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# Prescription Monitoring Program Annual Report

Fiscal Year 2020-2021

July 1, 2021

## Introduction

The Louisiana Prescription Monitoring Program (PMP) is an electronic database used to collect and monitor prescription data for all Schedule II, III, IV, and V controlled substances, as well as certain drugs of concern, dispensed by a pharmacy in Louisiana or to a Louisiana resident from a pharmacy located in another state. The PMP also provides a venue for monitoring patient prescription history for practitioners.

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 to state residents by pharmacies located in other states. 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 PMP was implemented in August 2008. Pharmacies and dispensing prescribers were instructed how and when to transmit their dispensing transactions to the program vendor for assimilation into the PMP database. Prescribers, dispensers, and other persons authorized to access PMP information were instructed how to secure their access privileges. The web portal to the PMP database was opened to queries on January 1, 2009, and the program remains fully operational.

## Advisory Council

The enabling legislation created the PMP Advisory Council to assist the Board in the development and operation of the program. The council consists of the following members, each of whom may appoint a designee:

1. The president of the Louisiana State Board of Medical Examiners;
2. The president of the Louisiana State Board of Dentistry;
3. The president of the Louisiana State Board of Nursing;
4. The president of the Louisiana State Board of Optometry Examiners;
5. The president of the Louisiana Academy of Physician Assistants;
6. The president of the Louisiana Board of Pharmacy;
7. The superintendent of the Louisiana State Police;
8. The administrator of the United States Drug Enforcement Administration;
9. The speaker of the Louisiana House of Representatives;
10. The president of the Louisiana Senate;
11. The chairman of the House Committee on Health and Welfare;
12. The chairman of the Senate Committee on Health and Welfare;
13. The secretary of the Department of Health;
14. The president of the Louisiana State Medical Society;
15. The president of the Louisiana Dental Association;
16. The president of the Louisiana Association of Nurse Practitioners;
17. The president of the Optometry Association of Louisiana;
18. The president of the Louisiana Pharmacists Association;
19. The president of the Louisiana Independent Pharmacies Association;
20. The president of the National Association of Chain Drug Stores;

21. The president of the Louisiana Sheriffs' Association;
22. The president of the Louisiana District Attorneys Association;
23. The president of the Pharmaceutical Research and Manufacturers of America;
24. The president of the Louisiana Academy of Medical Psychologists.

During Fiscal Year 2020-2021, the council convened only one of their four regularly-scheduled quarterly meetings, in July 2020. The remaining meeting dates were canceled due to the COVID-19 public health emergency. During that meeting, the council conducted their annual election of officers. The program staff presented data concerning the number of prescription transactions reported to the program database as well as the number of queries to the database by prescribers, dispensers, law enforcement, and regulatory agencies. The staff also reported on the addition of new states available through the PMP InterConnect interstate network, as well as the increased utilization by the private sector of the PMP Gateway service, which integrates the PMP access portal into existing practice information systems in a variety of settings, including hospitals, clinics, practitioner offices, and pharmacies. The council also reviewed new legislation adopted during the 2020 legislative session.

### Program Highlights

- *October 15, 2020* – The Louisiana PMP began PMP interstate data sharing with the PMP in the state of Indiana.
- *October 15, 2020* – As of this date, the Louisiana PMP is sharing with the following PMPs (33 PMPs total (1 federal district (DC), 1 territory (Puerto Rico), 1 federal jurisdiction (DOD) and 30 states: Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, D.C., MHS-DOD, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Mexico, North Carolina, North Dakota, Oklahoma, Pennsylvania, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Virginia and West Virginia.
- *December 15, 2020* – Granted PMP access to Veterans Health Administration (VHA) healthcare practitioners in compliance with the federal Mission Act.
- *January 20, 2021* - The Board of Pharmacy through the rule making process added gabapentin containing products and promethazine in oral liquid formulations to the list of drugs of concern as the result of a PMP Advisory Council recommendation. Pharmacies began reporting their eligible prescription transactions as of this date.
- *May 1, 2021* – The Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Community Preparedness (BCP) provided \$776,000 in federal grant funds to cover the PMP integration licensing fees for healthcare provider users for an additional 12 months beginning May 1, 2021 ending April 2022.

### Louisiana PMP Statewide Integration Project

On January 1, 2019, the Board partnered with the Louisiana Dept. of Health's Office of Public Health, Bureau of Community Preparedness (LDH-OPH-BCP) and Appriss

Health to provide a statewide PMP integration option to all healthcare providers in Louisiana utilizing a service called PMP Gateway®. Gateway offers healthcare providers an option to integrate PMP data within the provider's electronic health record (EHR) or pharmacy information system to provide a streamlined clinical workflow for providers. The integration eliminates the need for providers to log in separately to the PMP web portal; instead, the EHR automatically initiates a patient query and returns the patient's PMP information directly within the provider's EHR or pharmacy information system.

Included as part of the integration, users now have access to an advanced analytics and patient support tool called NarxCare®. In addition to the existing Louisiana PMP functionality, NarxCare aggregates and analyzes prescription information from pharmacies and presents visual interactive information, as well as advanced analytic insights, machine learning risk scores and more to help prescribers and pharmacists provide better patient safety and outcomes for every patient. NarxCare also provides tools and resources that support patients' needs and assists a healthcare provider to connect their patient to treatment when appropriate. The statewide initiative was originally funded by a Centers for Disease Control and Prevention (CDC) grant awarded to LDH-OPH-BCP and covers the costs of the licensing fees associated with the integration and NarxCare service. The original grant funding ended on April 30, 2021. LDH-OPH-BCP was able to provide another year of grant funding which extended the project until April 30, 2022.

As of June 30, 2021, the Louisiana PMP was interoperable with 292 licensees (EHRs and pharmacy management systems) across the state. The 292 licensees represent more than 2,073 facilities in Louisiana and were responsible for 2,220,535 PMP requests in the month of June 2021. There are an additional 270 licensee applicants pending.

## Program Metrics

The data on the following pages provide summary data for the operational aspects of the program for Calendar Year 2020. The first graphic presents information about the use of the information by the authorized users as identified in the governing legislation. Data for the different categories of prescribers are presented, including the number of prescribers authorized to obtain PMP access privileges, the number with active access privileges and the number of queries to the PMP database by those prescribers. Other authorized users include law enforcement and regulatory agencies; information concerning the number of queries originating from those entities is also presented.

The second graphic presents information concerning the numbers of controlled substance prescriptions dispense in the state, including summary data for different types of drugs like opioids and benzodiazepines. Just over 10.3 million prescriptions for controlled substances were dispensed in the state during Calendar Year 2020, with an average of 2.214 prescriptions per Louisiana resident – a 4.6% reduction from the previous calendar year.

# Calendar Year 2020 PMP User Statistics

<b>PMP Healthcare Provider Role</b>	<b>Number of Providers Eligible for PMP Access (as of 12/31/2020)</b>	<b>Number of Providers with Active PMP Access Privileges (as of 12/31/2020)</b>	<b>Number of PMP Requests by Providers through AWARe® During CY2020</b>	<b>Number of PMP Requests by Providers through Gateway® During CY2020</b>
Physician (MD, DO)	13,380	8,853	1,731,856	12,532,983
Nurse Practitioner (APRN)	4,038	3,161	610,494	1,543,205
Dentist (DDS)	2,249	1,520	20,266	2022
Physician Assistant (PA)	1,083	818	88,929	168,851
Optometrist (OD)	370	156	22	0
Podiatrist (DPM)	163	108	3,211	0
Medical Psychologist (MP)	95	88	36,652	12,177
Medical Intern/Resident	1,625	1,293	30,715	4,664
Prescriber's Delegate	NA	3,012	797,159	0
Pharmacist (PST)	9,407	4,704	3,005,495	6,636,042
Pharmacist's Delegate	NA	1,307	271,581	0
<b>Totals</b>	<b>32,410</b>	<b>25,020</b>	<b>6,596,380</b>	<b>20,899,944</b>

<b>Law Enforcement, Prosecutorial Officials, &amp; Specialty Courts</b>	<b>Searches</b>
DEA (patient requests)	238
Specialty Courts	82
FBI	59
Homeland Security	2
Local Law Enforcement	125
HHS-OIG	61
State Attorney General	53
State Police	31
Multijurisdictional Task Force	4
<b>Total</b>	<b>655</b>

<b>Regulatory Agencies</b>	<b>Searches</b>
Board of Medical Examiners	933
Board of Dentistry	9
Board of Nursing	549
Board of Pharmacy	3898
DEA (Licensee Requests)	895
<b>Total</b>	<b>6284</b>

<b>Other Roles</b>	<b>Searches</b>
Medical Examiner/Coroner	285
Louisiana Medicaid	192
<b>Total</b>	<b>477</b>

Quick Slicers:

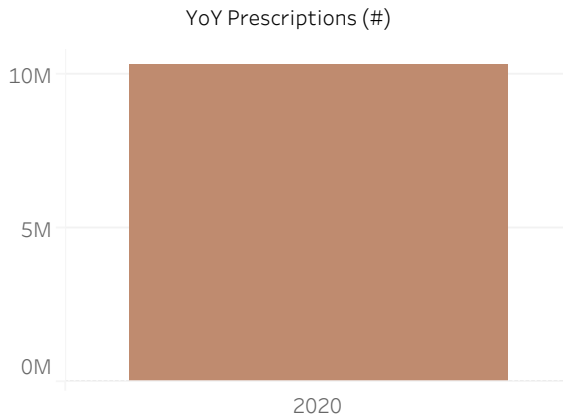


**State Rx per Capita**  
**2.214**

**Prescriptions**  
**10,303,226**

Quantity Dispensed	EACH (TABLETS, KITS, ETC..)	461,856K
	GRAMS (SOLIDS)	3,213K
	MILLILITERS (LIQUIDS)	50,208K
	UNSPECIFIED	1,406K

**Days Supply**  
**248,735,894**



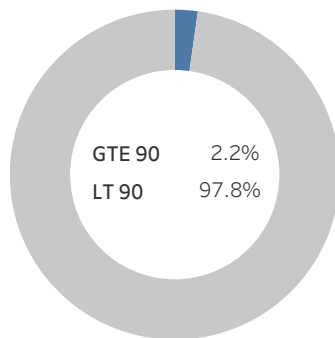
YoY Prescriptions (#) by Drug Schedule

Schedule 2	2020	4,619,661
Schedule 3	2020	743,970
Schedule 4	2020	4,153,339
Schedule 5	2020	428,035
Unscheduled	2020	322,454
Unspecified	2020	35,767

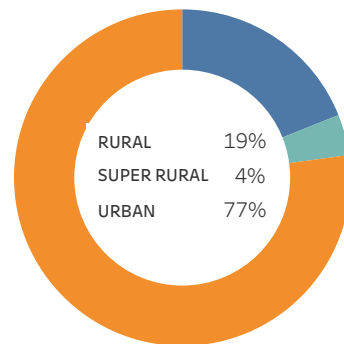
YoY Prescriptions (#) by Drug Classes

Opioid	2020	4,003,151
Benzo	2020	2,343,773
Anxiolytic, Hypnotics, Se..	2020	949,470
Other	2020	3,006,832

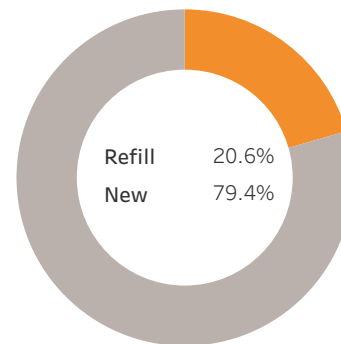
Prescriptions >= 90 MME vs. All



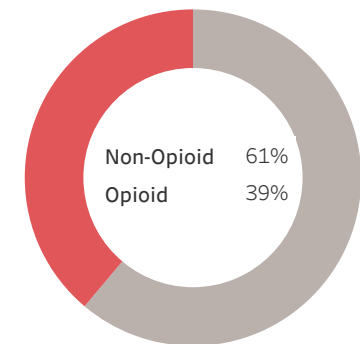
Rx by Patient Demographic Environment



New vs. Refill Prescriptions



Opioids vs. Non Opioids (%)



## Conclusion

The program has completed 12 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 progress in 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 value and appreciate the contributions from and collaboration with our partners on the Prescription Monitoring Program Advisory Council. We also acknowledge the contributions from our administrative coordinators, Ms. Reshmi Ravindranath and Ms. Nerissa Montgomery, as well as the program manager, Mr. Joseph Fontenot, for their assistance with the development of this report and administrative oversight of the program.

Respectfully submitted,  
Malcolm J Broussard  
Executive Director