To:  All pharmacies, pharmacists, interns, technicians, and technician candidates

From:  Malcolm J Broussard, Executive Director

Date:  July 15, 2017

Re:  New Laws from 2017 Legislature Affecting Pharmacy Practice

Act 76 (SB 55) effective June 12, 2017
This legislation amended the Controlled Substances Law (Title 40), for three purposes:

- With respect to §973 relative to licensing requirements, requires the Board of Pharmacy to automatically issue access privileges to the state prescription monitoring program (PMP) upon the initial issuance or renewal of the CDS license for those practitioners with prescriptive authority for controlled substances, excluding veterinarians.

- With respect to §978 relative to prescriptions, changes the current requirement for a prescriber of an initial prescription for a Schedule II medication for the treatment of non-cancer-related chronic or intractable pain to access the PMP prior to issuing such a prescription. The new law requires the prescriber or his delegate to access the PMP and review the patient’s record prior to issuing the initial prescription for any opioid medication, and in the event the duration of therapy exceeds 90 days then to access the PMP and review the patient’s record every 90 days. However, this requirement shall not apply when:
  - The drug is prescribed for a hospice patient or any patient diagnosed with a terminal illness;
  - The drug is prescribed for the treatment of cancer-related chronic or intractable pain;
  - The drug is ordered for a patient being treated in a hospital;
  - The PMP is inaccessible or not functioning properly, with such occurrences noted in the patient’s chart and the program reviewed when accessibility is restored; and
  - No more than a single seven-day supply is prescribed.

The law specifically tasks the licensing board of the prescriber with enforcement of this section, to promulgate rules to enforce the requirement, and to treat a prescriber’s failure to comply as a complaint against the prescriber.

- With respect to §978.3 relative to continuing education (CE) requirements for prescribers of controlled substances, requires licensing boards of prescribing practitioners to promulgate rules to require at least three hours of CE relative to drug diversion training, best practice prescribing of controlled substances, appropriate treatment of addiction, or any similar topic deemed appropriate by the licensing board. The rule shall require completion of the CE as a prerequisite for the renewal of the practitioner’s license, and the board shall withhold the license renewal for a practitioner who fails to comply with this provision.

Act 82 (HB 192) effective August 1, 2017
This legislation amended §978 – Prescriptions in the Controlled Substance Law by adding two new provisions – one for prescribers and one for dispensers:
• Requires the prescriber to consult with the patient prior to issuing any prescription for an opioid medication – to inform the patient of the risks associated with the opioid prescribed, and to advise the patient of their option to request a partial fill of the quantity prescribed. The law imposes a quantity limit on the prescribing of an opioid medication – for adults in outpatient settings with acute conditions, no more than a seven-day supply on a first-time opioid prescription; for minors in any setting, no more than a seven-day supply on any opioid prescription. The seven-day limit is waived in the following circumstances:
  - For the treatment of chronic pain.
  - For the treatment of pain associated with a cancer diagnosis or palliative care.
  - The medication is designed for the treatment of substance abuse or opioid dependence.
  - When the prescriber’s professional medical judgment dictates more than a seven-day supply is required to treat the patient’s acute medical condition, with such conditions triggering a prescription for more than a seven-day supply to be documented in the patient’s medical record with a notation that a nonopioid alternative was not appropriate to address the condition.

• Authorizes the dispenser to partially fill the opioid prescription and to issue the remaining amount of the prescription as authorized by federal and state pharmacy and controlled substance laws and rules. The law requires the dispensing pharmacist or his designee to report the actual amount dispensed to the state prescription monitoring program. When the patient’s interoperable electronic health record is accessible by the pharmacist, he or his designee shall make a notation of the partial fill within seven days.

Act 100 (HB 225) effective August 1, 2017
This legislation updated the state schedule of controlled substances with the new additions to the federal list of controlled substances posted since the last legislative session. In particular, thiafentanil and dronabinol oral solution were added to Schedule II and brivaracetam to Schedule V. Further, in anticipation of the federal approval of a cannabidiol drug product prior to the next legislative session in March 2018, the definition of marijuana was amended to exclude cannabidiol when found in drug products approved by the federal FDA, and the cannabidiol product was added to Schedule V of the state’s list of controlled substances.

Act 236 (SB 59) effective June 14, 2017
This legislation requires the Board to establish a website for prescribers which will contain certain drug price information arranged by therapeutic category, including drug name and strength as well as per-unit wholesale acquisition cost.

Act 241 (SB 96) effective June 14, 2017
This legislation updates the PMP Law to include new provisions in the recently-updated National Model PMP Law as well as recommendations from the Louisiana Commission on Preventing Opioid Abuse:
  • Defines “audit trail information” and extends the same level of protection from discovery applicable to prescription transaction information, but permits disclosure to certain entities for use in active investigations.
  • Establishes new categories of persons authorized to access PMP records, including medical examiners, licensed substance abuse addiction counselors in state-licensed substance abuse programs, probation or parole officers, and judicially-supervised specialty courts within the criminal justice system authorized by the La. Supreme Court.
  • Revises the current authority for persons to access their own information, to now include parent, legal guardian, legal healthcare agent, executor of will, and court-appointed succession representative of an estate.
  • Amended the administrative penalty section to now include failure of dispenser to correct prescription data after notification from the Board; also amended the criminal penalty section to now include improper access to patient prescription transaction information.