2016 Drug Label Name	# RX	Qty
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1,135,017	84,704,710
TRAMADOL HCL 50 MG TABLET	979,936	66,015,117
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	600,236	25,333,725
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	571,422	18,139,185
ZOLPIDEM TARTRATE 10 MG TABLET	514,772	16,214,865
ALPRAZOLAM 0.5 MG TABLET	439,062	23,692,453
OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	378,573	30,385,128
ALPRAZOLAM 1 MG TABLET	317,820	20,286,300
CLONAZEPAM 1 MG TABLET	280,725	15,886,291
CLONAZEPAM 0.5 MG TABLET	278,389	14,027,270