Louisiana Board of Pharmacy

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Prescription Monitoring Program

Report to the 2008 Louisiana Legislature

In Response to Senate Concurrent Resolution 102,
adopted in the Regular Session of the 2008 Legislature

July 14, 2008

The resolution requested information on the status of the Prescription Monitoring Program (PMP), including but not limited to the following items:

(1) The status of the naming of the advisory council, the area of expertise of each member, as well as a report of the meetings of the advisory council, to include minutes and roster of attendees, the organizational staffing of the program, to include all additional personnel hired by the board to implement the program, and the amount, method, and source of compensation for those persons.

Act 676 of the 2006 Legislature, specifically at La. R.S. 40:1005, specifies the composition of the Prescription Monitoring Program Advisory Council. The leaders of the twenty five organizations on the council represent the professional membership organizations of the prescribers and dispensers of controlled substances, and the state agencies charged with regulating those prescribers and dispensers. Other council members represent substance abuse treatment professionals as well as federal, state, and local law enforcement agencies. Since the Board of Pharmacy operates under the oversight of the House and Senate Health & Welfare Committees, those committee chairs as well as the President of the Senate and the Speaker of the House of Representatives are also represented on the council.

The advisory council meets on a quarterly basis. Their organizational meeting was held in January 2007, and their most recent meeting was held on July 9, 2008. We have included copies of the minutes of the advisory council meetings, which includes a roster of attendees at each meeting, in *Appendix A* of this report.

The Board initiated its work on the program in the fall of 2004. Through all of its efforts to date, the Board has utilized current personnel. We determined the most cost-effective time to engage additional personnel for the program would be the execution of the contract for the program software vendor. We are near that point now, and the Board has initiated the necessary procedures to engage a program manager as well as an administrative support person. The compensation for those new personnel will be paid from the program funds, which are held separately from the Board's general operating account.

(2) All contracts entered into by the board in order to implement and maintain the monitoring program.

The Board has not yet entered into any contracts to implement and maintain the monitoring program; however, we are nearing the completion of the public bid process for the program software. We hope to select the best bid for the state and execute a contract before the end of this month.

(3) All grants received from any source by the board in order to implement and maintain the monitoring program, to include sources and amounts of all grants and a projection of future need and availability for this type of revenue.

The Board had access to federal grant funds awarded for the planning process. In accordance with the grant budget, we recouped approximately $10,600 for (1) travel expenses related to site visits to observe programs operating in Kentucky and Nevada, (2) equipment purchases for a laptop computer and portable projector we have used for educational presentations, and (3) postage costs related to program task force communications.

We also had access to federal grant funds awarded for the implementation process. The grant budget provided for reimbursement of expenses related to a contract for data collection as well as the purchase of the program software; however, the grant period closed before we were able to purchase the software and initiate the data collection.

Presuming Congress continues to allocate funds for the planning, implementation, and enhancement of state-operated prescription monitoring programs, we intend to apply for a program enhancement grant after we implement the program. As we become aware of other grant opportunities for monitoring programs, we intend to seek access to those funds as well.

(4) All self-generated revenue received by the board in order to implement and maintain the monitoring program, to include sources and amounts of such self-generated funds and a projection of future need and availability for this type of revenue.

The enabling legislation for the program specifies the funding process. Prescribers and dispensers with the authority to prescribe or dispense controlled substances for humans – specifically, physicians, podiatrists, dentists, optometrists, advance practice registered nurses, physician assistants, medical psychologists, and all pharmacies licensed by the Board – are subject to the $25 annual program fee. That fee is collected by the Board at the time of the annual renewal of the controlled substance license. We initiated the collection of that fee with those controlled substance licenses renewed effective January 2008. As of June 30, we have collected $282,900. Based upon the number of prescribers and dispensers of controlled substances, we have budgeted revenue of $400,000 for the current fiscal year. Presuming no new sources of sustained funding or changes to the intended plan of operation, our current projection indicates the $25 annual fee to be sufficient to sustain the program.

(5) All local, state, and federal funding received by the board to implement and maintain the monitoring program, to include sources and amounts of such public funding and a projection of future need and availability of this type of revenue.

Other than the federal grant funding for the planning process described above, we have not received any public funding for the program. When the legislative task force addressed the funding issue prior to the passage of the enabling legislation, they reached consensus on the intent to seek a legislative appropriation as an alternative to the collection of the $25 annual provider fee, but not until the program's outcome data could demonstrate the value of the program.

(6) A report of the controlled substances currently being monitored, the methodology being utilized for collection, analysis, and interpretation of this information, and the compliance record of the individuals and organizations who are required to provide such data to the board.

The enabling legislation authorized the collection of prescription transaction data for those controlled substances listed in Schedules II through V, as well as for other drugs of concern as identified by the program's advisory council and promulgated by rule. As we move forward with the implementation of the program, we will initially focus on the controlled substances listed in Schedules II through V. As the other drugs of concern are identified, we will notify the dispensers to make the appropriate changes in their recordkeeping systems to include those drugs when they report their prescription transaction data.

The dispensers will report their eligible prescription transaction data electronically to the data collection service on a periodic schedule; that frequency of required reporting shall be no less than every fourteen days or no more than every seven days. For the rare dispenser unable to report their transactions electronically, the legislation and rule permits the dispenser to apply to the program for a waiver from the electronic requirement as well as for the program to issue that waiver. The data collection service will house and maintain the data collected from the dispensers, and they will establish a web portal for all authorized users to access the data.

The analysis and interpretation of the data will vary by the type of information requested and the type of user requesting the information. The prescribers and dispensers accessing information for their own patients may be ascertaining that patients are not obtaining additional controlled substances from additional practitioners. If a patient is obtaining controlled substances from multiple prescribers and dispensers, one interpretation could be the patient might be 'doctor-shopping,' which is now a crime in Louisiana. On the other hand, another interpretation could be the patient is being under-treated for legitimate pain by one or more prescribers, and the patient seeks only that amount of controlled substances to adequately treat their pain. The regulatory agencies exercising oversight on prescribers and dispensers could access data on all prescriptions prescribed or dispensed by a given practitioner, in their quest to determine the legitimacy of the practitioner's professional activities. The law enforcement agencies seeking information on active investigations may learn where certain prescription records are located, decreasing their time spent on investigative activities. The state Medicaid program may seek information in their efforts to reduce fraud and abuse.

Since we have not yet initiated the data collection activities, we have no records of compliance for dispensers required to report data to the program.

(7) The utilization of the data collected, to include how this data is shared with all applicable local, state, and federal agencies with access to this data and the frequency of use.

The enabling legislation identifies the authorized users of the data, as well as the purposes for which the data may be used: (1) persons authorized to prescribe or dispense controlled substances or other drugs of concern, for the purpose of providing medical or pharmaceutical care for their patients, (2) designated representatives from the professional licensing, certification, or regulatory agencies charged with administrative oversight of those professionals engaged in the prescribing or dispensing of controlled substances or other drugs of concern, (3) designated representatives from the Louisiana Medicaid program regarding Medicaid program recipients, and (4) designated representatives of the board and any vendor or contractor establishing or maintaining the program. The legislation also authorizes the program to provide a report containing prescription data to local, state, and federal law enforcement or prosecutorial officials upon their application to the board and in compliance with and as limited by the warrant, subpoena, summons or other similar document. Finally, the legislation also authorizes the program to provide prescription data to an individual who requests his personal information.

Since the program is not yet operational, we do not have information concerning the frequency of use of the data.

(8) The method of design and implementation of an evaluation component, as required by statute, to identify the cost benefits of the program and other information relevant to policy, research, and education involving controlled substances and drugs monitored by the Prescription Monitoring Program.

When the program software and operational procedures have been implemented, the advisory council will be able to initiate the design and implementation of the program evaluation process.

(9) The identification of any local, state, or federal programs that are being duplicated by this program as well as the efforts of the board to interface with existing programs at the local, state, and federal level, all documentation of correspondence between the board and any of its local, state, and federal partners dealing with issues relating to funding of the program, data collection, and dissemination of information to law enforcement.

To the best of our knowledge, there are no local or statewide programs in Louisiana duplicated by this program, nor is there a single national program of this nature. As of June 30, the Alliance of States with Prescription Monitoring Programs (ASPMP) has identified 38 states with legislation enabling a prescription monitoring program, of which 29 states are currently operational. The roster prepared by ASPMP is attached as *Appendix B* to this report.

The ASPMP meets annually in the fall, and we have attended all of their meetings since 2005. We use those opportunities to stay abreast of new developments in the industry as well as networking with representatives from other state programs. As noted above, we visited two programs operating in other states, namely Kentucky and Nevada, in 2005 to observe those two differently structured but successful programs.

With respect to documentation of correspondence relating to program funding, data collection, and dissemination of information to law enforcement, we have included those documents in *Appendix C* of this report. With respect to program funding, we sent advance notices to the pharmacies and prescribing practitioners of our intent to initiate the collection of the $25 annual fee in the beginning of 2008. After we execute the contract with the program's software vendor, we will then notify all the dispensers about the data collection process and the technical requirements for the electronic reporting of their prescription transaction data to the data collector. After the web portal to the database is implemented and we have prescription information in the database, we will then notify all the law enforcement agencies on the procedures for them to obtain information from the database.

Respectfully submitted,
Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Appendices

Prescription Monitoring Program Advisory Council
State of Louisiana

January 10, 2007

MINUTES

A meeting of the Prescription Monitoring Program (PMP) Task Force scheduled to meet on Wednesday, January 10, 2007 at the office of the Louisiana Board of Pharmacy, 5615 Corporate Blvd., Suite 8-E, Baton Rouge, Louisiana 70808, convened at 1:00 p.m. to consider the following:

AGENDA

1. Call to Order
2. Introduction of Council Membership
3. Election of Chair and Vice Chair
4. Consideration of Draft Policies & Procedures
5. Prescription Monitoring Program
   a. Review of Prior Activities
   b. Review of Project Timeline
6. Consideration of Draft Rules
7. Calendar Notes
8. Opportunity for Public Comment
9. Adjourn

Advisory Council representatives/designees present: Joni Nickens (LANP), J. Michael Burdine, M.D. (LSMS), James D. Sandefur, O.D. (LSBOE), David Staton & Murphy Paul (LA State Police), Peggy Griener (LSBN), Louis Lejarza (DEA), M.J. Terrebonne (DHH), Bud Courson (NACDS), Katie McMurray (LPA), J.J. Williams (LA DA's Association), Carl W. Aron (LABP), Alfred L. Gaudet (LSBME), Kenneth Betzing (LAPA), John F. Bolter (LSBEP), Joseph Roberts (LDAA), Barry Ogden (LSBD).

Others present: Malcolm J. Broussard, Kathleen Gaudet & Carlos M. Finalet, III (LABP), (Rochelle Head Dunham, M.D. & Brenda Lands (OAD/DHH), Roland Mathews (LA State Police), Phyllis Perron (LPA).

Election of Chair and Vice Chair

Carl W. Aron was elected without opposition as Chair to the Council. Al Gaudet was elected without opposition to the Vice Chair position.

Consideration of Draft Policies & Procedures

Malcolm Broussard explained the draft of proposed policies and procedures. The Council approved the policies and procedures unanimously without change. *Attached as Exhibit A.*

Prescription Monitoring Program

a. Review of Prior Activities
Mr. Broussard summarized the history of the PMP Task Force, PMP legislation (Act 676) effective July 1, 2006, and research of other PMP programs in the country.

b. Review of Project Timeline
In 2006 the Legislature designated the Board as the agency responsible for the issuance of the state Controlled Dangerous Substance licenses. The Board office is still in the process of transitioning that program into our office. This has delayed the PMP timeline.

The Board is in the process of getting Civil Service approval for the positions for the PMP program. Database/software issues were discussed in detail in relation to the timeline.

Consideration of Draft Rules
The Council agreed the regulations for the PMP program regulations will be in the Board's regulations in the Louisiana Administrative Code, Title 46; LIII. Chapter 26 of the Board's regulations will be devoted exclusively to these provisions. The Council reviewed Draft #1 of the proposed regulations. *Attached as Exhibit B.*

§2601 – Definitions.
Subsection (10) defines "patient" as a "person or animal". Mr. Broussard explained that veterinarians were exempted from the PMP program during the legislative process. However, the statutory definition of 'patient' was not amended to remove 'animal' from its scope. So, while not applicable to animals, the regulatory definition must parallel the statutory definition until the latter can be corrected by legislation.

§2611 – Reporting of prescription monitoring information.
JJ Williams inquired as to the duration for any exemption from the electronic reporting provisions. The Council agreed to a modification of §2611(C): "The waiver shall expire one year after the date of issue, unless terminated sooner by the Board."

§2613 – Required data elements.
Subsection (B)(4): The Council deliberated over what identifier to use for the patient identification number. Mr. Broussard explained some states use the Social Security number. Others use the driver's license number of the patient. Major Staton explained that, like Louisiana's proposed regulations, other states have multiple identifiers beyond this number to ensure the whole of the patient information cell in the system is as accurate as possible. The Council agreed to use the Social Security number as the identification number for program reporting.

Subsection (E): The Council agreed to use the National Practitioner Identification (NPI) number as part of the dispenser information required for reporting.

§2617 – Authorized users of prescription monitoring information.
The Council agreed to modify the title of this section to "authorized direct access users" to clarify its intent.

§2619 – Registration procedures for authorized users.
Similarly, the Council agreed to modify the title of this section to read "Registration procedures for authorized direct access users" to clarify the intent of the section.

§2627 – Legislative oversight.
A typographical error in the first line was corrected: "in not case" corrected to read "in no case".

No other changes were made to the proposed regulations.

Several Council members requested time to present these proposed regulations to their respective entities for final approval before the Board's meeting in March. The Council agreed to leave the ability for additional comment open.

Calendar Notes
The Council approved the second Wednesday of the first calendar month of each quarter (January, April, July, and October) as its meeting dates, starting at 1:00 p.m.

Opportunity for Public Comment
No public comments were made.

Adjournment: The Advisory Council adjourned at approximately 4:00 p.m.

I certify that the foregoing are true and accurate minutes of a meeting of the Prescription Monitoring Advisory Council for the State of Louisiana, held on the above noted date.

Malcolm Broussard

Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Prepared by: Carlos M. Finalet, III, General Counsel, Louisiana Board of Pharmacy

Louisiana Board of Pharmacy **Policies & Procedures**

Prescription Monitoring Program Advisory Council

Approved: Revised:

EXHIBIT
tabbies A

Authority
The legislative authority for this organization is Act 676 of the 2006 Louisiana Legislature.

Purpose
The council shall provide information and advice regarding the development and operation of the electronic monitoring system, including but not limited to the following:

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 for program participants.
4. The methodology to be used for analysis and interpretation of prescription monitoring information.
5. Design and implementation of a program evaluation component.
6. Identification of potential additional members to the advisory council.

Structure
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 State Board of Examiners of Psychologists.
6. The president of the Louisiana Academy of Physicians Assistants.
7. The president of the Louisiana Board of Pharmacy.
8. The superintendent of the Louisiana State Police.
9. The administrator of the United States Drug Enforcement Administration.
10. The speaker of the Louisiana House of Representatives.
11. The president of the Louisiana Senate.
12. The chairman of the House Committee on Health and Welfare.
13. The chairman of the Senate Committee on Health and Welfare.
14. The secretary of the Department of Health and Hospitals.
15. The president of the Louisiana State Medical Society.
16. The president of the Louisiana Dental Association.
17. The president of the Louisiana Association of Nurse Practitioners.
18. The president of the Optometry Association of Louisiana.
19. The president of the Louisiana Pharmacists Association.
20. The president of the Louisiana Independent Pharmacies Association.
21. The president of the National Association of Chain Drug Stores.
22. The president of the Louisiana Sheriffs' Association.
23. The president of the Louisiana District Attorneys Association.
24. The president of the Pharmaceutical Research and Manufacturers of America.
25. The president of the Louisiana Academy of Medical Psychologists.

The members of the advisory council shall serve at the pleasure of their respective appointing authorities.

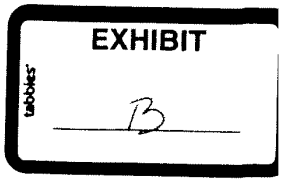
Procedures

1. The Board of Pharmacy shall fix a time and place for regular meetings of the advisory council, which shall meet at least quarterly.
2. Eleven members of the advisory council shall constitute a quorum for the transaction of all business.
3. The presiding officer shall conduct all meetings in conformance with the Open Meetings Law and Robert's Rules of Order.

Officers

The leadership of the advisory council shall be vested in a Chair and Vice Chair, who shall be elected for one year terms; they shall serve until their successor is elected. The duties of the officers shall be as enumerated here:

- Chair – The Chair shall preside at all council meetings, and may accept other assignments as authorized by the council.
- Vice Chair – In the absence of the Chair, the Vice Chair shall preside at all council meetings. The Vice Chair may accept other assignments as authorized by the council.



Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII – Pharmacists

Chapter 26. Prescription Monitoring Program

Subchapter A. General Operations

§2601. Definitions

As used in this Chapter, the following terms shall have the meaning ascribed to them unless the context clearly indicates otherwise:

(1) "Administer" or "administration" means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other means.

(2) "Advisory Council" means the entity established in R.S. 40:1005.

(3) "Board" means the Louisiana Board of Pharmacy.

(4) "Controlled substance" means any substance or drug defined, enumerated, or included in federal or state statute or rules, 21 CFR 1308.11-15 or R.S. 40:964, or any substance which may hereafter be designated as a controlled substance by amendment or supplementation of such regulations or statute. "Controlled substance" shall not include distilled spirits, wine, malt beverages, or tobacco.

(5) "Dispense" or "dispensing" means the interpretation, evaluation, and implementation of a prescription drug order, including the preparation and delivery of a drug or device to a patient or patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient.

(6) "Dispenser" means a person authorized by this state to dispense or distribute to the ultimate user any controlled substance or drug monitored by the program, but shall not include any of the following:

(a) A pharmacy permitted by the board as a hospital pharmacy that dispenses or distributes any controlled substance or drug monitored by the program for the purposes of inpatient health care.

(b) A practitioner who dispenses or distributes no more than a single forty-eight hour supply of such controlled substance or drug to a patient prior to, or subsequent to, performing an actual procedure on that patient.

(c) A practitioner or other authorized person who administers such controlled substance or drug upon the lawful order of a practitioner.

(d) A wholesale distributor of such controlled substance or drug that is credentialed by the Louisiana State Board of Wholesale Drug Distributors.

(7) "Distribute" or "distribution" means the delivery of a drug or device other than by administering or dispensing.

(8) "Drug" means any of the following:

(a) Any substance recognized as a drug in the official compendium, or supplement thereto, designated by the board for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals.

(b) Any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals.

(c) Any substance other than food intended to affect the structure or any function of the body of humans or other animals.

(9) "Drugs of concern" means drugs other than controlled substances as defined by rule which demonstrate a potential for abuse.

(10) "Patient" means the person or animal who is the ultimate user of a controlled substance or drug monitored by the program for whom a prescription is issued and for whom a controlled substance or drug is dispensed.

(11) "Prescriber" means a licensed health care professional with prescriptive authority.

(12) "Prescription monitoring information" means data submitted to and maintained by the prescription monitoring program.

(13) "Prescription monitoring program" or "PMP" means the program established in R.S. 40:1004.

(14) "Procedure" means any dental or medical practice or process described in the current year's version of the American Dental Association's *Current Dental Terminology* or the American Medical Association's *Code of Procedural Terminology*.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1011.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2603. Authority for program operation

The board shall establish and maintain, in consultation with and upon the recommendation of the advisory council, an electronic system for the monitoring of controlled substances and drugs of concern dispensed in the state or dispensed to an address in the state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1004.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2605. Authority to engage staff

The board shall have the authority to engage a program director and sufficient number of other personnel as may be necessary to accomplish the mission of the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1179.F.(6).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2607. Authority to engage vendors

The board shall have the authority to engage vendors to facilitate the collection of the prescription monitoring program data and to facilitate access to the program data by authorized users.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1004.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2609. Advisory council

A. The advisory council shall consist 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 State Board of Examiners of Psychologists.
(6) The president of the Louisiana Academy of Physician Assistants.
(7) The president of the Louisiana Board of Pharmacy.
(8) The superintendent of the Louisiana State Police.
(9) The administrator of the United States Drug Enforcement Administration.
(10) The speaker of the Louisiana House of Representatives.
(11) The president of the Louisiana Senate.
(12) The chairman of the House Committee on Health and Welfare.
(13) The chairman of the Senate Committee on Health and Welfare.
(14) The secretary of the Department of Health and Hospitals.
(15) The president of the Louisiana State Medical Society.
(16) The president of the Louisiana Dental Association.
(17) The president of the Louisiana Association of Nurse Practitioners.
(18) The president of the Optometry Association of Louisiana.
(19) The president of the Louisiana Pharmacists Association.
(20) The president of the Louisiana Independent Pharmacies Association.
(21) The president of the National Association of Chain Drug Stores.
(22) The president of the Louisiana Sheriffs' Association.
(23) The president of the Louisiana District Attorneys Association.
(24) The president of the Pharmaceutical Research and Manufacturers of America.
(25) The president of the Louisiana Academy of Medical Psychologists.

B. The members of the advisory council shall serve at the pleasure of their respective appointing authorities, eleven of whom shall constitute a quorum for the transaction of business. The members shall elect a chairman and vice chairman whose duties shall be established by the advisory council. The board shall fix a time and place for regular meetings of the advisory council, which shall meet at least quarterly. The advisory council shall establish policies and procedures necessary to carry out its duties.

C. The board shall seek, and the advisory council shall provide, information and advice regarding the development and operation of the electronic monitoring system, including but not limited to the following:

(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 identified in R.S. 40:1008.
(4) The methodology to be used for analysis and interpretation of prescription monitoring information.
(5) Design and implementation of a program evaluation component.
(6) Identification of potential additional members to the advisory council.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1005.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

Subchapter B. Data Collection

§2611. Reporting of prescription monitoring information

A. Each dispenser shall submit to the board information regarding each prescription dispensed for a controlled substance.

B. Each dispenser shall submit the required information by electronic means on a frequency set by the board, which shall be no less than every fourteen days and no more than every seven days.

C. If the dispenser is unable to submit prescription information by electronic means, he may apply to the board for a waiver. The board may grant a waiver to that requirement; if so, the waiver shall state the format and frequency with which the dispenser shall submit the required information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1006.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2613. Required data elements

The information submitted for each prescription shall include data relative to the identification of the following elements of the transaction:

A. Prescriber information.
(1) Name of prescriber.
(2) Address of prescriber.
(3) Telephone number of prescriber.
(4) United States Drug Enforcement Administration (DEA) registration number.

B. Patient information.
(1) Name of patient.
(2) Address of patient.
(3) Date of birth of patient.
(4) Identification number of patient.

C. Prescription information.
(1) Identification number of prescription.
(2) Date of issuance.
(3) Date of fulfillment.
(4) Number of refills authorized on original prescription.
(5) Method of payment for prescription.

D. Drug information.
(1) National Drug Code (NDC) number.
(2) Name of drug.

(3) Dosage form of drug.
(4) Strength of drug.
(5) Quantity prescribed.
(6) Quantity dispensed.

E. Dispenser information.
(1) Name of pharmacy or practitioner.
(2) Address of dispenser
(3) Telephone number of dispenser.
(4) DEA registration number.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1006.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2615. Failure to report prescription information

A dispenser who fails to submit prescription monitoring information to the board as required shall be referred to the appropriate professional licensing, certification, or regulatory agency for administrative sanctions as deemed appropriate by that agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1009.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

Subchapter C. Access to Prescription Monitoring Information

§2617. Authorized users of prescription monitoring information

The following persons may access prescription monitoring information in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar protected health information under federal and state law and regulation:

A. Persons authorized to prescribe or dispense controlled substances or drugs of concern, for the purpose of providing medical or pharmaceutical care for their patients.
B. Designated representatives from the professional licensing, certification, or regulatory agencies charged with administrative oversight of those professionals engaged in the prescribing or dispensing of controlled substances or other drugs of concern.
C. Designated representatives from the Louisiana Medicaid program regarding Medicaid program recipients.
D. Designated representatives of the board or any vendor or contractor establishing or maintaining the prescription monitoring program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1007
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2619. Registration procedures for authorized users

Authorized users of prescription monitoring information shall comply with the following requirements to register with the board, in order to receive the appropriate credentials to access prescription monitoring information.

A. The applicant shall successfully complete the program's orientation course, and attach evidence of same to his application to the program.
B. The applicant shall file an application with the program, using the form supplied by the program for that purpose.
C. The board shall verify the applicant is in possession of a valid license to prescribe or dispense controlled substances.
D. Upon verification of all requirements, the board shall issue the appropriate credential necessary to access prescription monitoring information.
E. Upon receipt of information that an authorized user no longer possesses authority to prescribe or dispense controlled substances, the program shall terminate the user's credentials to access prescription monitoring information. If or when the user's authority to prescribe or dispense controlled substances is reinstated, the program may reinstate the user's credentials to access prescription monitoring information.

AUTHORITY NOTE: Promulgated by R.S. 40:1011.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2621. Methods of access to prescription monitoring information

A. Prescribers and dispensers, once properly registered, may solicit prescription monitoring information from the program concerning their patients. The program may require such users to certify the legitimacy of their inquiry prior to furnishing the requested information.

B. Designated representatives from agencies charged with administrative oversight of prescribers and dispensers of controlled substances may solicit prescription monitoring information from the program concerning specific investigations of prescribers or dispensers. The program may require such users to certify the legitimacy of their inquiry prior to furnishing the requested information.

C. Designated representatives of the Louisiana Medicaid program, once properly registered, may solicit prescription monitoring information from the program concerning specific recipients. The program may require such users to certify the legitimacy of their inquiry prior to furnishing the requested information.

D. Designated representatives of the board, or any vendor or contractor establishing or maintaining the program, once properly registered, may solicit prescription monitoring information from the program for the purpose of establishing or maintaining the program's database.

E. Upon receipt of one of the following methods of application by local, state, or federal law enforcement or prosecutorial officials, the program may provide prescription monitoring information:
   (1) A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;
   (2) A grand jury subpoena; or
   (3) An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided by law enforcement to the board, and further, provided all of the following:
      (a) The information sought is relevant and material to a legitimate law enforcement inquiry.
      (b) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
      (c) De-identified information, or limited information that does not identify or could not reasonably lead to the identification of an individual patient, could not reasonably be used.

F. Individuals may solicit their own prescription monitoring information from the program. To prevent inappropriate access to such information, the requestor shall personally appear at the program office and produce positive photo identification at the time of their request. The program shall furnish a single copy of the report responding to such request at no charge to the individual.

G. Program personnel, once properly registered, may solicit prescription monitoring information from the program's database for the purpose of responding to legitimate inquiries from authorized users or other individuals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1011.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2623. Unlawful use or disclosure of prescription monitoring information

If the program receives evidence of inappropriate or unlawful use or disclosure of prescription monitoring information by an authorized user, the program shall refer that user to the appropriate professional licensing, certification, or regulatory agency for administrative sanctions as deemed appropriate by that agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1011.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

Subchapter D. Reports

§2625. Release of prescription monitoring information to other entities

The program shall provide prescription monitoring information to public or private entities, whether located in or outside of the state, for public research, policy, or educational purposes, but only after removing information that identifies or could reasonably be used to identify individual patients or persons who received prescriptions from prescribers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1011.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2627. Legislative oversight

The board shall report to the appropriate legislative oversight committee on a periodic basis, but in not case less than annually, the cost benefits and other information relevant to policy, research, and education involving controlled substances and other drugs of concern monitored by the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1011.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

§2629. Program evaluation

The board shall, in consultation with and upon recommendation of the advisory council, design and implement an evaluation component to identify cost benefits of the prescription monitoring program and other information relevant to policy, research, and education involving controlled substances and drug monitored by the prescription monitoring program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1011.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR

Prescription Monitoring Program Advisory Council
State of Louisiana

April 11, 2007

MINUTES

A meeting of the Prescription Monitoring Program (PMP) Task Force scheduled to meet on Wednesday, April 11, 2007 at the office of the Louisiana Board of Pharmacy, 5615 Corporate Blvd., Suite 8-E, Baton Rouge, Louisiana 70808, convened at 1:25 p.m. to consider the following:

AGENDA

1. Call to Order
2. Call for Additional Agenda Items
3. Consideration of Minutes from January 10, 2007 Meeting
4. Review of Proposed Rule & Promulgation Process
5. Discussion Topics
   a. Selection of Schedules to be Monitored
   b. Identification of Drugs of Concern
6. Calendar Notes
7. Opportunity for Public Comment
8. Adjourn

Advisory Council representatives/designees present: Louisiana Representative Ronnie Johns, Joni Nickens (LANP), J. Michael Burdine, M.D. (LSMS), Murphy Paul (LA State Police), Donald Hickman (DEA), Rachel Broussard (DHH), Mary Staples (NACDS), J.J. Williams (LA DA's Association), Carl W. Aron (LABP), Alfred L. Gaudet (LSBME). A quorum of 11 members was not present. Therefore, the Council was unable to take official action. However, those members present did informally discuss the issues presented.

Others present: Malcolm J. Broussard, Kathleen Gaudet & Carlos M. Finalet, III (LABP), Kerry Cooley.

Review of Proposed Rule & Promulgation Process

Mr. Broussard reviewed the Council's past actions. He explained some amendments were made to the draft language by the Board resulting in Draft #3 of proposed Ch. 29 to the Board's regulations. He also stated the Board directed promulgation at the direction of the Board President Aron.

April 20 through May 30 is the public comment period on the proposed rule.

The proposed rule will be printed in the April 20, 2007 Louisiana Register with the public hearing scheduled for May 30, 2007 at 9:00 a.m.

If no amendments are made or only minor, non-substantive amendments are made, the proposal goes to the Legislative Oversight for 30 days. If the Oversight Committee does nothing, the earliest we could have the PMP regulations is July 20, 2007.

Mr. Broussard also explained the funding and the separation of accounts to assure accountability.

Mary Staples asked if NACDS' request to change the language to include other alternative identifiers would affect the promulgation timeline. Mr. Broussard stated he believed that would be substantive change and would therefore extend the timeline explained above.

Rep. Johns suggested adding a field to allow for another alternate identifier to the social security number such as a driver's license number or state ID number.

Selection of Schedules to be Monitored

Mr. Broussard explained that due to the federal funding requirements, all schedules must be monitored.

Identification of Drugs of Concern

Rep. Johns wants Soma (Carisoprodol) included as a drug of concern. He explained he has a bill pending before the Louisiana Legislature at this session to make it a CIV.

Mr. Broussard also suggested Ultram (Tramadol), Butalbital/APAP + caffeine (Fioricet), and Promethazine with Codeine to be included.

Calendar Notes

The next meeting is tentatively scheduled for July 13, 2007, starting at 1:00 p.m.

Opportunity for Public Comment

No public comments were made.

I certify that the foregoing are true and accurate minutes. However a formal meeting of the Prescription Monitoring Advisory Council for the State of Louisiana was not held due to lack of a quorum.

Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Prepared by: Carlos M. Finalet, III, General Counsel, Louisiana Board of Pharmacy

Prescription Monitoring Program Advisory Council
State of Louisiana

January 16, 2008

MINUTES

A meeting of the Prescription Monitoring Program (PMP) Task Force scheduled to meet on Wednesday, January 16, 2008 at the office of the Louisiana Board of Pharmacy, 5615 Corporate Blvd., Suite 8-E, Baton Rouge, Louisiana 70808, convened at 1:15 p.m. to consider the following:

AGENDA

1. Call to Order
2. Call for Additional Agenda Items
3. Consideration of Minutes from Prior Meetings: January 10, 2007 and April 11, 2207
4. Progress Report
5. Opportunity for Public Comment
6. Adjourn

Advisory Council representatives/designees present: Joni Nickens (LANP), J. Michael Burdine, M.D. (LSMS), James Sanderfur, O.D. (Optometry Board), Mark J. Roy, III, O.D. (Optometry Assoc.), Louis LaJarza (DEA), Rachel Broussard (DHH), Carl W. Aron (LABP), Alfred L. Gaudet (LSBME), Ward Blackwell (LDA), MJ Terrebonne (DHH), Ken Betzing (LAPA), Jim Quillen, MD, MP (LAMP), Peggy Griener (Board of Nursing), Major Pete Tafaro (Sheriff's Assoc.) and Ricky Guidry (LIPA).

Others present: Malcolm J. Broussard (LABP), Kathleen Gaudet (LABP), Carlos M. Finalet, III (LABP), Jim Nichel, Brenda Lands (DHH/OAD), Randall Johnson (LIPA).

Consideration of Minutes from January 10, 2007 Meeting and April 11, 2007

Minutes approved by consensus.

Progress Report

Mr. Broussard gave an overview of the program's progress. Currently, he is in the process of writing the specifications for the software vendor to implement the program. The cost of the software varies depending of the system's expectations. For example, in order to receive federal grants for operate the program, the federal government now requires interoperability between the states' PMP programs.

Also pending is approval for staffing by Civil Service. However, because Governor Jindal has issued a hiring freeze for all state employees, Mr. Broussard unsure how that will affect the PMP Program's staffing.

The Board has begun collecting the applicable fees for the PMP Program from the seven practices authorized to prescribe and all pharmacies licensed by the Board.

Orientation of the users of the program is the next phase after the system is implemented.

Calendar Notes
The next meeting is tentatively scheduled for April 16, 2008, starting at 1:00 p.m.

Opportunity for Public Comment
No public comments were made.

The Council adjourned at 2:15 p.m.

I certify that the foregoing are true and accurate minutes.

Malcolm Broussard

Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Prepared by: Carlos M. Finalet, III, General Counsel, Louisiana Board of Pharmacy

Prescription Monitoring Program Advisory Council
State of Louisiana

April 16, 2008

MINUTES

A meeting of the Prescription Monitoring Program (PMP) Task Force scheduled to meet on Wednesday, April 16, 2008 at the office of the Louisiana Board of Pharmacy, 5615 Corporate Blvd., Suite 8-E, Baton Rouge, Louisiana 70808, convened at 1:00 p.m. to consider the following:

AGENDA

1. Call to Order
2. Call for Additional Agenda Items
3. Consideration of Minutes from Prior Meetings: January 16, 2008
4. Progress Report
5. Opportunity for Public Comment
6. Adjourn

Advisory Council representatives/designees present: Sen. Willie Mount (Senate Health & Welfare Cmte), Joni Nickens (LANP), J. Michael Burdine, M.D. (LSMS), James Sandefur, O.D. (Optometry Board), Mark J. Roy, III, O.D. (Optometry Assoc.), Louis Lejarza (DEA), Rachel Broussard (DHH), Carl W. Aron (LBP), Alfred L. Gaudet (LSBME), Ward Blackwell (LDA), MJ Terrebonne (DHH), Ken Betzing (LAPA), Jim Quillin, MD, MP (LAMP), and Ricky Guidry (LIPA).

Others present: Malcolm J. Broussard (LBP), Kathleen Gaudet (LBP), Carlos M. Finalet, III (LBP), Jim Nichols (NACDS), Brenda Lands (DHH/OAD), Randall Johnson (LIPA).

Consideration of Minutes from January 16, 2008 Meeting

Minutes approved by consensus.

Progress Report

Mr. Broussard gave an overview of the program's progress.

- We are still waiting for the Div. of Administration to approve our bid specifications. Once they are approved, we will proceed to the public bid process to select a vendor for the program software (estimate 30-45 days).
- We will work with the selected vendor to complete the development and implementation phase of the project (estimate 90 days).
- Once we know the specifics of the program, we will then initiate the educational and orientation phase, reaching out to all prescribers,

dispensers, and other stakeholders (estimate 90 days).
- With the dispensing community aware of their obligations, we will then be prepared to initiate the data collection phase, gradually increasing access to the data.

Calendar Notes
The next meeting is tentatively scheduled for July 9, 2008, starting at 1:00 p.m.

Opportunity for Public Comment
No public comments were made.

The Council adjourned at 2:15 p.m.

I certify that the foregoing are true and accurate minutes.

Malcolm Broussard
Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Prepared by: Carlos M. Finalet, III, General Counsel, Louisiana Board of Pharmacy

39 States with Legislation Enabling a Prescription Monitoring Program

29 Operational – 9 Enacted Legislation Only

(as of June 2008)

	STATE	PROGRAM TYPE	SCHEDULES COVERED	YEAR ENACTED	DATA COLLECTION Started
1	AL	Electronic	C II-V	2004	April 2006
2	AK*	Electronic	C I-V	2008	
3	AZ*	Electronic	C II-IV *July 2008*	2007	
4	CA	Single copy serialized, Electronic	C II-IV	2005	January 2007 (1939)
5	CO	Electronic	C II-V	2005	July 2007
6	CT*	Electronic	C II-V *2008*	2007	
7	HI	Electronic	C II-V	2002	July 1999 (1992 –II only)
8	ID	Electronic	C II-V	2001	Oct 1997
9	IL	Electronic	C II-V	1999	April 2000/ Jan 2008
10	IN	Electronic	C II-V	2004	January 2005
11	IA*	Electronic	C II-IV *2008*	2006	
12	KY	Electronic	C II-V	1998	January 1999
13	KS*	Electronic	C II-IV	2008	
14	LA*	Electronic	C II-V *2008*	2006	
15	ME	Electronic	C II-IV	2003	July 2004
16	MA	Electronic	C II	1992	April 2002
17	MI	Electronic	C II-V	2002	January 2003
18	MS	Electronic	C II-V	2005	May 2006
19	MN*	Electronic	C II-III *Jan 2009*	2007	
20	NV	Electronic	C II-V	1995	January 1997
21	NJ*	Electronic	C II-I	2008	
22	NM	Electronic	C II-IV	2004	July 2005
23	NY	Single copy, serialized/ Electronic (state issued)	C II, Benzos	1998	July 1982
24	NC	Electronic	C II-V	2005	July 2007
25	ND	Electronic	C II-V	2005	September 2007
26	OH	Electronic	C II-V	2005	May 2006
27	OK	Electronic	C II-V	1990	July 2006
28	PA	Electronic	C II	1972	Late 2002
29	RI	Electronic	C II-III	1997	July 1997
30	SC	Electronic	C II-IV	2006	2008
31	TN	Electronic	C II-IV	2002	December 2006
32	TX	Single copy, serialized/ Electronic (state issued)	CII II-V *Sept 2008*	1997	July 1982
33	UT	Electronic	C II-V	1995	January 1997
34	VT*	Electronic	C II-IV *2008*	2006	
35	VA	Electronic	C II-IV	2002	June 2006

39 States with Legislation Enabling a Prescription Monitoring Program

29 Operational – 9 Enacted Legislation Only

(as of June 2008)

36	WA	Electronic	Limited Triplicate	1984	Limited program
37	WV	Electronic	C II-IV	1995	December 2002
38	WY	Electronic	C II-IV	2004	July 2004

* Program is not currently operational – anticipated start date is listed.

October 2007

Louisiana Board of Pharmacy

5615 Corporate Blvd, Suite 8E, Baton Rouge, LA 70808-2537
www.labp.com

Published to promote voluntary compliance of pharmacy and drug law.

License and Permit Renewals for 2008 – New Procedures (07-10-276)

The renewal cycle for pharmacists and pharmacies will open on November 1, 2007. The Louisiana Board of Pharmacy will no longer automatically mail renewal applications; instead, the Board office will send a reminder postcard to all pharmacists and pharmacies just prior to November 1. The postcard will remind you of the three options you have to renew your credentials: (1) visit the Board's Web site at *www.labp.com* and renew the credentials online using a credit card; (2) visit the Board's Web site and print a renewal application, then mail it with the appropriate fee to the Board office; or (3) send a written notice to the Board office (mail, fax, or e-mail) with your name, address, and credential number requesting the Board to mail an application to you. For those credentials renewed online, we will mail those renewals within one to two business days; for those credentials renewed with paper applications, we will mail those renewals within two to four weeks, depending on the volume of paper applications received.

Any address changes submitted to the office after October 10, 2007, will not be reflected on your reminder postcard. If you do not receive your reminder postcard by November 15, 2007, it is **your** responsibility to obtain a renewal application or renew your credential online.

The online renewal feature of the Web site will only be accessible from November 1, 2007 through December 31, 2007. While the Board makes every effort to maintain the online convenience during the renewal period, our service provider may experience weather-related or other unforeseen technical difficulties from time to time – as they did on the last day of the summer renewal cycle earlier this year. You have 60 days to renew your credentials; if you choose to wait until the last day and the Web site is unavailable, then you will be responsible for the consequences of your failure to renew your credential in a timely manner. Why take a chance? Please do not wait until the last minute.

Pharmacist License Renewal

- Pharmacist licenses expire December 31, 2007; there is no grace period, and a pharmacist shall not practice with an expired license.
- If you elect to use a paper application and you need a current renewal on or before January 1, 2008, we suggest you submit your completed application and $100 fee to the Board office on or before December 1, 2007. Do not forget to date and sign the application and answer the questions at the bottom of the application – if they are not all answered, or if there is no supporting information with positive responses, the application will be returned to you as an incomplete application.
- The renewal of an expired license will incur a 50% penalty as well as a lapsed license reinstatement fee, resulting in a total charge of $350.
- If it is important for you to know when your paper application is received at the Board office, we suggest you use a mailing service with tracking options (United States Postal Service, United Parcel Service, FedEx, etc).

Pharmacy Permit Renewal

- Pharmacy permits expire December 31, 2007; there is no grace period, and a pharmacy shall not operate with an expired permit.
- If you elect to use a paper application and you need a current renewal on or before January 1, 2008, we suggest you submit your completed application and appropriate fee to the Board office on or before December 1, 2007. Do not forget to answer all questions and sign the application; incomplete applications will be returned to you unprocessed.
- Please note the presence of a new fee this year: a $25 service fee for the Prescription Monitoring Program (PMP). This fee was authorized by Act 676 of the 2006 Louisiana Legislature. This fee will be collected from all pharmacies licensed by the Board (with the exception of those few pharmacies exempt from all other fees), as well

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as those practitioners authorized to prescribe controlled substances (CS) for humans. We did not collect the fee for the 2007 renewal, but since we intend to implement the program before the 2009 renewal, we are collecting the service fee for the 2008 renewal.

- The renewal of an expired pharmacy permit will incur a 50% penalty as well as a lapsed permit reinstatement fee, resulting in a total charge of $412.50, which includes the PMP fee.
- The renewal of an expired controlled dangerous substance (CDS) permit will incur a 50% penalty as well as a lapsed reinstatement fee, resulting in a total charge of $237.50.
- If it is important for you to know when your paper application is received at the Board office, we suggest you use a mailing service with tracking options.

Pharmacists, Interns, Technicians, and Technician Candidates (07-10-277)

If you are a pharmacist-in-charge (PIC), you must – at all times – ensure that all personnel allowed to perform professional functions in your prescription department are properly licensed, registered, or certified. If you are a staff pharmacist or relief pharmacist, it is your responsibility to ensure that the employees assisting you in the prescription dispensing process are properly credentialed to perform their duties during your presence. If a compliance officer discovers persons performing professional functions without the necessary credentials, you will be identified as the responsible person in the investigative report filed by the compliance officer.

Inappropriate Marketing Practice (07-10-278)

We are aware of a marketing practice used primarily by pharmacies servicing the long-term care provider market, eg, nursing homes. To demonstrate to their potential clients how the pharmacy packages patients' medications, some pharmacies have been packaging candy in blister packaging to resemble prescription medications. Typically, pharmacies will distribute these promotional items at trade shows and other similar events. One of these promotional candy packages was recently found in the hallway of an elementary school. The school nurse reported some of that school's students receive prescription medication packaged in a similar manner, and questioned the propriety of packaging candy to resemble prescription medication. Given the potential for serious harm to a student or anyone else, we concur with that concern.

We trust that pharmacists and pharmacies understand the potential for a serious medication error, and further, that all pharmacies will cease and desist those promotional activities that package candy to resemble prescription medications.

New Regulations (07-10-279)

All of our licensees should have received *Bulletin No. 07-01* on or about August 15, 2007. If you did not, or if you have misplaced your copy, you can also view that document on the Board's Web site at *www.labp.com*. The bulletin identified the changes in the regulations that became effective this past June and July. We have received requests for additional information about some of the changes, and the following information is presented in response.

The requirements for continuing education (CE) for pharmacists were modified to require at least three hours of live CE per year, as designated by Accreditation Council for Pharmacy Education (ACPE). If you are not sure whether an ACPE-accredited CE program is considered a live presentation, examine the program identification number: if the third character from the end is an "L," then it is considered a live presentation. For those pharmacists who are unable or unwilling to acquire at least three hours of live CE, the Board has authorized those pharmacists to fulfill their requirements with the acquisition of an additional five hours, over and above the 15 hours already required. This new rule becomes effective on January 1, 2008. During the 2008 calendar year, pharmacists will need to earn at least 15 hours of ACPE-accredited CE, of which at least three hours must be earned in live presentations, as designated by ACPE. If a pharmacist is unable or unwilling to acquire live CE, then the pharmacist will need at least 20 hours of ACPE-accredited CE. The requirement of this modified rule in Section 507 will become enforceable with the 2009 renewal.

Collaborative drug therapy management between pharmacists and physicians in Louisiana is now permitted, subject to the requirements found in Section 523 of the Board's rules. If you have an interest in this topic, we encourage you to review the requirements, procedures, and standards of practice identified in the rule.

Section 705 of the rules was modified to clarify that pharmacy interns may not practice in pharmacies where the permit is on probation with the Board, nor shall they practice under the supervision of a pharmacist whose license is on probation with the Board.

Section 1143 of the Board's rules now permits a Louisiana-based pharmacy to acquire remote prescription processing services from another Louisiana-based pharmacy. Similarly, Section 1525 permits a Louisiana-based hospital pharmacy to acquire remote medical order processing services from another Louisiana-based pharmacy. Those pharmacies seeking to implement such services should review the requirements of those sections.

Finally, the Board has published a Final Rule for the new PMP. At this time, we are working on the administrative aspects of the program. As soon as we have the details in place, we will inform all the prescribers and dispensers of CS. We anticipate starting the program near the end of this year or in the beginning of next year.

All of these new rules, as well as all other changes, can be viewed on the Board's Web site: *www.labp.com* → Laws & Regulations → Title 46 – Administrative Code.

Continued on page 5

Louisiana Board of Pharmacy

5615 Corporate Boulevard, 8th Floor
Baton Rouge, Louisiana 70808-2537
www.labp.com

MEMORANDUM

To: x

From: Malcolm J. Broussard, Executive Director

Date: October 31, 2007

Re: Initiation of Fee Collection for Prescription Monitoring Program (PMP)

Act 676 of the 2006 Louisiana Legislature authorized the Board of Pharmacy to develop and implement a Prescription Monitoring Program, which will be an electronic system for the monitoring of controlled substances and other drugs of concern that are dispensed in the state. In addition to the federal grant funding already utilized for the planning and implementation phases, the law also authorizes the Board of Pharmacy to fund the ongoing operations by assessing an annual $25 fee on those practitioners with authority to prescribe or dispense controlled substances, as evidenced by a Controlled Dangerous Substance (CDS) license. In particular, the law includes physicians, podiatrists, dentists, optometrists, advance practice registered nurses, physician assistants, medical psychologists, and any other practitioner who receives such authority in the future. In addition, every pharmacy licensed by the Board to dispense prescriptions to Louisiana residents is also subject to the annual PMP fee.

Since the program was not operational, we chose to defer the collection of the PMP fee in 2007; however, we are nearing an implementation date, most likely in the first quarter of 2008. Therefore, we intend to initiate the collection of the annual PMP fee for those CDS credentials expiring after January 1, 2008, as well as for all new credentials issued after that same date.

We have been working with all of the licensing agencies as well as the professional membership associations of all the professions included in the program. As we draw closer to the implementation date, you will begin to receive detailed information from us about the operation of the program.