

Louisiana Board of Pharmacy 3388 Brentwood Drive Baton Rouge, Louisiana 70809-1700

www.pharmacy.la.gov



Annual Report

Fiscal Year 2011-2012

July 1, 2012

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	Don L. Resweber

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 2011 are summarized below:

NAPLEX

	Jan – Apr		May -	- Aug	Sept - Dec		
	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	XU	<u>ULM</u>	<u>XU</u>	
Total No. of Candidates	2	25	91	124	9	45	
Mean Scaled Score - School	68	76	97	99	88	85	
Mean Scaled Score - State			99	99	85	85	
Mean Scaled Score - National	84	84	103	103	88	88	
School Pass Rate [%]	0	64	89	87	78	76	
State Pass Rate			91	91	73	73	
National Pass Rate	68	68	94	94	77	77	

	Jan A	pr	May -	Aug	Sept -	Dec
	<u>ULM</u>	<u>XU</u>	<u>ULM</u>	XU	<u>ULM</u>	<u>XU</u>
Total No. of Candidates	5	10	71	77	12	44
Mean Scaled Score - School	83	77	83	79	84	79
Mean Scaled Score – State			81	81	80	80
Mean Scaled Score - National	80	80	82	82	80	80
School Pass Rate [%]	100	70	97	82	100	82
State Pass Rate			90	90	91	91
National Pass Rate	86	86	92	92	86	86

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 2011 are summarized here:

No. of State Candidates	1,209
State Pass Rate [%]	68
No. of National Candidates	51,632
National Pass Rate [%]	76

C. Census Data

At the close of the fiscal year on June 30, 2012, a review of the records yielded the following census information:

1. Pharmacists a. Number of active licenses b. Number of licensees within the state 5,095 2. Pharmacy Interns Number of active registrations	7,353
b. Number of licensees within the state 5,095 2. Pharmacy Interns	7 353
2. Pharmacy Interns	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Number of active registrations	
	1,066
3. Pharmacy technicians	
Number of active certificates	5,629
4. Pharmacy technician candidates	
Number of active registrations	1,704
5 Pharmacies	
Number of active permits	1,758
Independent retail 587	
Retail chain 587	
Hospital 172	
Institutional 24	
Nuclear 15	
Charitable 12	
Out-of-state 361	
6. Equipment Permits	
Emergency drug kit (EDK)	448
Automated medication systems (AMS)	366
Durable medical equipment (DME)	223

Subtotal of Credentials in Pharmacy Program

18,625

CDS Program

1.	Animal Control Shelter	1
2.	Advanced Practice Registered Nurse (APR	N) 1,015
3.	Ambulatory Surgical Center (ASC)	88
4.	Correctional Center	6

5.	Dentist	2,048
6.	Drug Detection / Canine	12
7.	Distributor	288
8.	Podiatrist	136
9.	Veterinarian	901
10.	Dialysis Center	4
11.	Emergency Medical Center	16
12.	Emergency Medical Service	50
13.	Animal Euthanasia Technician	27
14.	Hospital	281
15.	Laboratory	11
16.	Physician	11,727
17.	Medical Clinic	86
18.	Manufacturer	50
19.	Miscellaneous	14
20.	Medical Psychologist	67
21.	Optometrist	287
22.	Pharmacies	1,365
23.	Physician Assistant	326
24.	Sales Representative	20
25.	Researcher	110
26.	Rural Health Clinic	12
27.	Substance Abuse Clinic	9

Subtotal of Credentials in CDS Program

18,957

Total Credentials Under Management

37,582

D. New Credentials

During the past fiscal year, the Board issued 4,242 new credentials in the Pharmacy Program and 1,382 new credentials in the CDS Program. Of note within the Pharmacy Program, we issued 378 new pharmacist licenses, 284 new pharmacy intern registrations, and 632 new pharmacy technician certificates during the past fiscal year. Of note within the CDS Program, we issued new CDS licenses to 691 physicians, 181 advanced practice registered nurses, and 126 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 378 new pharmacist licenses issued this past fiscal year, 153 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 five 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 389 investigations during the last fiscal year: 23 of the original complaints were withdrawn, 51 were determined to be without violation, 6 cases were referred to another agency, 83 resulted in field/administrative corrections, 46 resulted in administrative sanctions, and 180 cases were referred to the Board's Violations Committee for formal action. The Violations Committee dismissed 20 of its cases and recommended 150 voluntary consent agreements. Of that number, 140 respondents accepted the proposed discipline. The remaining 10 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:

	Pharmacist	<u>Intern</u>	Technician	Candidate	Permit	CDS License
Sanction						
Assessment	2	0	0	0	10	0
Letter of Warning	0	0	0	0	3	0
Letter of Reprimand	11	0	4	0	2	0
Voluntary Surrender	10	1	4	1	2	3
Probation	17	1	4	4	5	0
Suspension	5	0	1	1	0	3
Revocation	0	1	17	5	5	0
Refused to Credentia	al 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, 2012 there were 49 pharmacists, 4 interns, 7 technicians and one technician candidate 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, 2 interns, 11 technicians, and 4 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 completed six different regulatory projects during the past fiscal year:

- > Pharmacist-in-Charge Requirements, amending LAC 46:LIII.1105;
- ➤ Cognitive Services, amending LAC 46:LIII.525;
- > Penal Pharmacy, creating a new chapter of rules at LAC 46:LIII.Chapter 18;
- > E-Communications, amending LAC 46:LIII.505, 905 and 1203;
- Mospital Pharmacy, amending LAC 46:LIII.1501, 1512 and 1513;
- Remote Processing of Prescriptions, amending LAC 46:LIII.1143 and 1525.

In addition, the Board also found it necessary to adopt an Emergency Rule creating a new type of pharmacy credential for those suppliers of durable medical equipment (DME) that do not stock prescription drugs in their inventories. The rule was necessitated by a change in Medicare policies relative to DME suppliers. The Board has initiated the formal rulemaking procedure to finalize the DME pharmacy permit.

The Board has several other regulatory projects underway; the progress of those projects may be monitored at the Board's website.

B. Legislative

During the 2012 regular session, the Board sponsored seven different bills designed to streamline administrative operations as well as simplify some administrative requirements for its licensees. Perhaps the most important of those was the measure that authorizes the Board's Prescription Monitoring Program to share its prescription transaction data with prescription monitoring programs in other states through a secure national network established for that purpose. All of the legislative measures were successful.

C. Operations

We have completed two years of service with our eLicense information system, and have already reaped benefits of integration of our credentialing and compliance activities. We have not yet implemented all of the modules and options and we will continue to phase those new features over time.

We have also completed two years of service with our website's content management system and its mass communication capabilities. We have increased the frequency of communications to our licensees through the use of targeted email. Through avoided postage and labor costs of mass snail mail notices, we anticipate a complete return of our investment by the end of the next fiscal year.

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 recently moved to its new office in May 2011. We continue to make minor improvements to the building and grounds. 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.

Board Office

The Board currently employs 15 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:
Malcolm J Broussard
Executive Director

Prescription Monitoring Program Annual Report

Fiscal Year 2011-2012

July 1, 2012

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.

Implementation

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

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.

Program Metrics

The data on the following page provides summary data for the operational aspects of the program – number of prescription transactions reported to the program database, number of prescribers and dispensers registered to access the program data, the number of queries performed by those authorized prescribers and dispensers as well as law enforcement agencies and regulatory agencies, and the number of unsolicited reports generated by program personnel actively monitoring the program data.

Louisiana Board of Pharmacy Prescription Monitoring Program

2010 2011 2012	339 12,127,827 12,784,465 6,423,219		1,526 721 548	728 483 361		368,376 496,270 305,202	277 111,075 153,783 99,456	680 889 1,230	833 1,401 1,612	1,077 1,566 1,112		769 4,121 4,090
2008 2009	6,021,084 11,154,839		1,5			235,985	74,277	9	80	9		:p a
	Prescription Database: Transactions Reported	Access to Program Data:	New prescribers registered	New dispensers registered	Reports from Queries by Users:	Solicited by prescribers	Solicited by dispensers	Solicited by law enforcement	Solicited by regulatory agencies	Average queries per day	Reports from Program:	Unsolicited reports: No. of patients referred: No. of prescribers No. of dispensers

Funding

It is important to note there is no legislative appropriation for the program. The program is funded through the collection of annual fees 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 2011-2012, the program received revenues of \$440,750 and expended \$\$412,352. Professional services from the program vendor consumed 49% of the total expenses, and staffing costs represented another 45% of that total. The remaining 6% 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 enable the interstate sharing of program data with prescribers, dispensers, regulatory agencies 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.

Act 352 of the 2012 Legislature authorized the Board to share program data with prescription monitoring programs from other states through a secure national network established for that purpose. The Board intends to execute a Memorandum of Understanding with the National Association of Boards of Pharmacy (NABP), which operates the PMP-InterConnect. At the time of this report, that network hosted nine states actively sharing prescription data, and they anticipate participation by approximately twenty states by the end of the calendar year. Preliminary guidance from our program vendor suggests our program should be connected to that network by the end of the third calendar quarter.

Conclusion

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

We acknowledge the contributions from Ms. 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