



Louisiana Board of Pharmacy
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Prescription Monitoring Program Annual Report

Fiscal Year 2022-2023

July 1, 2023

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, marijuana recommendations, as well as certain drugs of concern, dispensed by pharmacies in Louisiana or to a Louisiana resident from pharmacies 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 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 2022-2023, the council convened a quorum of members on each of their regularly scheduled quarterly meetings, except for April 2023. 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 recommended a change to the PMP law reducing the frequency of mandatory advisory council meetings from quarterly to at least once annually and the ability to meet by electronic means. The legislature passed that bill and Governor Edwards signed that measure as Act 14 of the 2023 Legislature and it became effective August 1, 2023.

Program Highlights

- *August 1, 2022* – the program transitioned from the ASAP 4.2 reporting standard to the 4.2B standard.
- *January 1, 2023* - The Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Community Preparedness (BCP) provided \$600,000 in federal grant funds to cover the PMP integration licensing fees for healthcare provider users for the period beginning January 1, 2023 ending September 30, 2023.
- *April 13, 2023* - Louisiana began sharing PMP information through PMP InterConnect with the state of Ohio.
- *June 30, 2023* – as of this date, the Louisiana PMP is sharing with 36 PMPs: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, D.C., Military Health System – Dept. of Defense (MHS-DOD), Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virginia and West Virginia.

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 Apriss

Health (Bamboo 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 additional grant funding which extended the project until September 30, 2023.

As of June 30, 2023, the Louisiana PMP was interoperable with 538 licensees (EHRs and pharmacy management systems) across the state. The 538 licensees represent more than 3,000 facilities in Louisiana and were responsible for 3,211,192 PMP requests in the month of June 2023. There are an additional 256 licensee applicants pending.

Program Metrics

The data on the following pages provide summary data for the operational aspects of the program for Calendar Year 2022. 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 12.9 million prescriptions for controlled substances and drugs of concern were dispensed in the state during Calendar Year 2022, with an average of 2.812 prescriptions per Louisiana resident. Specifically looking at opioid prescriptions, the state saw a reduction in the number of opioid prescriptions dispensed by 3.9% compared to Calendar Year 2021.

Calendar Year 2022 PMP User Statistics

| PMP User Stats for 2022 (01/01/2022 - 12/31/2022) | | | | |
|--|---|---|--|---|
| PMP Healthcare Provider Role | Number of Providers <u>Eligible</u> for PMP Access (as of 12/31/2022) | Number of Providers <u>with</u> Active PMP Access Privileges (as of 12/31/2022) | Number of PMP Requests by Providers through AWARxE® During 2022 | Number of PMP Requests by Providers through Gateway® During 2022 |
| Physician (MD, DO) | 13,518 | 9,327 | 2,020,258 | 18,582,971 |
| Nurse Practitioner (APRN) | 4,855 | 3,851 | 858,773 | 2,122,656 |
| Dentist (DDS) | 2,205 | 1,445 | 23,850 | 22,478 |
| Physician Assistant (PA) | 1,270 | 983 | 155,284 | 223,074 |
| Optometrist (OD) | 360 | 156 | 11 | 6 |
| Podiatrist (DPM) | 168 | 121 | 7,806 | 0 |
| Medical Psychologist (MP) | 98 | 88 | 38,180 | 26,231 |
| Medical Intern/Resident | 1,640 | 1,240 | 43,505 | 195,800 |
| Prescriber's Delegate | N/A | 3,794 | 766,161 | 0 |
| Pharmacist (PST) | 9,666 | 5,254 | 4,294,030 | 8,501,888 |
| Pharmacist's Delegate | N/A | 1,664 | 501,604 | 0 |
| Totals | 33,780 | 27,923 | 8,709,462 | 29,675,104 |

| Law Enforcement, Prosecutorial Officials & Specialty Courts | CY 2022 Searches |
|--|-------------------------|
| DEA (Patient Requests) | 385 |
| Specialty Court | 45 |
| FBI | 14 |
| Homeland Security | 5 |
| Local Law Enforcement | 113 |
| Multijurisdictional Task Force | 0 |
| State Attorney General | 1 |
| State Police | 29 |
| Totals | 592 |

| Regulatory Agencies | CY 2022 Searches |
|-----------------------------------|-------------------------|
| Board of Pharmacy | 3177 |
| Board of Dentistry | 8 |
| Board of Medicine | 481 |
| Board of Nursing | 11 |
| Board of Optometry Investigator | 0 |
| DEA (Licensee/Registrant Request) | 744 |
| Totals | 4,421 |

| Other Roles | CY 2022 Searches |
|----------------------------|-------------------------|
| Medical Examiner/Coroner | 173 |
| Louisiana Medicaid Program | 95 |
| Totals | 139 |

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State Rx per Capita
2.812

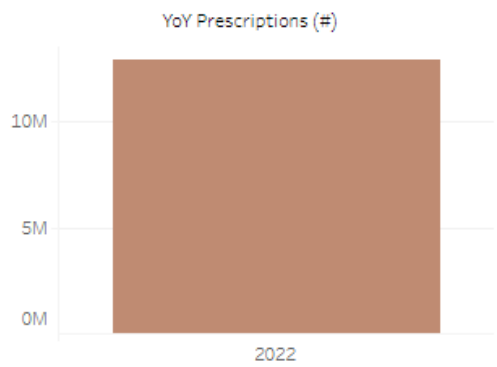
Prescriptions
12,916,282

Quick Slicers:

2016 2017 2018 2019 2020 2021 **2022** 2023

| | | |
|--------------------|----------------------------|----------|
| Quantity Dispensed | each (tablets, kits, etc.) | 597,429K |
| | grams (solids) | 4,548K |
| | milliliters (liquids) | 112,384K |
| | Unspecified | 6,278K |

Days Supply
313,400,197

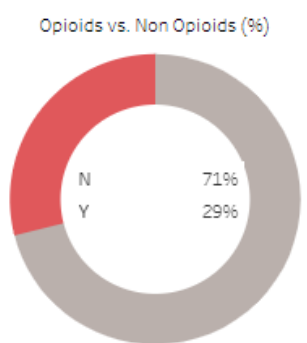
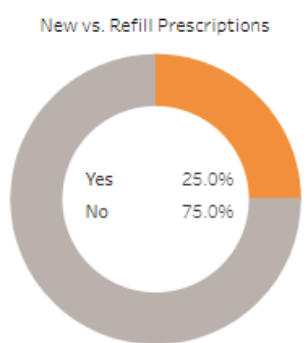
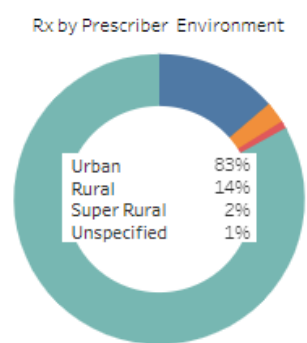
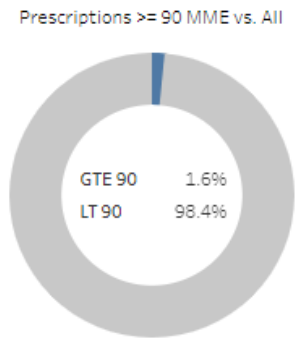


YoY Prescriptions (#) by Drug Schedule

| | | |
|---|------|-----------|
| 2 | 2022 | 4,700,576 |
| 3 | 2022 | 771,772 |
| 4 | 2022 | 3,851,369 |
| 5 | 2022 | 464,708 |
| * | 2022 | 3,127,855 |

YoY Prescriptions (#) by Drug Classes

| | | |
|------------------------------|------|-----------|
| Opioid | 2022 | 3,730,254 |
| Benzo | 2022 | 2,176,192 |
| Anxiolytic, Hypnotics, Se... | 2022 | 926,506 |
| Other | 2022 | 6,083,330 |



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Conclusion

The program has completed 14 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.

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, Ms. Christina Howland, and Ms. Nerissa Montgomery for their assistance with the development of this report and administrative oversight of the program.

Respectfully submitted,

Joe Fontenot
Executive Director