Louisiana Board of Pharmacy

5615 Corporate Boulevard, 8th Floor
Baton Rouge, Louisiana 70808-2537
www.labp.com

Annual Report

Fiscal Year 2008-2009

July 1, 2009

Mission

Created by the Louisiana Legislature in 1888, the mission of the Louisiana Board of Pharmacy remains unchanged over a century later: to regulate the practice of pharmacy in such a manner as to protect the public health, safety, and welfare of the citizens of Louisiana. Toward that goal, the Louisiana Pharmacy Practice Act specifically authorizes the Board to restrict the practice of pharmacy to qualified persons, as well as to control and regulate all persons and sites that sell drugs or devices or provide pharmacy care services to consumers in this state.

Membership

The Board is composed of seventeen members: two pharmacists from each of eight districts and one public member at large. The district representatives are nominated by pharmacists, appointed by the governor, and serve six year terms. The public member is selected by, and serves at the pleasure of, the governor. The current members of the Board are:

District 1	Joseph L. Adams, Michele P. Alderman
District 2	Reuben R. Dixon, Jacqueline L. Hall
District 3	Blake P. Pitre, Richard A. Soileau
District 4	Lois R. Anderson, J. Douglas Boudreaux
District 5	Carl W. Aron, T. Morris Rabb
District 6	Ronald E. Moore, John O. LeTard
District 7	Allen W. Cassidy, Jr., Chris B. Melancon
District 8	Brian A. Bond, Marty R. McKay
Public	Sydnie M. Durand

Licensure

In order to facilitate the restriction of practice to qualified persons, the Board has established educational, experiential, and examination requirements for licensure. As authorized by the legislature, the Board has contracted its high-stakes examination procedures with professional testing services.

A. Examinations for Pharmacists

The North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) are administered by the National Association of Boards of Pharmacy (NABP). These computer adaptive tests are administered in continuous window opportunities at multiple sites throughout the state. A minimum scaled score of 75 is required on each test to qualify for pharmacist licensure. The results for all Louisiana-based NAPLEX and MPJE candidates from ULM College of Pharmacy and Xavier University – College of Pharmacy in calendar year 2008 are summarized below:

NAPLEX

	Jan – Apr		May – Aug		Sept – Dec	
	ULM	XU	ULM	XU	ULM	XU
Total No. of Candidates	11	22	98	138	12	55
School Average Score [scaled]	95	81	106	97	94	90
State Average Score	94	94	103	103	95	95
National Average Score	97	97	112	112	97	97
School Pass Rate [%]	91	68	93	82	83	76
State Pass Rate	90	90	90	90	83	83
National Pass Rate	83	83	95	95	82	82

MPJE

	Jan – June		July – Dec	
	ULM	XU	ULM	XU
Total No. of Candidates	61	55	137	208
School Average Score [scaled]	81	78	82	79
State Average Score	81	81	81	81
National Average Score	82	82	81	81
School Pass Rate [%]	97	80	92	83
State Pass Rate	92	92	91	91
National Pass Rate	90	90	90	90

B. Examinations for Technicians

The Pharmacy Technician Certification Board (PTCB) administers a national certification examination; these computer adaptive tests are administered in continuous window opportunities at multiple sites throughout the state. A minimum scaled score of 75 is required to successfully complete the examination. The Louisiana Board of Pharmacy accepts the PTCB examination score result as part of the licensure requirements for pharmacy technicians. The results for all Louisiana-based PTCB candidates for calendar year 2008 are summarized below:

No. of State Candidates	1,039
State Pass Rate [%]	58
No. of National Candidates	50,015
National Pass Rate [%]	70

C. Census Data

At the close of the fiscal year on June 30, 2009, a review of the records yielded the following information:

- Pharmacy Program

1.	Pharmacists				
	a.	Number of active licenses			6,779
	b.	Number of licensees in state		4,750	
	c.	Practice settings identified:			
		Community		2,896	
		Hospital		1,132	
		Manufacturer/Distributor		54	
		Academia		22	
		Government		57	
		Other		589	
2.	Pharmacy Interns				
		Number of active registrations			1,119
3.	Pharmacy technicians				
		Number of active certificates			4,842
4.	Pharmacy technician candidates				
		Number of active registrations			1,542
5	Pharmacies				
		Number of active permits			1,625
		Independent retail		592	
		Retail chain		545	
		Hospital		167	
		Institutional		37	
		Nuclear		16	
		Charitable		12	
		Out-of-state		256	
6.	Equipment Permits				
		Emergency drug kit (EDK)			388
		Automated medication systems (AMS)			306
	Subtotal of Credentials in Pharmacy Program				16,601

- CDS Program

1.	Manufacturers	52
2.	Distributors	363
3.	Drug Detection Canine (Police)	9
4.	Emergency Medical Service	63
5.	Hospital	405
6.	Physician	14,599
7.	Veterinarian	1,000
8.	Dentist	2,267
9.	Podiatrist	161
10.	Researcher	119
11.	Sales Representative	66
12.	Other	58
13.	Methadone Treatment Center	14
14.	Surgical Center	106
15.	Emergency Center	17
16.	Rural Health Clinic	21
17.	Medical Clinic	88
18.	Analytical Laboratory	14
19.	Drug Detection Canine (Private)	11
20.	Certified Animal Euthanasia Technician	44
21.	Dialysis Center	63
22.	Advanced Practice Registered Nurse	607
23.	Medical Psychologist	50
24.	Physician's Assistant	232
25.	Optometrist	269

Subtotal of Credentials in CDS Program	20,698
Total Credentials Under Management	37,299

D. New Credentials

During the past fiscal year, the Board issued 2,648 new credentials in the Pharmacy Program and 1,126 new credentials in the CDS Program. Of note within the Pharmacy Program, we issued 323 new pharmacist licenses, 275 new pharmacy intern registrations, and 613 new pharmacy technician certificates during the past fiscal year.

E. Reciprocity

Persons already licensed as a pharmacist by any other state (except California) who wish to obtain a license in Louisiana must successfully complete the MPJE as well as a personal interview with the Board's Reciprocity Committee. Of the 323 new pharmacist licenses issued this past fiscal year, 123 were issued subsequent to successful completion of the reciprocity process.

Compliance

A. Enforcement

In order to control and regulate the practice of pharmacy in Louisiana, the Board employs six pharmacist compliance officers to perform routine inspections and special investigations throughout the year in all places under the Board's jurisdiction. Besides the routine inspections, site visits for permit changes, and other calls for assistance, the compliance officers completed 501 investigations during the last fiscal year: 20 of the original complaints were withdrawn, 48 were determined to be without violation, 32 resulted in field/administrative corrections, 263 resulted in administrative sanctions, 6 cases were referred to another agency, and 132 cases were referred to the Board's Violations Committee for formal action. The Violations Committee dismissed 22 of its cases and recommended 110 voluntary consent agreements. Of that number, 102 respondents accepted the proposed discipline. The remaining 8 respondents did not, and they were referred for formal administrative hearings.

Compliance officers coordinate other investigative activities with a wide range of agencies, including local police departments, parish sheriff departments, other state regulatory and law enforcement agencies, and federal

agencies such as the Drug Enforcement Administration, the Food and Drug Administration, and the Consumer Product Safety Commission. Though the compliance officers utilize the educational approach as the fundamental mechanism to achieve compliance, certain circumstances warrant formal board action.

B. Adjudications

During the past fiscal year, the Board conducted three administrative hearings and took formal disciplinary action on several credentials. A summary of their activity is presented here:

Sanction	Pharmacist	Intern	Technician	Candidate	Permit	CDS License
Assessment	3	0	1	0	9	0
Letter of Warning	1	0	0	0	10	0
Letter of Reprimand	8	0	2	0	3	0
Voluntary Surrender	21	1	6	4	0	8
Probation	20	0	2	2	1	0
Suspension	2	0	0	0	0	0
Revocation	1	0	15	5	4	0
Refused to Credential	4	0	0	8	0	0

C. Practitioner Recovery Program

The Board established its program in 1988 to assist practitioners obtain treatment for their impairment, maintain their recovery, and assist their re-entry into professional practice. As of July 1, 2009 there were 54 pharmacists, four interns, five technicians and two technician candidates enrolled in the program. They surrendered their credentials while in treatment, and then were reinstated on probation; they practice under various restrictions designed to monitor their re-entry to professional practice. In addition, 38 pharmacists, one intern, ten technicians, and three technician candidates were still on active suspension for impairment reasons.

Board Activity

A. Regulatory

During the past fiscal year, the Board completed three regulatory projects.

- The Final Rule for *Project 2008-1 ~ Pharmacy Interns* was published in the July 2008 *Louisiana Register*. Two sections of rules were amended to benefit pharmacy interns: §521 was amended to permit properly trained pharmacy interns to administer immunizations and other medications under certain circumstances, and §705 was amended to simplify the practical experience requirements to qualify for pharmacist licensure.
- The Final Rule for *Project 2008-2 ~ Pharmacies* was published in the July 2008 *Louisiana Register*. Two sections of rules were amended to benefit consumers: §1107 was amended to require all pharmacies operate a minimum of ten hours per week, and §1727 was added to enable the donation of previously dispensed prescription medications to pharmacies in penal institutions, in addition to charitable pharmacies.
- The Final Rule for *Project 2008-3 ~ Controlled Dangerous Substances* was published in the October 2008 *Louisiana Register*. This project consolidated several different sources of existing rules concerning controlled substances into one comprehensive chapter, and it applies to all persons or facilities manufacturing, distributing, prescribing, or dispensing controlled dangerous substances.

B. Legislative

During the 2009 regular session, the Board sponsored one measure: HB 207 sought to authorize the Board to issue waivers to certain pharmacies from the duty to report eligible transactions to the Prescription Monitoring Program, whenever their practice activities were inconsistent with the goal of the program. The legislature passed the bill without opposition, and the measure was signed into law as Act 129 of the 2009 Legislature, with an effective date of August 15, 2009.

C. Operations

In addition to the credentials and compliance operations described above, the Board implemented the Prescription Monitoring Program (PMP) in August 2008. Since the program is required to file an annual report to the legislature, we have appended that report to this one, to facilitate its separation.

D. Physical Plant

The Board purchased a parcel of land in Baton Rouge for the purpose of constructing a new office building to house its operations. Although the initial plan was to complete the building process and relocate in the fall of 2009, the Board considered the current economic climate and deferred the project for one year. They will re-evaluate the plan in early 2010.

Outlook for Fiscal Year 2009-2010

The Board has approved an information technology initiative to improve the current licensure information system. The State Purchasing Office has approved the proposal, and we intend to convert our licensure system to a browser-based platform. We hope to complete the conversion process before the end of FY 2009-2010.

Board Office

The Board currently employs 19 people on a full-time basis in a variety of professional, technical, and clerical roles; the Board also supports the local Cooperative Office Education (COE) program in area high schools by hiring high school senior students on a temporary basis. The physical and mailing address of the board office is:

Louisiana Board of Pharmacy
5615 Corporate Blvd., 8th Floor
Baton Rouge, LA 70808-2537
Telephone (225) 925-6496
Telecopier (225) 925-6499

The board's website address is www.labp.com and general email is received at labp@labp.com.

Conclusion

The board has had an active year on several fronts, and all of these activities have contributed to the overall mission of the board. The officers and members of the board, as well as the entire office staff, are committed to achieving our goal of protecting the public through appropriate regulation of the practice of pharmacy in this state. We understand that public service is a privilege, and we endeavor to render that service honorably.

Prepared by:
Malcolm J Broussard
Executive Director

Prescription Monitoring Program

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 Board developed the program to capitalize on existing technologies. Pharmacies are already required to utilize electronic recordkeeping systems for the prescriptions they dispense, and they are already using electronic means to communicate prescription transaction information for business purposes such as insurance claim adjudication. With respect to prescriptions for controlled substances, federal and state rules already require the collection, recording, and maintenance of a variety of data elements for each prescription. The program requires each pharmacy to periodically report its eligible prescription transactions to the program at least once every two weeks, although most pharmacies have adopted a weekly reporting schedule to facilitate compliance. The data collector analyzes each data submission to monitor for completeness of required data fields, and then adds the data from successful submissions to the database. The data collector also operates a web portal to receive queries from authorized users. The enabling legislation defined authorized users and granted direct and indirect access to the database. Authorized users with direct access include (1) prescribers while caring for their own patients, (2) dispensers while caring for their own patients, and (3) regulatory agencies for the prescribers and dispensers, while monitoring their own licensees, (4) representatives from Louisiana Medicaid, while monitoring program recipients, and (5) Board program staff. Direct access users may query the program's database directly through a web portal. Authorized users with indirect access includes local, state, federal law enforcement or prosecutorial officials, but only upon production of a court order, warrant, subpoena, administrative request, or other judicial document substantiating a legitimate law enforcement inquiry. Upon receipt of such documents, program staff performs the query through the web portal and then electronically communicates the data to the requestor. The operation of the program is fully automated, necessitating a minimal amount of staffing costs.

Implementation

The Prescription Monitoring Program (PMP) was implemented in August 2008. The Board opened an office for the program within the Board's office complex and engaged a program manager and administrative coordinator. Both of these staff members transferred from other divisions on the Board staff.

At the conclusion of the public bid process, the Board entered into a contract with Health Information Designs, Inc. (HID) to administer the technical aspects of the Board's program. After developing an implementation plan, the Board notified all pharmacies in September 2008 of the requirement to dispense eligible prescription transactions to HID, and further, the requirement for all pharmacies to report historical data dating back to June 1, 2008 and that all pharmacies should complete the reporting of historical transactions by the end of December 2008. During November 2008, program staff developed a web-based orientation program required by the PMP law. The web-based approach was developed as a cost-efficient alternative to a several meetings with practitioners in various locations through the state. 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. Program staff also provided personal instruction to designated representatives of the licensing agencies and law enforcement agencies. The web portal to the program database was opened to queries on January 1, 2009, and the program remains fully functional.

Advisory Council

The enabling legislation created the PMP Advisory Council to assist the Board in the development an 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 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.

Interstate Collaboration

During the research and development phase of the program, the Board reached out to other states either operating or developing their own program. We gained an awareness of the Alliance of States with Prescription Monitoring Programs (ASPMP), an organization designed to help states develop and operate prescription monitoring programs, and further, to assist in the development of standards for such programs. We received assistance from a number of states operating programs, and we have returned the favor by assisting programs still in the developmental phase. One of the major accomplishments of the alliance is a standard set of performance metrics to be used by agencies to evaluate their programs. We have adopted those standard performance metrics to report some of our program's data.

One of the major projects of the alliance is the development of standards, policies, and procedures for the interstate sharing of prescription monitoring program data. Approximately 40 states are operating programs, some within the board of pharmacy and others within other state agencies. The program in operation the longest dates back to 1939. Some states collect prescription data only for drugs listed in Schedule II, some in II through IV, some in II through V, and some with Schedules II through V plus drugs of concern. Some of the programs are not electronic, and some of the electronic programs do not use web-based platforms for queries and responses. The programs in some states were developed in response to law enforcement issues, and healthcare providers are not authorized to access program information; in some states, information access is restricted to healthcare providers and law enforcement agencies are prohibited from having access to program information. The project to enable interstate sharing of data requires coordination of technical issues related to differing software, as well as management of administrative issues related to who has legal access to program data. The alliance is making progress on the project, with one pilot project underway. As the Louisiana program matures and the standards for interstate sharing are developed, the Board will collaborate with other interested states to develop the required agreements to facilitate that objective.

Performance Metrics

The development of these performance metrics was accomplished by ASPMP; they are intended for use by programs fully operational as well as those still in development. The data in this section of the report is for the six month period of January 1 through June 30, 2009.

1.	What were your accomplishments within the reporting period?	Web portal operational.
2.	What goals were accomplished?	Program fully operational.
3.	What problems or barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals?	None.
4.	Is there any assistance to be requested to address any problems or barriers identified in Item No. 3?	No.
5.	Are you on track to fiscally and programmatically complete your program?	Yes.
6.	What major activities are planned for the next six months?	(a) Enhancement of report prepared for practitioners (b) Improvement of access for law enforcement agencies

7.	Are there any innovative accomplishments you would like to share?	No.
8.	For this reporting period, how many licensed licensed prescribers were trained formally (classroom setting) in the use of the program?	Zero.
9.	For this reporting period, how many licensed prescribers were trained informally (via the Internet or mass mailings) in the use of the Program?	(a) 1,458 trained via web program (b) 1,040 completed enrollment process
10.	For this reporting period, how many licensed prescribers were there in your state?	17,968 (excluding 985 veterinarians)
11.	For this reporting period, how many licensed dispensers were trained formally (classroom setting) in the use of the program?	Zero.
12.	For this reporting period, how many licensed dispensers were trained informally (via the Internet or mass mailings) in the use of the program?	(a) 830 trained via web program (b) 603 completed enrollment process
13.	For this reporting period, how many licensed dispensers were there in your state?	6,890
14.	For this reporting period, how many individuals authorized to conduct investigations were trained formally (classroom setting) in the use of the program?	15 – direct users (investigators)
15.	For this reporting period, how many individuals authorized to conduct investigations were trained informally (via the Internet or mass mailings) in the use of the program?	Zero – direct users
16.	For this reporting period, how many individuals authorized to conduct investigations were there in your state?	16 – direct access 15 – indirect access
17.	For this reporting period, how many coroner reports indicated that controlled prescription drug use was the primary or contributing cause of death?	Not available.
18.	For this reporting period, how many solicited reports were produced for prescribers?	122,862
19.	For this reporting period, how many unsolicited reports were produced for prescribers?	Zero
20.	For this reporting period, how many solicited reports were produced for dispensers?	36,666
21.	For this reporting period, how many unsolicited reports were produced for dispensers?	Zero
22.	For this reporting period, how many solicited	365 – indirect users

	reports were produced for individuals authorized to conduct investigations?	226 – direct users
23.	For this reporting period, how many unsolicited reports were produced for individuals authorized to conduct investigations?	Zero
24.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedule II?	211,931
25.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedule II? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 33,585,838 (b) Zero (c) 21,091 (d) 434
26.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedule II from 5 or more prescribers at 5 or more pharmacies?	181
27.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedule II from 5 or more prescribers at 5 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 129,139 (b) Zero (c) 19,486 (d) Zero
28.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedule II from 10 or more prescribers at 10 or more pharmacies?	3
29.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedule II from 10 or more prescribers at 10 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 3,050 (b) Zero (c) Zero (d) Zero
30.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedule II from 15 or more prescribers at 15 or more pharmacies?	Zero
31.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedule II from 15 or more prescribers at 15 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) Zero (b) Zero (c) Zero (d) Zero
32.	For this reporting period, how many individuals had prescriptions filled for drugs listed in	775,669

	Schedules II and III?	
33.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 113,189,996 (b) Zero (c) 22,513,115 (d) 531,536
34.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III from 5 or more prescribers at 5 or more pharmacies?	1,799
35.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III from 5 or more prescribers at 5 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 1,302,246 (b) Zero (c) 131,295 (d) 3,333
36.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III from 10 or more prescribers at 10 or more pharmacies?	81
37.	For this reporting period, how many non-liquid doses for each of the following categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III from 10 or more prescribers at 10 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 70,186 (b) Zero (c) 8,194 (d) 88
38.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III from 15 or more prescribers at more pharmacies?	7
39.	For this reporting period, how many non-liquid doses for each of the following categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III from 15 or more prescribers at 15 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 5,726 (b) Zero (c) Zero (d) 68
40.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III and IV?	1,445,323
41.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III and IV? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 124,809,685 (b) 22,012,033 (c) 28,455,484 (d) 19,395,104

42.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III and IV from 5 or more prescribers at 5 or more pharmacies?	2,674
43.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III and IV from 5 or more prescribers at 5 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 1,781,420 (b) 191,184 (c) 220,235 (d) 122,044
44.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III and IV from 10 or more prescribers at 10 or more pharmacies?	115
45.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III and IV from 10 or more prescribers at 10 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 99,419 (b) 9,331 (c) 14,149 (d) 8,907
46.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III and IV from 15 or more prescribers at 15 or more pharmacies?	11
47.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III and IV from 15 or more prescribers at 15 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 9,677 (b) 144 (c) 90 (d) 704
48.	Number of stakeholders engaged in the program through memoranda of understanding, meeting attendance, etc.	25 organizations
49.	Total number of stakeholders necessary to affect policy change.	11 members constitutes a quorum

Beyond these metrics, we have other data to demonstrate the performance of the program. The law enforcement agencies have advised us approximately 20 arrests have been made using information from the program; most of the charges relate to doctor shopping or the acquisition of controlled substances by fraud or deception. In particular, they have advised us the time for the data collection phase of their investigations has been significantly reduced. We also performed an analysis of the most commonly abused controlled substances to determine whether any reduction in their utilization could be observed.

- With respect to hydrocodone/APAP (e.g., Vicodin®), we received records for 257,560 prescriptions in December 2008, for 14,837,574 doses. In May 2009, we received records for 248,260 prescriptions totaling 13,812,553 doses. That reflects a 4% reduction in the number of prescriptions and a 6.9% reduction in the number of doses.

- With respect to alprazolam (e.g., Xanax®), we received records for 88,011 prescriptions in December 2008, for 4,820,869 doses. In May 2009, we received records for 84,953 prescriptions totaling 4,714,253. That reflects a 3.4% reduction in the number of prescriptions and a 2.2% reduction in the number of doses.
- With respect to methadone, we received records for 7,062 prescriptions in December 2008, for 1,304,987 doses. In May 2009, we received records for 6,153 prescriptions totaling 1,134,859 doses. That reflects a 13% reduction in the number of prescriptions and a 13% reduction in the number of doses.
- With respect to oxycodone (e.g., OxyContin®), we received records for 15,875 prescriptions in December 2008, for 1,652,868 doses. In May 2009, we received records for 14,042 prescriptions totaling 1,367,243 doses. That reflects a 17% reduction in the number of prescriptions and a 12% reduction in the number of doses.

Funding

It is important to note there is no legislative appropriation for the program. The enabling legislation authorizes the application for and use of grants from any and all sources, which we have used. The legislation also authorizes the imposition and collection of an annual fee from all prescribers of controlled substances for human use as well as all pharmacies licensed by the Board of Pharmacy. The annual fee shall not exceed $25.

For Fiscal Year 2008-2009, the program received revenues of approximately $411,000 and sustained expenses of approximately $351,000. Professional services from the program vendor consumed 49% of the total expenses, and staffing costs represented another 42% of that total. The remaining 9% represents operating costs such as postage, telephone, etc. With respect to the excess revenues, the Board intends to make additional investments in software enhancement to improve the utility of the program by practitioners and law enforcement agencies.

Outlook for Next Fiscal Year

The program continues to enroll new authorized users, and the number of queries continues to increase. Based on information from programs in other states, we anticipate approximately ten percent of the total number of prescribers and dispensers will become authorized users, and further, we anticipate approximately 1,000 queries per day through the web portal.

The program's enabling legislation requires the program to develop educational initiatives related to the use and misuse of controlled substances. As the implementation efforts stabilize, the program will engage in collaborative efforts with other interested stakeholders for the development of educational initiatives for both professional and consumer sectors.

Conclusion

The program has completed its first year 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. Sarah Blakey, Administrative Coordinator, and Mr. Joseph Fontenot, Program Manager, for their participation in the development of this report and the operation of the program.

Prepared by:
Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy