Louisiana Board of Pharmacy

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Prescription Monitoring Program
Annual Report

Fiscal Year 2008-2009

July 1, 2009

Introduction

Act 676 of the 2006 Louisiana Legislature authorized the development, implementation, operation, and evaluation of an electronic system for the monitoring of controlled substances and other drugs of concern that are dispensed within the state or dispensed by a licensed pharmacy outside the state to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

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

Implementation

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

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

Advisory Council

The enabling legislation created the PMP Advisory Council to assist the Board in the development an operation of the program. The Board shall seek, and the advisory council shall provide, information and advice regarding: (1) which controlled substances should be monitored, (2) which drugs of concern demonstrate a potential for abuse and should be monitored, (3) design and implementation of educational courses required by the PMP law, (4) methodology to be used for analysis and interpretation of prescription monitoring information, (5) design and implementation of a program evaluation component, and (6) identification of potential additional members to the advisory council. The legislation specifically identified the 25 organizations named to the council and further, named the leader of the organization but permitted the leader to name a designee to function in the absence of the appointee. The organizations represented on the council include the licensing agencies for the prescribers and

dispensers, the professional membership organizations for the prescribers and dispensers, organizations representing federal, state, and local law enforcement agencies, as well as representatives from the legislature. The advisory council has elected its own leadership, adopted policies and procedures for its operations, and meets on a quarterly basis.

Interstate Collaboration

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

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

Performance Metrics

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

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

8.	For this reporting period, how many licensed licensed prescribers were trained formally (classroom setting) in the use of the program?	Zero.
9.	For this reporting period, how many licensed prescribers were trained informally (via the Internet or mass mailings) in the use of the Program?	(a) 1,458 trained via web program (b) 1,040 completed enrollment process
10.	For this reporting period, how many licensed prescribers were there in your state?	17,968 (excluding 985 veterinarians)
11.	For this reporting period, how many licensed dispensers were trained formally (classroom setting) in the use of the program?	Zero.
12.	For this reporting period, how many licensed dispensers were trained informally (via the Internet or mass mailings) in the use of the program?	(a) 830 trained via web program (b) 603 completed enrollment process
13.	For this reporting period, how many licensed dispensers were there in your state?	6,890
14.	For this reporting period, how many individuals authorized to conduct investigations were trained formally (classroom setting) in the use of the program?	15 – direct users (investigators)
15.	For this reporting period, how many individuals authorized to conduct investigations were trained informally (via the Internet or mass mailings) in the use of the program?	Zero – direct users
16.	For this reporting period, how many individuals authorized to conduct investigations were there in your state?	16 – direct access 15 – indirect access
17.	For this reporting period, how many coroner reports indicated that controlled prescription drug use was the primary or contributing cause of death?	Not available.
18.	For this reporting period, how many solicited reports were produced for prescribers?	122,862
19.	For this reporting period, how many unsolicited reports were produced for prescribers?	Zero
20.	For this reporting period, how many solicited reports were produced for dispensers?	36,666
21.	For this reporting period, how many unsolicited reports were produced for dispensers?	Zero
22.	For this reporting period, how many solicited reports were produced for individuals authorized to conduct investigations?	365 – indirect users 226 – direct users

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

33.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 113,189,996 (b) Zero (c) 22,513,115 (d) 531,536
34.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III from 5 or more prescribers at 5 or more pharmacies?	1,799
35.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III from 5 or more prescribers at 5 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 1,302,246 (b) Zero (c) 131,295 (d) 3,333
36.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III from 10 or more prescribers at 10 or more pharmacies?	81
37.	For this reporting period, how many non-liquid doses for each of the following categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III from 10 or more prescribers at 10 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 70,186 (b) Zero (c) 8,194 (d) 88
38.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III from 15 or more prescribers at more pharmacies?	7
39.	For this reporting period, how many non-liquid doses for each of the following categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III from 15 or more prescribers at 15 or more pharmacies? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 5,726 (b) Zero (c) Zero (d) 68
40.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules II and III and IV?	1,445,323
41.	For this reporting period, how many non-liquid doses for each of the following drug categories were associated with individuals that had prescriptions filled for drugs listed in Schedules II and III and IV? (a) Pain relievers, (b) Tranquilizers, (c) Stimulants, and (d) Sedatives.	(a) 124,809,685 (b) 22,012,033 (c) 28,455,484 (d) 19,395,104
42.	For this reporting period, how many individuals had prescriptions filled for drugs listed in Schedules	2,674

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

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

- With respect to hydrocodone/APAP (e.g., Vicodin®), we received records for 257,560 prescriptions in December 2008, for 14,837,574 doses. In May 2009, we received records for 248,260 prescriptions totaling 13,812,553 doses. That reflects a 4% reduction in the number of prescriptions and a 6.9% reduction in the number of doses.
- With respect to alprazolam (e.g., Xanax®), we received records for 88,011 prescriptions in December 2008, for 4,820,869 doses. In May 2009, we received records for 84,953 prescriptions totaling 4,714,253. That reflects a 3.4% reduction in the number of prescriptions and a 2.2% reduction in the number of doses.

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

Funding

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

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

Outlook for Next Fiscal Year

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

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

Conclusion

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

We acknowledge the contributions from Ms. Sarah Blakey, Administrative Coordinator, and Mr. Joseph Fontenot, Program Manager, for their participation in the development of this report and the operation of the program.

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