

May 27, 2020

Malcolm J Broussard
Executive Director
Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Re: Proposed Rule Changes to LAC 46:LIII.Chapter 29, § 2901

Dear Mr. Broussard,

On behalf our members operating chain pharmacies in the state of Louisiana, the National Association of Chain Drug Stores (NACDS) is writing to provide feedback on the proposed rule changes under LAC 46:LIII.Chapter 29, § 2901 that would update the list of drugs that pharmacies and other dispensers must report to the Louisiana Prescription Monitoring Program (PMP). We appreciate the Louisiana Board of Pharmacy (Board) considering our viewpoints on this matter.

Under § 2901, the Board has proposed to define “drugs of concern” that must be reported to the PMP to include seven medications that are used to treat hepatitis, as well as gabapentin and oral liquid formulations of promethazine. Requiring pharmacies and other dispensers to report these medications to the PMP would be problematic for numerous reasons.

In general, reporting prescription drugs that are not controlled substance medications to the PMP would be a burdensome process. Pharmacy computer systems are designed to collect dispensing data for the purposes of the PMP based on certain general rules that are written into the computer system that are applied to controlled substances. In order to track the “drugs of concern” identified in the proposed rule, pharmacies would need to manually code their systems to identify dispensing of these products. This would require constant manual coding changes every time a new generic product, strength, or dosage form becomes available.

Additionally, it is conceivable that not every prescription for one of the defined “drugs of concern” will include all of the data elements that are otherwise required to be reported to the PMP for each controlled substance prescription. For example, § 2913 (A)(1) allows only a prescriber’s DEA registration number or NPI number to be reported as the prescriber identifier. However, not every prescriber that issues a prescription for a medicine that is not a controlled substance has a DEA or NPI number. Thus, in these cases, the reporting record would be incomplete.

We are further concerned that the proposed rule change is beyond the scope of what the law authorizes with respect to the purpose of the PMP. In fact, LSA -R.S. 40:1002 explicitly establishes that the purpose and goal of the PMP is “to improve the state's ability to identify and inhibit *the diversion of controlled substances and drugs* [emphasis added] in an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.” Wherein the proposed rule defines “drugs of concern” to include seven medications that are used to treat

hepatitis, it deviates from the intended purpose of the program, as these medications are not drugs that are diverted or abused.

Finally, there are many patient privacy concerns with expanding the PMP database to include filled prescriptions for hepatitis treatments that can be traced back to individual patients. Especially considering that patients do not have a choice in whether their prescriptions are reported to the PMP, this is highly problematic.

We understand that the Board is pursuing this rule change at the request of the Louisiana Department of Public Health, which presumably hopes to utilize the PMP infrastructure and database for public health purposes to identify communities wherein hepatitis is rampant. That being the case, we respectfully recommend that a more appropriate resource for this information would be a health data aggregator that could provide deidentified health data to the state's epidemiologists.

NACDS thanks the Board for considering our views on this matter. Given the important role that the PMP plays in helping to identify misuse, abuse, and diversion of controlled substance prescriptions, it is important that this tool remain focused on this purpose. If you have any questions, please do not hesitate to contact Mary Staples at mstaples@nacds.org or 817-442-1155.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven C. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer