



# **Louisiana Board of Pharmacy**

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## **Annual Report**

**Fiscal Year 2016-2017**

**July 1, 2017**

## **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 prescription 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, confirmed by the state senate, 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	Diane G. Milano, Richard M. Indovina, Jr.
District 2	Jacqueline L. Hall, Raymond J. Strong
District 3	Blake P. Pitre, Richard A. Soileau
District 4	Douglas E. Robichaux, Rhonny K. Valentine
District 5	Carl W. Aron, T. Morris Rabb
District 6	Richard Mannino, Ronald E. Moore
District 7	Allen W. Cassidy, 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 pharmacist 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 the School of Pharmacy at University of Louisiana in Monroe as well as the College of Pharmacy at Xavier University in New Orleans in Calendar Year 2016 are summarized here:

## 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	4	16	94	123	18	43
Mean Scaled Score – School	60	62	87	90	84	75
Mean Scaled Score – State	67	67	89	89	77	77
Mean Scaled Score – National	75	75	95	95	81	81
School Pass Rate [%]	0	25	77	78	78	51
State Pass Rate	22	22	78	78	55	55
National Pass Rate	49	49	86	86	65	65

## 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	80	111	143	182	66	130
Mean Scaled Score – School	84	79	79	77	79	77
Mean Scaled Score – State	81	81	77	77	77	77
Mean Scaled Score – National	81	81	78	78	77	77
School Pass Rate [%]	99	83	80	74	80	78
State Pass Rate	90	90	78	78	75	75
National Pass Rate	88	88	83	83	75	75

### *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 2016 are summarized here:

No. of State Candidates	1,329
State Pass Rate [%]	45
No. of National Candidates	53,177
National Pass Rate [%]	58

### *C. Census Data*

At the close of the fiscal year on June 30, 2017, a review of our records yielded the following census information:

	<u>2017</u>	<u>2016</u>	<u>2015</u>
• Pharmacy Program			
1. Pharmacists			
> Number of active licenses	8,655	8,389	8,108
> Number of licensees within the state	5,372	5,509	5,596
2. Pharmacy Interns			
> Number of active registrations	1,094	1,088	1,097

3.	Pharmacy technicians			
>	Number of active certificates	6,561	6,969	6,726
4.	Pharmacy technician candidates			
>	Number of active registrations	2,052	1,861	1,981
5	Pharmacies			
>	Number of active permits	1,983	2,000	1,954
	- Community – Independent	583	583	598
	- Community – Chain	651	671	649
	- Hospital	175	173	174
	- Institutional	23	21	21
	- Nuclear	14	15	14
	- Charitable	11	12	12
	- Penal	2	2	2
	- Nonresident	524	523	484
6.	Equipment Permits			
>	Emergency drug kit (EDK)	411	464	484
>	Automated medication systems (AMS)	439	480	812
>	Durable medical equipment (DME)	637	622	603
7.	Special Activity Credentials			
>	CDTM Registration	66	59	52
>	Med. Administration Registration	2,820	2,603	2,383
>	Special Work Permits	48	48	54

<u>Subtotal of Credentials in Pharmacy Program</u>	24,766	24,635	24,254
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<u>2017</u>	<u>2016</u>	<u>2015</u>
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• CDS Program

1.	Animal Control Shelter	0	0	1
2.	Automated Medication System (AMS)	28	22	30
3.	Advanced Practice RN (APRN)	2,343	2,296	1,954
4.	Ambulatory Surgical Center (ASC)	0	21	87
5.	Correctional Center	0	1	4
6.	Dentist	1,929	2,134	2,133
7.	Drug Detection / Canine	8	9	12
8.	Distributor	284	301	327
9.	Podiatrist	136	152	142
10.	Veterinarian	1,007	1,085	1,045
11.	Emergency Medical Center	0	5	26
12.	Emergency Medical Service	0	16	49
13.	Animal Euthanasia Technician	25	27	28
14.	Hospital	283	294	277
15.	Laboratory	11	12	13
16.	Physician	11,575	12,360	12,125
17.	Medical Clinic	0	3	81
18.	Manufacturer	38	37	42
19.	Miscellaneous	0	0	11
20.	Medical Psychologist	84	86	82
21.	Optometrist	297	316	309

22.	Pharmacies	1,359	1,388	1,403
23.	Physician Assistant	667	610	487
24.	Registered Outsourcing Facility	13	14	8
25.	Researcher	100	108	113
26.	Rural Health Clinic	0	2	11
27.	Substance Abuse Clinic	6	7	10
<u>Subtotal of Credentials in CDS Program</u>		<i>20,193</i>	<i>21,316</i>	<i>20,809</i>
<u>Total Credentials under Management</u>		<b>44,959</b>	<b>45,951</b>	<b>45,063</b>

#### *D. New Credentials*

During the past fiscal year, the Board issued 5,177 new credentials in the Pharmacy Program and 1,618 new credentials in the CDS Program. Of note within the Pharmacy Program, we issued 452 new pharmacist licenses, 555 new pharmacy technician certificates, and 1,477 new pharmacy technician candidate registrations during the past fiscal year. Of note within the CDS Program, we issued new CDS licenses to 749 physicians, 375 advanced practice registered nurses, and 138 physician assistants.

#### *E. License Transfer (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 the application and criminal background check. Of the 452 new pharmacist licenses issued this past fiscal year, 252 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. In addition to pharmacies, the compliance officers also inspect healthcare facilities to monitor compliance with controlled substance requirements. The compliance officers visited just under 1,400 pharmacies and other facilities during the year to perform routine inspections, site visits for permit changes and other calls for assistance. The compliance and administrative officers began the fiscal year with 224 cases from the previous fiscal year, received 391 new cases, and closed 468 cases, leaving 147 cases for the next fiscal year. Of the 468 cases closed during the fiscal year: 10 of the original complaints were withdrawn, 27 resulted from termination of previously imposed probationary periods, 76 were determined to be without violation, 16 cases were referred to other agencies, 118 resulted in field/administrative corrections, 4 resulted in administrative sanctions, and 217 cases were referred to the Board's committees. The committees took no action in 26 of their cases, issued approvals for 57 non-disciplinary petitions, and recommended voluntary consent agreements for 102 cases. Of that number, all but 32 accepted the proposed discipline; those 32 respondents were referred for formal administrative hearings. The decisions from the formal hearings resulted in one denial of licensure, suspension of 20 credentials, and 11 revocations.

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:

<i>Sanction</i>	<u>Pharmacist</u>	<u>Intern</u>	<u>Technician</u>	<u>Candidate</u>	<u>Permit</u>	<u>CDS</u>
Denial / Refusal	0	0	0	4	1	0
Reinstatement	4	0	16	0	2	7
Change Previous Orders	5	0	0	0	0	0
Assessment	1	0	0	1	10	0
Letter of Warning	7	0	2	0	5	0
Letter of Reprimand	14	0	12	0	3	0
Voluntary Surrender	7	0	3	1	1	0
Probation	10	1	3	1	3	0
Suspension	4	0	7	0	1	12
Revocation	1	0	14	3	3	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, 2017 there were 42 pharmacists, one pharmacy intern, and five pharmacy 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, the credentials for 42 pharmacists, two interns, 16 technicians, and four technician candidates were still on active suspension for impairment reasons.

### **Board Activity**

#### *A. Regulatory*

The Board's Regulation Revision Committee is tasked with the continuous review of the Board's rules and their revision as appropriate. The committee initiated and the Board completed several regulatory projects during the fiscal year.

- Controlled Substance Prescriptions, amending LAC 46:LIII.Chapters 25 and 27;
- Pharmacist-in-Charge of Nonresident Pharmacy; amending LAC 46:LIII.Chapter 23;
- Medication Synchronization, amending, amending LAC 46:LIII.2519;
- Standing Orders for Distribution of Naloxone, amending LAC 46:LIII.2541; and
- Reinstatement of CDS License, amending LAC 46:LIII.2707.

The Board has four additional regulatory projects not yet completed; the progress of these regulatory initiatives may be monitored at the Board's website:

- Pharmacy Technicians, amending LAC 46:LIII.Chapter 9;
- Marijuana Pharmacy, amending LAC 46:LIII.Chapter 24;
- Pharmacy Internship Requirements, amending LAC 46:LIII.Chapter 7; and
- Equivalent Drug Product Interchange, amending LAC 46:LIII.Chapter 25.

#### *B. Legislative*

During the 2017 regular session, the Board sponsored two bills, both of which were successful. Act 100 amended the state list of controlled substances to harmonize the state list with the federal list. Act 241 amended the prescription monitoring program law to add additional categories of persons authorized to access prescription monitoring information, including coroners, substance abuse counselors, as well as probation and parole officers.

#### *C. Operations*

We have also completed seven 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, alerts, and bulletins. Through avoided postage and labor costs of mass snail mail notices, we have already recouped the cost of our investment and will continue our savings going forward. In response to requests from users of mobile communication devices, we have updated our website to be responsive to access requests from mobile devices.

Our licensing information system was acquired and placed into service in 2010. We have scheduled a major upgrade for the system in the next fiscal year; that upgrade is essential to allow the expansion of online services. In addition, we are planning a major project to scan our licensure files which will allow further automation of our credentialing processes.

Finally, the Board continued its operation of Louisiana's Prescription Monitoring Program (PMP). The initial contract for the program vendor reached the end of its five year life, and the contract was released for public bid. The new vendor, Optimum Technology, Inc. based in Columbus, OH, was awarded the second contract in December 2013. During this fiscal year, that firm was acquired by Appriss, Inc. based in Louisville, KY. Appriss agreed to honor the terms of the 2013 contract, and further, transitioned the Louisiana program to its operating platform (Aware) in June 2016. The number of prescribers and dispensers authorized to access the program's database continues to increase, as has the average number of queries per day. 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 its office building in December 2010 and moved to its current location in May 2011. We continue to make minor improvements to the building and grounds. The Board has planned a significant renovation of the office building during the next fiscal year. The loan for the purchase of the building was retired in December 2015.

### **Board Office**

The Board currently employs 20 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 Baton Rouge area high schools by hiring high school senior students on a temporary basis. The physical and mailing address of the board office is:

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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](http://www.pharmacy.la.gov) and general email is received at [info@pharmacy.la.gov](mailto: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





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## **Prescription Monitoring Program Annual Report**

**Fiscal Year 2016-2017**

**July 1, 2017**

## **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 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.

The initial vendor selected pursuant to the original public bid in 2008 was Health Information Designs, Inc. from Auburn, AL. When that contract was re-bid in 2013, the successful bidder was Optimum Technology, Inc. from Columbus, OH. In 2015, that firm was acquired by Appriss, Inc. based in Louisville, KY. During Fiscal Year 2015-2016, Appriss transitioned the Louisiana program from the Optimum Technology platform to its own Aware platform. Among other benefits will be an enhanced reporting capability.

## **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 council actively reviews the program's operations and makes recommendations for the improvement of the program. Those recommendations are forwarded to the Board of Pharmacy, resulting in regulatory or legislative initiatives designed to implement the council's recommendations.

## **Legislative Mandates**

The 2014 Legislature adopted a number of measures which will serve to improve the program. Beginning August 1, 2014, pharmacies and other dispensers will be required to report their eligible prescription transactions to the program database no later than the next business day following the date of dispensing, instead of the previous seven day allowance. In addition, the Board has recently completed the rulemaking process authorized by the 2013 Legislature that will allow authorized prescribers and dispensers to appoint delegates for the purpose of retrieving data from the program's database.

The 2015 Legislature also adopted a measure that will require prescribers of certain controlled substances for the treatment of certain conditions to access the patient's history in the program database prior to initiating such treatment. The same measure will require pharmacists dispensing certain controlled substances to certain patients to access the patient's history in the program database prior to dispensing such medications.

The 2017 Legislature amended the state controlled substance law to require the automatic issuance of PMP access privileges to all practitioners with prescriptive authority for controlled substances except veterinarians. Another measure amended the PMP law to enable additional categories of authorized users, e.g., medical examiners, substance abuse counselors, and probation and parole officers, as well as judicially supervised specialty courts.

## **Program Highlights**

- September 2016 – began sharing information with Texas.
- October 2016 – began sharing information with Alaska, Kansas, Massachusetts, Nevada, North Dakota, South Dakota, and Tennessee.
- December 2016 – began sharing information with Minnesota and Oklahoma.
- April 2017 – began sharing information with Alabama.
- June 2017 – began sharing information with Pennsylvania.

## **Program Metrics**

The data on the following pages provide summary data for the operational aspects of the program – number of prescription transactions reported to the program database, number of prescribers and dispensers and their delegates registered to access the program data, the number of queries performed by those authorized prescribers and dispensers and their delegates as well as law enforcement agencies and regulatory agencies, and finally, the average number of queries per day. In addition, we present the top ten controlled substances dispensed, by label name, for the past four years, both number of prescriptions and the number of units dispensed.

Louisiana Board of Pharmacy  
Prescription Monitoring Program

Calendar Year:	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>6/30/2017</u>
<b>Prescription Database:</b>										
Transactions Reported (in Millions)	6.015	11.144	12.117	12.775	12.99	13.032	13.02	12.403	12.245	6.062
<b>Access to Program Data:</b>										
New prescribers registered:		1,526	721	548	574	640	1,093	958	766	413
<i>Total prescribers registered:</i>		<i>1,526</i>	<i>2,247</i>	<i>2,795</i>	<i>3,369</i>	<i>4,009</i>	<i>5,102</i>	<i>6,060</i>	<i>6,826</i>	<i>7,239</i>
New prescriber delegates registered:							473	709	364	239
<i>Total prescriber delegates registered:</i>							<i>473</i>	<i>1,182</i>	<i>1,546</i>	<i>1,785</i>
New pharmacists registered:		728	483	361	494	509	466	418	353	117
<i>Total pharmacists registered:</i>		<i>728</i>	<i>1,211</i>	<i>1,572</i>	<i>2,066</i>	<i>2,575</i>	<i>3,041</i>	<i>3,459</i>	<i>3,812</i>	<i>3,929</i>
New pharmacist delegates registered:							143	236	166	126
<i>Total pharmacist delegates registered:</i>							<i>143</i>	<i>379</i>	<i>545</i>	<i>671</i>
<b>Searches Performed by Users:</b>										
Solicited by prescribers:	235,985	368,376	496,270	650,514	842,139	942,733	1,178,446	1,740,249	1,009,921	
Solicited by prescriber delegates:						26,993	269,147			
Solicited by pharmacists:	74,277	111,075	153,783	212,754	382,204	456,568	1,015,496	1,166,655	633,821	
Solicited by pharmacist delegates:						3,954	51,285			
Solicited by law enforcement:	680	889	1,230	845	1,150	1,224	1,011	843	509	
Solicited by regulatory agencies:	833	1,401	1,612	1,584	1,364	1,675	1,477	1,663	1,136	
<b>Average queries per day:</b>										
	854	1,319	1,788	2,372	3,361	3,926	6,896	7,971	9,016	

Louisiana Board of Pharmacy  
Prescription Monitoring Program

**Top Controlled Substance Drugs Dispensed, by Label Name**

<b>2013</b>	<b><u>Drug Name</u></b>	<b><u># Rx</u></b>	<b><u>Qty</u></b>
	Hydrocodone/APAP 10-500	853,416	58,549,294
	Tramadol 50mg	765,440	52,645,565
	Zolpidem 10mg	611,493	18,844,825
	Hydrocodone/APAP 7.5-500	503,602	19,435,356
	Hydrocodone/APAP 5-500	460,105	14,821,532
	Hydrocodone/APAP 10-325	444,618	32,776,638
	Alprazolam 0.5mg	443,306	23,845,024
	Alprazolam 1mg	325,623	20,685,013
	Carisoprodol 350mg	320,099	21,833,430
	Clonazepam 1mg	261,320	14,447,060

<b>2014</b>	<b><u>Drug Name</u></b>	<b><u># Rx</u></b>	<b><u>Qty</u></b>
	Hydrocodone/APAP 10-325	1,270,652	91,205,954
	Tramadol 50mg	900,872	60,641,816
	Hydrocodone/APAP 7.5-325	708,467	29,507,180
	Hydrocodone/APAP 5-325	616,995	19,932,033
	Zolpidem 10mg	526,666	16,493,087
	Alprazolam 0.5mg	416,194	22,424,375
	Alprazolam 1mg	303,529	19,330,194
	Oxycodone/APAP 10-325	268,583	21,420,793
	Clonazepam 0.5mg	253,289	12,559,739
	Clonazepam 1mg	252,646	14,018,210

<b>2015</b>	<b><u>Drug Name</u></b>	<b><u># Rx</u></b>	<b><u>Qty</u></b>
	Hydrocodone/APAP 10-325	1,134,284	85,692,900
	Tramadol 50mg	939,808	64,608,114
	Hydrocodone/APAP 7.5-325	599,864	26,098,294
	Hydrocodone/APAP 5-325	551,317	18,432,786
	Zolpidem 10mg	512,297	16,049,100
	Alprazolam 0.5mg	416,972	22,514,399
	Oxycodone/APAP 10-325	329,285	26,347,048
	Alprazolam 1mg	303,200	19,385,621
	Clonazepam 1mg	264,126	14,859,779
	Clonazepam 0.5mg	258,410	12,986,657

<b>2016</b>	<b><u>Drug Name</u></b>	<b><u># Rx</u></b>	<b><u>Qty</u></b>
	Hydrocodone/APAP 10-325	1,134,992	84,713,832
	Tramadol 50mg	975,537	65,742,114
	Hydrocodone/APAP 7.5-325	599,483	25,362,244
	Hydrocodone/APAP 5-325	575,255	18,417,263
	Zolpidem 10mg	512,753	16,157,638
	Alprazolam 0.5mg	437,175	23,594,764
	Oxycodone/APAP 10-325	377,013	30,248,215
	Alprazolam 1mg	316,590	20,207,395
	Clonazepam 1mg	279,482	15,813,361
	Clonazepam 0.5mg	276,798	13,951,268

## **Outlook for Next Fiscal Year**

The program will continue the implementation of the legislative mandate to issue access privileges to all practitioners with prescriptive authority for controlled substances, except veterinarians. The current contract for the program vendor is slated to expire in late 2018. The program staff will collaborate with the state procurement office to facilitate the issuance of a new bid invitation.

## **Conclusion**

The program has completed approximately eight 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. Lindsey Schultz and Ms. Danielle Hartzog, our administrative coordinators, and Mr. Joseph Fontenot, Program Manager, for their operation of the program and the development of this report.

Prepared by:  
Malcolm J. Broussard  
Executive Director