Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

Annual Report

Fiscal Year 2010-2011

July 1, 2011

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, Richard M. Indovina, Jr.
District 2	Jacqueline L. Hall, Deborah H. Simonson
District 3	Blake P. Pitre, Richard A. Soileau
District 4	Lois R. Anderson, Clovis S. Burch
District 5	Carl W. Aron, T. Morris Rabb
District 6	Ronald E. Moore, Pamela G. Reed
District 7	Ryan M. Dartez, 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 2010 are summarized below:

NAPLEX

	Jan – Apr		May – Aug		Sept – Dec	
	ULM	XU	ULM	XU	ULM	XU
Total No. of Candidates	3	19	67	148	6	52
School Average Score [scaled]	98	74	100	90	93	77
State Average Score	83	83	95	94	80	80
National Average Score	85	85	101	101	85	85
School Pass Rate [%]	100	42	96	75	100	60
State Pass Rate	62	62	83	83	65	65
National Pass Rate	65	65	92	92	72	72

MPJE

	Jan – Apr		May – Aug		Sept – Dec	
	ULM	XU	ULM	XU	ULM	XU
Total No. of Candidates	38	42	104	160	35	83
School Average Score [scaled]	81	79	82	80	82	78
State Average Score	81	81	81	81	82	82
National Average Score	80	80	83	83	81	81
School Pass Rate [%]	95	81	90	89	91	78
State Pass Rate	90	90	93	93	96	96
National Pass Rate	89	89	95	95	89	89

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 2010 are summarized below:

No. of State Candidates	1,226
State Pass Rate [%]	65
No. of National Candidates	55,443
National Pass Rate [%]	75

C. Census Data

At the close of the fiscal year on June 30, 2011, a review of the records yielded the following census information:

- Pharmacy Program
  1. Pharmacists
     - a. Number of active licenses — 7,158
     - b. Number of licensees within the state — 4,988
  2. Pharmacy Interns
     - Number of active registrations — 1,054
  3. Pharmacy technicians
     - Number of active certificates — 5,867
  4. Pharmacy technician candidates
     - Number of active registrations — 1,609
  5. Pharmacies
     - Number of active permits — 1,707
       - Independent retail — 591
       - Retail chain — 576
       - Hospital — 170
       - Institutional — 25
       - Nuclear — 15
       - Charitable — 12
       - Out-of-state — 318
  6. Equipment Permits
     - Emergency drug kit (EDK) — 430
     - Automated medication systems (AMS) — 356

  Subtotal of Credentials in Pharmacy Program — 18,260

- CDS Program
  1. Animal Control Shelter — 1
  2. Advanced Practice Registered Nurse (APRN) — 889
  3. Ambulatory Surgical Center (ASC) — 90
  4. Dentist — 2,027
  5. Drug Detection / Canine — 14

6.	Distributor	279	
7.	Podiatrist	139	
8.	Veterinarian	922	
9.	Dialysis Center	6	
10.	Emergency Medical Center	14	
11.	Emergency Medical Service	54	
12.	Animal Euthanasia Technician	28	
13.	Hospital	292	
14.	Laboratory	12	
15.	Physician	12,362	
16.	Medical Clinic	80	
17.	Manufacturer	48	
18.	Miscellaneous	20	
19.	Medical Psychologist	65	
20.	Optometrist	275	
21.	Physician Assistant	294	
22.	Sales Representative	29	
23.	Researcher	109	
24.	Rural Health Clinic	17	
25.	Substance Abuse Clinic	7	
	Subtotal of Credentials in CDS Program		19,437
Total Credentials Under Management			37,697

D. New Credentials

During the past fiscal year, the Board issued 2,653 new credentials in the Pharmacy Program and 2,539 new credentials in the CDS Program. Of note within the Pharmacy Program, we issued 334 new pharmacist licenses, 257 new pharmacy intern registrations, and 667 new pharmacy technician certificates during the past fiscal year. Of note within the CDS Program, we issued new CDS licenses to 651 physicians, 185 advanced practice registered nurses, and 98 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 334 new pharmacist licenses issued this past fiscal year, 147 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 362 investigations during the last fiscal year: 26 of the original complaints were withdrawn, 58 were determined to be without violation, 5 cases were referred to another agency, 54 resulted in field/administrative corrections, 42 resulted in administrative sanctions, and 177 cases were referred to the Board's Violations Committee for formal action. The Violations Committee dismissed 39 of its cases and recommended 138 voluntary consent agreements. Of that number, 132 respondents accepted the proposed discipline. The remaining 6 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 four administrative hearings and levied formal disciplinary action against several credentials. A summary of that activity is presented here:

Sanction	Pharmacist	Intern	Technician	Candidate	Permit	CDS License
Assessment	1	0	0	0	9	0
Letter of Warning	1	0	1	0	4	0
Letter of Reprimand	16	1	0	5	13	0
Voluntary Surrender	8	1	9	1	0	5
Probation	15	0	1	1	5	0
Suspension	3	0	0	0	0	1
Revocation	0	0	9	3	2	0
Refused to Credential	2	0	1	5	1	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, 2011 there were 48 pharmacists, three interns, and six technicians actively engaged in the recovery program. They surrendered their credentials while in treatment; following treatment and upon favorable recommendation by board-certified addiction medicine specialists, they applied for the reinstatement of their credentials. The Board reinstated their credentials on probation, and the licensees 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

The Board's Regulation Revision Committee is tasked with an ambitious agenda including several topics intended to facilitate the use of electronic communications and recordkeeping in pharmacies. The Board has invited discussions with various stakeholders on different topics. The Board did not promulgate any final rules during the past fiscal year; however, they envision formal rulemaking activities for the next fiscal year.

B. Legislative

During the 2010 regular session, the Board collaborated with the Dept. of Health and Hospitals on HB 12. This measure was passed and signed into law as Act 420. This measure added a variety of dangerous drugs known as 'bath salts' to the state's list of controlled substances and criminalized their unlawful possession. Further, the measure expanded the list of synthetic cannabinoids in the state's list of controlled substances, in an effort to prevent their further proliferation.

The Board also sponsored SB223, which was passed and signed into law as Act 155. This measure will permit the use of electronic prescribing procedures for prescriptions for controlled substances in compliance with recently-enacted federal rules.

Finally, the Board collaborated with the Dept. of Public Safety and Corrections on SB 205. This measure was passed and signed into law as Act 315; it will permit pharmacies located within state operated correctional facilities to recycle prescription drugs dispensed to its clients but not used. The law requires the Board to initiate rulemaking procedures to authorize such procedures.

C. Operations

During the first week of July 2010, the Board transitioned its licensure information system, moving from a product purchased in the 1970s to a browser-based platform integrating the credential and compliance data into one single resource. Not all modules and options have been fully implemented, but full installation is scheduled for completion in FY 2011-2012.

The Board also developed and implemented an entirely new website at a new domain, the address of which more accurately reflects the Board's role as a government agency: www.pharmacy.la.gov. Further, the new website is housed within a content management system on servers located within the Board office and includes mass communication capabilities. The Board has already increased its communications to different clients providing timely information on an as needed basis.

Finally, the Board continued its operation of Louisiana's Prescription Monitoring Program (PMP). The monthly average of the number of prescription transactions reported to the program's database, as well as the average number of queries per day, continue to increase. 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 an office building in Baton Rouge in January 2011, contracted for the renovation to render it more suitable for the Board's use, and then relocated its operations in May 2011. The separate property initially purchased in 2007 has been listed for sale. The proceeds from that sale will be used to settle the loan obligation incurred for the purchase of the office building.

Outlook for Fiscal Year 2011-2012

- The Board intends to complete the implementation of the new licensure information system.
- We hope to initiate the research process for a digital scanning project. Our goal is to convert all historical licensure files to electronic records.

Board Office

The Board currently employs 17 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
3388 Brentwood Drive
Baton Rouge, LA 70809-1700
Telephone (225) 925-6496
Telecopier (225) 925-6499

The board's website address is www.pharmacy.la.gov and general email is received at info@pharmacy.la.gov.

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's health, safety and welfare 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:
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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 as soon as possible, but in no event more than seven days after the date of dispensing. 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, (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, and 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. 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 convening several meetings with practitioners in various locations across 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, operate and improve their prescription monitoring programs, and further, to assist in the development of national 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.

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. 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.

The Alliance has been working with several federal agencies to construct an architecture and system for the interstate sharing of prescription monitoring data. After several years of work, the Prescription Drug Monitoring Information Exchange (PMIX) appears to be near completion. Consultations with the HID indicate the Board's cost for participating in PMIX is approximately $100,000 over a four year period. With the awareness of a similar effort by a separate organization, the Board deferred initiating an affiliation with the PMIX network. The National Association of Boards of Pharmacy (NABP), of which the Board is a member, developed an alternative architecture and system for the interstate sharing of prescription monitoring data, the NABP PMP-InterConnect (PMP-i). The PMP-I is open to all state programs, whether they are housed in pharmacy board offices or other state agencies. Moreover, NABP has agreed to fund the participation costs for all state programs for at least the first five years, and hopefully, much longer. The Louisiana Board of Pharmacy has agreed in principle to affiliate with the PMP-i. An additional software enhancement from HID is required; we hope to initiate interstate sharing before the end of the 2011 calendar year.

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 first year's report (first six months of 2009) as well as the data from the previous

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. **2011:** (a) Enhancement allowing prescribers to view Prescriptions authorized under their DEA Registration Number. (b) Changed to a 7-day reporting requirement for dispensers. (c) Provided indirect access to out-of-state law enforcement agencies. (d) Began monitoring 'drugs of concern'; i.e., products containing tramadol and butalbital /acetaminophen. (e) Initiated rulemaking for inclusion of certain prescriptions dispensed by veterinarians.
2.	What goals were accomplished?	**2009:** Program fully operational. **2010:** Initiated unsolicited reporting to practitioners. **2011:** Increased reporting frequency of prescriptions.
3.	What problems or barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals?	**2009:** None. **2010:** None. **2011:** None.
4.	Is there any assistance to be requested to address any problems or barriers identified in Item No. 3?	**2009:** No. **2010:** No. **2011:** No.
5.	Are you on track to fiscally and programmatically complete your program?	**2009:** Yes. **2010:** Yes. **2011:** Yes.
6.	What major activities are planned for the next twelve months?	**2009:** (a) Enhancement of report prepared for practitioners (b) Improvement of access for law enforcement agencies **2010:** (a) Enhancement allowing prescribers to view prescriptions authorized under their DEA Registration Number. (b) Change to a 7-day reporting requirement for dispensers. (c) Provide indirect access to out-of-state law enforcement agencies. (d) Begin monitoring 'drugs of concern', beginning with products containing

		butalbital/acetaminophen and tramadol. (e) Initiate rulemaking for inclusion of eligible prescriptions dispensed by veterinarians. **2011:** (a) Introducing ASAP Version 4.1 as a reporting option for dispensers while retaining the option to use ASAP 95. (b) Automation of unsolicited reporting process, via software upgrade. (c) Software upgrade to allow more detailed parameters for construction of queries. (d) An enhancement to identify invalid prescriber DEA registration number.
7.	Are there any innovative accomplishments you would like to share?	**2009:** No. **2010:** No. **2011:** No.
8.	For this reporting period, how many licensed licensed prescribers were trained formally (classroom setting) in the use of the program?	**2009:** Zero. **2010:** Zero. **2011:** 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?	**2009:** (a) 1,458 trained via web program (b) 1,040 completed enrollment process **2010:** 878 trained via web program and completed the enrollment process (1,918 since program inception). **2011:** 614 trained via web program and completed the enrollment process (2,532 since program inception).
10.	For this reporting period, how many licensed prescribers were there in your state?	**2009:** 17,968 (excluding 985 veterinarians) **2010:** 18,185 (excluding 1,000 veterinarians) **2011:** 16,050 (excluding 926 veterinarians)
11.	For this reporting period, how many licensed dispensers were trained formally (classroom setting) in the use of the program?	**2009:** Zero. **2010:** Zero. **2011:** 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?	**2009:** (a) 830 trained via web program (b) 603 completed enrollment process **2010:** 361 trained via web program and completed the enrollment process (964 since program inception). **2011:** 390 trained via web program and completed the enrollment process (1,354 since program inception).
13.	For this reporting period, how many licensed dispensers were there in your state?	**2009:** 6,890. **2010:** 6,779. **2011:** 7,158.

14.	For this reporting period, how many individuals authorized to conduct investigations were trained formally (classroom setting) in the use of the program?	**2009:** 15 – direct users **2010:** Zero – indirect users **2011:** 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?	**2009:** 16 – direct access + 15 – indirect access **2010:** 13 – direct access + 48 – indirect access **2011:** 3 – direct access + 37 – indirect access
16.	For this reporting period, how many individuals authorized to conduct investigations were there in your state?	**2009:** Not available. **2010:** Not available. **2011:** Not available.
17.	For this reporting period, how many coroner reports indicated that controlled prescription drug use was the primary or contributing cause of death?	**2009:** Not available. **2010:** Not available. **2011:** Not available.
18.	For this reporting period, how many solicited reports were produced for prescribers?	**2009:** 122,862 **2010:** 299,377 **2011:** 432,935
19.	For this reporting period, how many unsolicited reports were produced for prescribers?	**2009:** Zero **2010:** 535 **2011:** 1,877
20.	For this reporting period, how many solicited reports were produced for dispensers?	**2009:** 36,666 **2010:** 91,724 **2011:** 134,972
21.	For this reporting period, how many unsolicited reports were produced for dispensers?	**2009:** Zero **2010:** 453 **2011:** 1,555
22.	For this reporting period, how many solicited reports were produced for individuals authorized to conduct investigations?	**2009:** 365 – indirect users + 226 – direct users **2010:** 776 – indirect users + 1,172 – direct users **2011:** 1,483 – indirect users + 1,127 – direct users
23.	For this reporting period, how many unsolicited reports were produced for individuals authorized to conduct investigations?	**2009:** Zero **2010:** 28 **2011:** Zero
24.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedule II?	**2009:** 211,931 **2010:** 276,814 **2011:** 302,785

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.

2009: (a) 33,585,838
(b) Zero
(c) 21,091,659
(d) 434
2010: (a) 69,003,241
(b) Zero
(c) 46,629,399
(d) 1,455
2011: (a) 73, 677, 962
(b) Zero
(c) 52,320,070
(d) 2,646

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
2011: 809

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.

2009: (a) 129,139
(b) Zero
(c) 19,486
(d) Zero
2010: (a) 689,939
(b) Zero
(c) 155,552
(d) 30
2011: (a) 795,770
(b) Zero
(c) 198,715
(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?

2009: 3
2010: 18
2011: 16

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
2011: (a) 41,268
(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

2009: Zero
2010: 3
2011: 3

more pharmacies?

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
2011: (a) 8,794
(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
2011: 1,184,646

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
2011: (a) 24,522,280
(b) Zero
(c) 53,973,399
(d) 987,923

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
2011: 5,774

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
2011: (a) 5,582,138
(b) Zero
(c) 711,211
(d) 17,239

36. For this reporting period, how many individuals

2009: 81

	had prescriptions filled for drugs listed in Schedules II and III from 10 or more prescribers at 10 or more pharmacies?	**2010:** 219 **2011:** 224
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 **2011:** (a) 299,916 (b) Zero (c) 17,295 (d) 752
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 **2011:** 24
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 **2011:** (a) 34,564 (b) Zero (c) Zero (d) 12
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 **2011:** 2,049,661
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 **2011:** (a) 254,364,060 (b) 47,994,921 (c) 65,502,198 (d) 41,126,586

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
2011: 8,691

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
2011: (a) 7,502,443
(b) 1,047,774
(c) 1,194,150
(d) 622,498

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
2011: 317

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
2011: (a) 390,009
(b) 55,000
(c) 44,167
(d) 28,212

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
2011: 35

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
2011: (a) 45,423
(b) 8,253
(c) 630

(d) 3,291

48.	Number of stakeholders engaged in the program through memoranda of understanding, meeting	**2009:** 25 organizations **2010:** 25 organizations **2011:** 26 organizations, 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. **2011:** 11 members constitutes a quorum, by policy.

Additional Metrics

Beyond the performance metrics developed by ASPMP, our program tracks additional measures reflecting volume of prescription transactions reported to the program's database, the number of prescribers and dispensers authorized to access the data as well as the number of solicited reports (queries) performed by those authorized users.

	2009	**2010**	**2011**	**Total**
Prescriptions reported to program	11,418,797	11,639,969	12,534,302	35,593,068
New authorized users – prescribers	1,040	878	614	2,532
New authorized users – dispensers	603	361	390	1,354
Solicited reports – prescribers	91,150 (74%)	299,377 (77%)	434,090 (76%)	824,617 (76%)
Solicited reports – dispensers	31,775 (26%)	91,724 (23%)	134,863 (24%)	258,362 (24%)
Solicited reports – law enforcement	317	776	1,048	2,141
Solicited reports – regulatory agencies	276	1,172	1,641	3,089
Solicited reports – average per day	679	1,077	1,566	1,193

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 2010-2011, the program received revenues of approximately $416,000 and sustained expenses of approximately $322,000. Professional services from the program vendor consumed 40% of the total expenses, and staffing costs represented another 53% 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 prescribers, dispensers and law enforcement agencies.

Outlook for Next Fiscal Year

The program continues to enroll new authorized users, and the daily average number of queries continues to increase. Based on information from programs in other states, we anticipate approximately 20% of the total number of prescribers and dispensers will become authorized users, and further, we anticipate approximately 1,600 queries per day through the web portal.

In response to feedback from the user community, we intend to invest additional funds in software upgrades and enhancements to improve the functionality of the system. Further, we intend to take the necessary steps to position the Louisiana program to participate in the interstate sharing of prescription monitoring data.

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 30 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:
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