



# **Louisiana Board of Pharmacy**

5615 Corporate Boulevard, 8<sup>th</sup> Floor  
Baton Rouge, Louisiana 70808-2537  
[www.lbp.com](http://www.lbp.com)



## **Annual Report**

**Fiscal Year 2009-2010**

**July 1, 2010**

## 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	Sydney 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 2009 are summarized below:

### NAPLEX

	Jan – Apr		May – Aug		Sept – Dec	
	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>
Total No. of Candidates	6	18	91	138	8	28
School Average Score [scaled]	98	80	114	98	77	87
State Average Score	95	95	108	108	84	84
National Average Score	94	94	113	113	94	94
School Pass Rate [%]	83	61	96	83	50	71
State Pass Rate	80	80	93	93	63	63
National Pass Rate	76	76	95	95	78	78

MPJE

	Jan – Apr		May – Aug		Sept – Dec	
	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	<u>XU</u>
Total No. of Candidates	42	63	120	162	36	68
School Average Score [scaled]	81	78	83	80	81	78
State Average Score	80	80	82	82	80	80
National Average Score	80	80	82	82	80	80
School Pass Rate [%]	88	75	95	88	86	78
State Pass Rate	81	81	95	95	86	86
National Pass Rate	86	86	94	94	87	87

*B. Examinations for Technicians*

The Pharmacy Technician Certification Board (PTCB) administers a national certification examination; this computer adaptive test is 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 2009 are summarized below:

No. of State Candidates	1,017
State Pass Rate [%]	67
No. of National Candidates	45,920
National Pass Rate [%]	72

*C. Census Data*

At the close of the fiscal year on June 30, 2010, a review of the records yielded the following census information:

- Pharmacy Program
  1. Pharmacists
    - a. Number of active licenses 6,958
    - b. Number of licensees within the state 4,860
  2. Pharmacy Interns
    - Number of active registrations 1,118
  3. Pharmacy technicians
    - Number of active certificates 5,507
  4. Pharmacy technician candidates
    - Number of active registrations 1,714
  5. Pharmacies
    - Number of active permits 1,657
      - Independent retail 587
      - Retail chain 562
      - Hospital 165
      - Institutional 27
      - Nuclear 16
      - Charitable 14
      - Out-of-state 286
  6. Equipment Permits
    - Emergency drug kit (EDK) 503
    - Automated medication systems (AMS) 361

Subtotal of Credentials in Pharmacy Program 17,818
- CDS Program
  1. Animal Control Shelter 1
  2. Advanced Practice Registered Nurse (APRN) 758
  3. Ambulatory Surgical Center (ASC) 113
  4. Dentist 2,363
  5. Drug Detection / Canine 22

6.	Distributor	400
7.	Podiatrist	165
8.	Veterinarian	1,065
9.	Dialysis Center	63
10.	Emergency Medical Center	18
11.	Emergency Medical Service	66
12.	Animal Euthanasia Technician	49
13.	Hospital	438
14.	Laboratory	15
15.	Physician	15,269
16.	Medical Clinic	102
17.	Manufacturer	58
18.	Miscellaneous	59
19.	Medical Psychologist	58
20.	Optometrist	278
21.	Physician Assistant	272
22.	Sales Representative	88
23.	Researcher	156
24.	Rural Health Clinic	23
25.	Substance Abuse Clinic	17

<u>Subtotal of Credentials in CDS Program</u>	21,916
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Total Credentials Under Management	39,734
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#### *D. New Credentials*

During the past fiscal year, the Board issued 2,569 new credentials in the Pharmacy Program and 1,140 new credentials in the CDS Program. Of note within the Pharmacy Program, we issued 308 new pharmacist licenses, 246 new pharmacy intern registrations, and 575 new pharmacy technician certificates during the past fiscal year. Of note within the CDS Program, we issued new CDS licenses to 653 physicians, 125 advanced practice registered nurses, and 74 dentists.

#### *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 308 new pharmacist licenses issued this past fiscal year, 108 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 369 investigations during the last fiscal year: 16 of the original complaints were withdrawn, 41 were determined to be without violation, 7 cases were referred to another agency, 76 resulted in field/administrative corrections, 72 resulted in administrative sanctions, and 157 cases were referred to the Board's Violations Committee for formal action. The Violations Committee dismissed 24 of its cases and recommended 131 voluntary consent agreements. Of that number, 124 respondents accepted the proposed discipline. The remaining 9 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:

	<u>Pharmacist</u>	<u>Intern</u>	<u>Technician</u>	<u>Candidate</u>	<u>Permit</u>	<u>CDS License</u>
<i>Sanction</i>						
Assessment	0	0	0	0	18	0
Letter of Warning	1	0	1	0	3	0
Letter of Reprimand	18	0	6	0	6	0
Voluntary Surrender	15	1	7	0	2	9
Probation	8	0	0	0	6	0
Suspension	3	0	1	0	0	1
Revocation	1	0	14	2	5	1
Refused to Credential	0	0	0	1	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, 2010 there were 52 pharmacists, three interns, and four technicians. They surrendered their credentials while in treatment; following treatment and upon recommendation by professional addiction medicine specialists, they applied for the reinstatement of their credentials. The Board reinstated the credentials on probation, and the licensees practice under various restrictions designed to monitor their re-entry to professional practice. In addition, 36 pharmacists, one intern, nine 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 four regulatory projects:

- The Final Rule for *Project 2009-1 ~ Drugs of Concern* was published in the April 2010 edition of the Louisiana Register. §2901 of the chapter of rules for the Prescription Monitoring Program (PMP) was amended to formally define the term ‘drugs of concern’ to include two specific drugs: tramadol and the combination product containing butalbital and acetaminophen. The effect of the rule requires pharmacies dispensing prescriptions for those products to include those transactions in their regular reporting of all controlled substance transactions to the PMP database.
- The Final Rule for *Project 2009-2 ~ Pharmacy Interns* was published in the April 2010 edition of the Louisiana Register. A new section (§709) was added to the chapter of rules for pharmacy interns, with three specific objectives. The scope of practice was formally identified, a maximum supervisory ratio of pharmacists to interns was defined, and a specific list of prohibited activities was identified.
- The Final Rule for *Project 2009-3 ~ Prescription Transfers* was published in the April 2010 edition of the Louisiana Register. §2523 of the chapter of rules for prescriptions and drugs was amended to simplify the requirements related to prescription transfers for those pharmacies using common electronic prescription files. The new rule permits such pharmacies to waive the physical transfer of a prescription from one pharmacy to another, as long as adequate records are maintained.
- The Final Rule for *Project 2009-4 ~ Digital Imaging of Prescriptions* was published in the April 2010 edition of the Louisiana Register. §1123 of the chapter of rules for pharmacy records was amended to enable those pharmacies in possession of appropriate scanning technology to simplify the filing requirements for those prescription forms.

### B. *Legislative*

During the 2009 regular session, the Board sponsored five measures:

- HB 114 was passed by the legislature and signed into law as Act 142. This measure amended the Prescription Monitoring Program (PMP) law by removing one of the members from the Advisory Council. In particular, the representative from the Board of Examiners of Psychologists was removed, pursuant to a 2009 law that transferred the responsibility for the licensure and regulation of medical psychologists from that board to the Board of Medical Examiners, which is already represented on the council.
- HB 121 was passed by the legislature and signed into law as Act 810. This measure amended the

Controlled Substance law to add newly emerging drugs of abuse, including 'Spice' and 'K2', to Schedule I of the state's list of controlled substances, rendering possession of these substances illegal.

- HB 197 was passed by the legislature and signed into law as Act 144. This measure amended the PMP law to require those veterinarians dispensing certain controlled substances to their clients to report those dispensing transactions to the PMP database.
- HB 872 was passed by the legislature and signed into law as Act 287. This measure amended the pharmacy law to authorize those pharmacists in possession of the required credentials from the Board to administer influenza immunizations to certain patients without waiting for a prescription.
- HB 1095 was passed by the legislature and signed into law as Act 488. This measure amended the PMP law to permit the PMP program to share certain information from the state's database with out-of-state law enforcement agencies and out-of-state professional licensing agencies.

#### *C. Operations*

As reported in the previous edition of this report, the Board approved the acquisition of an entirely new licensure information system, moving from a product purchased in the 1970s to a browser-based platform that will integrate the credential and compliance division information into one single resource. The administrative division prepared the data from the legacy system for conversion to the new product and configured the new product to receive the converted data from the legacy system. Finally, they developed a plan for the transition to the new product during the first week of July 2010.

The Board also authorized the development and implementation of an entirely new website at a new web address more reflective of the Board's role as a government agency. Further, the new website will be controlled by a content management system housed in the Board office; that change will allow the Board to improve the timely posting of important information.

Finally, the Prescription Monitoring Program (PMP) continued its operation, implementing a new service in the form of unsolicited reports in early 2010. 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.

In February 2010, the Board requested staff to evaluate the possibility of purchasing an existing structure at another location in Baton Rouge, as opposed to continuing the original plan for new construction, and further, should that possibility develop, then to sell the existing parcel of land.

### **Outlook for Fiscal Year 2010-2011**

- The Board intends to begin the new fiscal year by transitioning to its new licensure information system in July.
- A new website is anticipated for launch in August.
- Based on the local market, the Board hopes to purchase an existing office building and complete the move prior to the end of the fiscal year.

### **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., 8<sup>th</sup> Floor  
Baton Rouge, LA 70808-2537  
Telephone (225) 925-6496  
Telecopier (225) 925-6499

The board's website address is [www.labp.com](http://www.labp.com) and general email is received at [labp@labp.com](mailto: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 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 2010 Legislature passed legislation removing the Louisiana State Board of Examiners of Psychologists from the membership of the council, based on the 2009 legislation transferring responsibility for the licensure and regulation of medical psychologists from that board to the Louisiana State Board of Medical Examiners. The medical board has been a member of the council since its inception. Additional legislation calls for the addition of veterinarians to the program and added membership positions to the council for the Louisiana State Board of Veterinary Medicine as well as the Louisiana Veterinary Medical Association.

### **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. To provide a basis for a comparative review of the program, we have included the data from the previous year's report (first six months of 2009) as well as the data from the 2009-2010 fiscal year.

1. What were your accomplishments within the reporting period?

**2009:** Web portal operational.

**2010:** (a) Established a secure web portal access for law enforcement (LE) to request and receive data.

(b) At practitioner's request, purchased program update to re-format patient reports in a chronological sequence.

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|-----|---|---|
| 2.  | What goals were accomplished?   | <b>2009:</b> Program fully operational.<br><b>2010:</b> Initiated unsolicited reporting to practitioners.   |
| 3.  | What problems or barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals?                   | <b>2009:</b> None.<br><b>2010:</b> None.  |
| 4.  | Is there any assistance to be requested to address any problems or barriers identified in Item No. 3?   | <b>2009:</b> No.<br><b>2010:</b> No.  |
| 5.  | Are you on track to fiscally and programmatically complete your program?  | <b>2009:</b> Yes.<br><b>2010:</b> Yes.  |
| 6.  | What major activities are planned for the next twelve months?   | <b>2009:</b> (a) Enhancement of report prepared for practitioners<br>(b) Improvement of access for law enforcement agencies<br><b>2010:</b> (a) Enhancement allowing prescribers to view prescriptions authorized under their DEA Registration Number.<br>(b) Change to a 7-day reporting requirement for dispensers.<br>(c) Provide indirect access to out-of-state law enforcement agencies.<br>(d) Begin monitoring 'drugs of concern', beginning with products containing butalbital/acetaminophen and tramadol.<br>(e) Initiate rulemaking for inclusion of eligible prescriptions dispensed by veterinarians. |
| 7.  | Are there any innovative accomplishments you would like to share?   | <b>2009:</b> No.<br><b>2010:</b> No.  |
| 8.  | For this reporting period, how many licensed licensed prescribers were trained formally (classroom setting) in the use of the program?          | <b>2009:</b> Zero.<br><b>2010:</b> 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? | <b>2009:</b> (a) 1,458 trained via web program<br>(b) 1,040 completed enrollment process<br><b>2010:</b> 878 trained via web program and completed the enrollment process (1,918 since program Inception).  |
| 10. | For this reporting period, how many licensed prescribers were there in your state?  | <b>2009:</b> 17,968 (excluding 985 veterinarians)<br><b>2010:</b> 18,185 (excluding 1,000 veterinarians)  |
| 11. | For this reporting period, how many licensed dispensers were trained formally (classroom setting) in the use of the program?                    | <b>2009:</b> Zero.<br><b>2010:</b> 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?  | <b>2009:</b> (a) 830 trained via web program<br>(b) 603 completed enrollment process<br><b>2010:</b> 361 trained via web program and completed the enrollment process (964 since program inception).  |

13.	For this reporting period, how many licensed dispensers were there in your state?	<b>2009:</b> 6,890. <b>2010:</b> 6,779.
14.	For this reporting period, how many individuals authorized to conduct investigations were trained formally (classroom setting) in the use of the program?	<b>2009:</b> 15 – direct users <b>2010:</b> Zero – indirect users
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?	<b>2009:</b> Zero – direct users <b>2010:</b> 63 – indirect users
16.	For this reporting period, how many individuals authorized to conduct investigations were there in your state?	<b>2009:</b> 16 – direct access + 15 – indirect access <b>2010:</b> 29 – direct access + 63 – 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?	<b>2009:</b> Not available. <b>2010:</b> Not available.
18.	For this reporting period, how many solicited reports were produced for prescribers?	<b>2009:</b> 122,862 <b>2010:</b> 299,377
19.	For this reporting period, how many unsolicited reports were produced for prescribers?	<b>2009:</b> Zero <b>2010:</b> 535
20.	For this reporting period, how many solicited reports were produced for dispensers?	<b>2009:</b> 36,666 <b>2010:</b> 91,724
21.	For this reporting period, how many unsolicited reports were produced for dispensers?	<b>2009:</b> Zero <b>2010:</b> 453
22.	For this reporting period, how many solicited reports were produced for individuals authorized to conduct investigations?	<b>2009:</b> 365 – indirect users + 226 – direct users <b>2010:</b> 776 – indirect users + 1,172 – direct users
23.	For this reporting period, how many unsolicited reports were produced for individuals authorized to conduct investigations?	<b>2009:</b> Zero <b>2010:</b> 28
24.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedule II?	<b>2009:</b> 211,931 <b>2010:</b> 276,814
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.	<b>2009:</b> (a) 33,585,838 (b) Zero (c) 21,091,659 (d) 434 <b>2010:</b> (a) 69,003,241 (b) Zero (c) 46,629,399 (d) 1,455

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? **2009:** 181  
**2010:** 685
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? **2009:** (a) 129,139  
(b) Zero  
(c) 19,486  
(d) Zero  
**2010:** (a) 689,939  
(b) Zero  
(c) 155,552  
(d) 30
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? **2009:** 3  
**2010:** 18
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. **2009:** (a) 3,050  
(b) Zero  
(c) Zero  
(d) Zero  
**2010:** (a) 31,635  
(b) Zero  
(c) 5,565  
(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? **2009:** Zero  
**2010:** 3
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. **2009:** (a) Zero  
(b) Zero  
(c) Zero  
(d) Zero  
**2010:** (a) 7,384  
(b) Zero  
(c) Zero  
(d) Zero
32. For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III? **2009:** 775,669  
**2010:** 1,107,886
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. **2009:** (a) 113,189,996  
(b) Zero  
(c) 22,513,115  
(d) 531,536  
**2010:** (a) 230,002,114  
(b) Zero  
(c) 48,813,908  
(d) 1,058,772

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? **2009:** 1,799  
**2010:** 5,426
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. **2009:** (a) 1,302,246  
(b) Zero  
(c) 131,295  
(d) 3,333  
**2010:** (a) 5,438,770  
(b) Zero  
(c) 616,905  
(d) 12,897
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? **2009:** 81  
**2010:** 219
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. **2009:** (a) 70,186  
(b) Zero  
(c) 8,194  
(d) 88  
**2010:** (a) 302,396  
(b) Zero  
(c) 26,748  
(d) 785
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? **2009:** 7  
**2010:** 37
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. **2009:** (a) 5,726  
(b) Zero  
(c) Zero  
(d) 68  
**2010:** (a) 61,648  
(b) Zero  
(c) 2,389  
(d) 410
40. For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III and IV? **2009:** 1,445,323  
**2010:** 2,028,659
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. **2009:** (a) 124,809,685  
(b) 22,012,033  
(c) 28,455,484  
(d) 19,395,104  
**2010:** (a) 251,956,081  
(b) 45,637,489  
(c) 60,973,713  
(d) 39,913,215

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? **2009:** 2,674  
**2010:** 8,369
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. **2009:** (a) 1,781,420  
(b) 191,184  
(c) 220,235  
(d) 122,044  
**2010:** (a) 7,504,678  
(b) 964,000  
(c) 1,117,925  
(d) 604,080
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? **2009:** 115  
**2010:** 326
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. **2009:** (a) 99,419  
(b) 9,331  
(c) 14,149  
(d) 8,907  
**2010:** (a) 415,151  
(b) 54,648  
(c) 68,626  
(d) 29,203
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? **2009:** 11  
**2010:** 48
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. **2009:** (a) 9,677  
(b) 144  
(c) 90  
(d) 704  
**2010:** (a) 74,635  
(b) 9,587  
(c) 13,691  
(d) 3,661
48. Number of stakeholders engaged in the program through memoranda of understanding, meeting attendance, etc. **2009:** 25 organizations  
**2010:** 25 organizations, (increase to 26, effective August 15, 2010)
49. Total number of stakeholders necessary to affect policy change. **2009:** 11 members constitutes a quorum, by policy.  
**2010:** 11 members constitutes a quorum, by policy.

## **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 as well as all pharmacies licensed by the Board of Pharmacy. The annual fee shall not exceed \$25.

For Fiscal Year 2009-2010, the program received revenues of approximately \$417,000 and sustained expenses of approximately \$325,000. Professional services from the program vendor consumed 43% of the total expenses, and staffing costs represented another 50% of that total. The remaining 7% 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 12% of the total number of prescribers and dispensers will become authorized users, and further, we anticipate approximately 1,200 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 18 months 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