

## Louisiana

PDMP name: Louisiana Prescription Monitoring Program (PMP)  
 Agency Responsible: Louisiana Board of Pharmacy  
 Agency Type: Pharmacy Board  
 PDMP Website: <http://www.pharmacy.la.gov>  
 PDMP Email:

PDMP region: South

### Contact Information

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### Statistics

Statistics Year: 2015  
 State population: 4,670,724

DEA Registered Prescribers: 15,702  
 DEA Registered Dispensers: 1,316

### Technological Capabilities

#### ASAP Versions Accepted

- ☐ ASAP 1995 ☐ ASAP 4/2007  
☐ ASAP 1997 ☐ ASAP 4-1/2010  
☐ ASAP 3/2005 ☒ ASAP 4-2/2011

#### Data Transmission Methods Allowed

- ☐ Electronic data transmissio ☐ Mail data transmission  
☐ Fax data transmission ☐ Media data transmission  
☐ Other

#### Required Data Transmitters

- ☒ Pharmacy in-state ☒ Pharmacy out-state/mail order ☒ Pharmacy out-state other ☒ Dispensing doctor  
☐ Veterinarian ☒ Veterans Administration ☐ Indian Health Services

Other:

#### Data Collection, Storage, Generation and Access

Data Collection Entity: Vendor Vendor name: Appriss  
 Data Storage Entity: Vendor Vendor name: Appriss  
 Report Generation Entity: Vendor Vendor name: Appriss  
 Data Access Entity: Vendor Vendor name: Appriss  
 Data Access Method: Web Portal/On-Line

## Data Sharing

- ☒ PMPi Hub  
☐ RxCheck Hub  
☐ HIE method
- List of states involved in sharing:  
[AR, CT, MS, SC](#)

### Data Access

- ☐ via Health Information Exchange  
☐ via Electronic Health Record  
☐ via Pharmacy Dispensing System

### Patient Matching

- ☐ Exact Match  
☐ Probabilistic Match
- ☒ Probabilistic/Manual Match  
☐ Other Match for queries

## Policies and Procedures

### Controlled Schedules Monitored

- ☒ Schedule II monitored  
☒ Schedule III monitored  
☒ Schedule IV monitored  
☒ Schedule V monitored

### Other Substances Monitored

- ☒ Monitor other authority  
Ephedrine products (C-V in LA) Butalbital  
☐ Remove from Monitoring

## Data Collection and Pertinent Dates

Legislation enacted: 07-01-2006 PDMP operational: 11-01-2008  
Collection frequency: 1 Require zero-reporting? ☒ Zero-reporting frequency: Daily

## Relevant Statutes and Rules

Law/Rule Website: [http://www.pharmacy.la.gov/assets/docs/Laws/Web\\_RS40\\_Chap4-PartX-A\\_2015-0801.pdf](http://www.pharmacy.la.gov/assets/docs/Laws/Web_RS40_Chap4-PartX-A_2015-0801.pdf)  
Law/Statute citation: LA Rev Statute §§40:975; 40:1001 to :1014  
Regulation/Rule citation: LA Admin Code Title 46 §§2901 to 2931; Title 48 §7831  
Dr Shopper law/statute: LA. R.S. Title 40, Chapter 4, Part X, 971(B)(1)(i)  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute: LA. R.S. Title 40, Chapter 4, Part X-A, §40.1009

## Data Retention

Data Retention Time:

- ☐ Data Retention Policy ☐ Prescriber Information Purged ☐ Patient Information Purged ☐ Retain De-Identified Data  
☐ All Information Purged ☐ Dispenser Information Purged ☐ Drug Information Purged

### Select Data Fields Available

- ☒ Payment method captured  
☒ Patient Identification captured  
☐ Person dropping off captured  
☐ Person picking up captured  
☐ Ability to id prescriber specialty

### Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data  
☒ Ability to de-identified data  
☒ Authority to release for epidemiological or educational purposes  
☒ Engaged in release for epidemiological or educational purposes  
☐ Required Notification to consumers  
☒ Mandated Use of Advisory Group  
☒ Patient Access to Query List [Require that the patient appear in person \(by appointment\) with 2 forms of ID, one of which a state issued photo ID; met with the patient, ran the queries, and discussed the results.](#)  
☐ Collection of naloxone prescriptions

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### PDMP Required Enrollment and Patient Query

- ☐ Required Enrollment - Prescriber      ☐ Required Enrollment - Dispenser
- ☒ Required Patient Query - Prescriber      ☒ Required Patient Query - Dispenser

A prescriber shall access the Prescription Monitoring Program prior to initially prescribing any Schedule II controlled dangerous substance to a patient for the treatment of non-cancer-related chronic or intractable pain. The medical director is responsible for applying to access and query the Louisiana Prescription Monitoring Program (PMP). The PMP is to be utilized by the medical director and the pain specialist as part of a clinics' quality assurance program to ensure adherence to the treatment agreement signed by the patient. Prescribers and dispensers of marijuana, tetrahydrocannabinols, or chemical derivatives of tetrahydrocannabinols review a patient's information in the PMP prior to such prescribing or dispensing

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## PDMP Requestor Training

Training Website: <http://www.pharmacy.la.gov/index.cfm?md=pagebuilder&tmp=home&pid=6>

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### Available Training

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input checked="" type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Research         |
| <input checked="" type="checkbox"/> Regulatory Board |   |

### Training Required Before PDMP Use

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement             | <input type="checkbox"/> Researcher       |
| <input checked="" type="checkbox"/> Regulatory Board | <input type="checkbox"/> Other            |
- 

### Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: [Possession of a current Louisiana Controlled Substance license and DEA Registration](#)

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Dispenser: [Current Louisiana Pharmacist license](#)

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## PDMP Available Reports

### Available Reports to Selected Requestors

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input type="checkbox"/> Licensing Board Access to Patient History               |
| <input checked="" type="checkbox"/> Prescriber Access to Own History     | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History   |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History  | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History    |
| <input checked="" type="checkbox"/> Dispenser Access to Own History      | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
|  | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History  |

## Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug Court	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>