

Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 5. Pharmacists

Subchapter A. Licensure Procedures

§501. Application

- A. An application for initial pharmacist licensure, whether by examination or reciprocity, shall be submitted, with appropriate fee, to the board at least thirty days prior to any examination. An application shall expire one year after the date of receipt in the board office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2082 (October 2003), effective January 1, 2004.

§503. Examination

- A. Examination. A board-approved licensure examination shall consist of integrated pharmacy subject matters and any other disciplines the board may deem appropriate in order to demonstrate competence. An applicant shall achieve a passing score, as determined by the board, in the pharmacy examination.
- B. Re-examination.
 1. Following the first or second unsuccessful attempt of an examination for licensure, an applicant may be permitted to attempt that examination for licensure.
 2. Following the third unsuccessful attempt of an examination for licensure, an applicant shall not be permitted to attempt that examination for licensure until one year from the date of the last examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2083 (October 2003), effective January 1, 2004.

§505. Licensure

- A. The board shall issue a license upon payment of appropriate fees when the board is satisfied the applicant is competent to practice pharmacy in the state.
 1. Renewal. The board shall make the annual pharmacist license renewal application available to all currently licensed Louisiana pharmacists prior to November 1. The completed application along with the appropriate fee shall be submitted to the board by December 31 of each year. A pharmacist's renewal of licensure shall be displayed in the principal location where the pharmacist is engaged in the practice of pharmacy and in such a manner that said renewal may be seen by patrons. A renewal of licensure shall serve as proof of licensure and a pharmacist's license to practice pharmacy for that year of issuance.
 - a. Active. A pharmacist applicant shall pay the annual renewal fee, attain minimum continuing pharmacy education (CPE) as required, and complete and submit the annual renewal form to the board office before December 31 of each year.
 - b. Inactive. A pharmacist applicant may make a written request for inactive status from the board. The inactive pharmacist must complete the annual renewal form furnished by the board and submit it with the appropriate fee to the board before December 31 of each year. An inactive pharmacist shall not engage in the practice of pharmacy and is not required to obtain CPE. In order to upgrade an inactive license to active status, an inactive pharmacist shall petition the board and meet requirements of the reinstatement committee and the board. The board shall set the requirements necessary to assure competency for each individual applying for active status.

2. Expired License. A pharmacist license that has not been renewed by December 31 of each year shall expire and be null and void. The holder of an expired license may submit a written request, complete with any supporting documentation, for reinstatement to the board. The request may be referred preliminarily to the board's reinstatement committee for an informal hearing and recommendation that may be considered by the board at its next regularly scheduled meeting. The board may reinstate an expired license upon payment of applicable annual, delinquent, and lapsed license fees pursuant to R.S. 37:1184, as amended, and other conditions as the board deems appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2083 (October 2003), effective January 1, 2004, amended LR 33:1124 (June 2007), amended LR38:1234 (May 2012).

§506. Preferential licensing procedures for military-trained applicants and their spouses

- A. Preferential licensing procedures are available for certain persons. Eligibility for such procedures are available to the following:
 1. A military-trained applicant is a person who:
 - a. Has completed a military program of training, been awarded a military occupational specialty, and performed in that specialty at a level that is substantially equivalent to or exceeds the requirements for pharmacist licensure in this state;
 - b. Has engaged in the active practice of pharmacy; and
 - c. Has not been disciplined in any jurisdiction for an act that would have constituted grounds for refusal, suspension, or revocation of a license to practice pharmacy in this state at the time the act was committed.
 2. A military spouse is a person who:
 - a. Can demonstrate marriage to a person in active duty military service or with commitment to reserve duty, as evidenced by legible copies of marriage license and military orders;
 - b. Holds a current and unrestricted license to practice pharmacy in another jurisdiction within the United States or any of its territories that has not been disciplined by the agency issuing that license; and
 - c. Can demonstrate competency to practice pharmacy through various methods determined by the Board, e.g., evidence of continuing education activity, letters of competency from previous practice manager, remediation examination, or personal interview.
- B. Upon receipt of an application for pharmacist licensure by a military-trained applicant or military spouse, the Board office shall mark the application for priority processing and preserve that status until the license is issued, or in the alternative, the Board gives notice of its intent to deny the application and refuse to issue the license.
- C. In the event the military-trained applicant or military spouse intends to practice pharmacy before the issuance of the license, the Board may issue a Special Work Permit to that person.
 1. The Special Work Permit shall expire 120 days after the date of issue, and the permit shall not be renewable.
 2. The Special Work Permit shall identify the military-trained applicant or military spouse, and further, shall indicate the authority for that person to practice pharmacy within the State of Louisiana as well as the dates of issue and expiration of the credential.
 3. No military-trained applicant or military spouse may practice pharmacy prior to the receipt of a Special Work Permit or pharmacist license, or with an expired Special Work Permit or pharmacist license.
 4. The Special Work Permit shall not be eligible for reciprocity to any other jurisdiction.
- D. The provisions of this Section shall not apply to a military-trained applicant who has received, or is in the process of receiving, a dishonorable discharge from the military. Further, the provisions of this Section shall not apply to a military spouse whose spouse has received, or in the process of receiving, a dishonorable discharge from the military.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3650.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 39:3075 (November 2013).

§507. Continuing Education Program

- A. The board, recognizing that professional competency is a safeguard for the health, safety, and welfare of the public, shall require continuing pharmacy education as a prerequisite for annual licensure renewal for pharmacists.
- B. Definitions.
 1. *ACPE* – Accreditation Council for Pharmacy Education.
 2. *CPE* – continuing pharmacy education, a structured postgraduate educational program for pharmacists to enhance professional competence.
 3. *CPE Unit* – a standard of measurement adopted by the ACPE for the purpose of accreditation of CPE programs. One CPE unit is equivalent to ten credit hours.
- C. Requirements.
 1. A minimum of 1 1/2 ACPE or board-approved CPE units, or 15 hours, shall be required each year as a prerequisite for pharmacist licensure renewal. Of this number, no less than 3/10 ACPE or board-approved CPE units, or three hours, shall be acquired through live presentations, as designated by ACPE or the board. Alternatively, should a pharmacist choose to not acquire at least 3/10 ACPE or board-approved CPE units, or three hours, through live presentations, then he shall acquire an additional 5/10 ACPE or board-approved CPE units, or five hours, through any other acceptable method, over and above the minimum requirement, for a total of two ACPE or board-approved CPE units, or 20 hours.
 2. Pharmacists shall maintain copies of individual records of personal CPE activities at their primary practice site for two years and present them when requested by the board.
 3. When deemed appropriate and necessary by the board, some or all of the required number of hours may be mandated on specific subjects. When so deemed, the board shall notify all licensed pharmacists prior to the beginning of the year in which the CPE is required.
 4. When deemed appropriate and necessary by the board, the number of hours to be acquired through live presentations as designated by ACPE or the board may be increased. When so deemed, the board shall notify all licensed pharmacists prior to the beginning of the year in which the CPE is required.
- D. Compliance.
 1. Complete compliance with CPE rules is a prerequisite for pharmacist licensure renewal.
 2. Non-compliance with the CPE requirements shall be considered a violation of R.S. 37:1241(A)(2), and shall constitute a basis for the board to refuse licensure renewal.
 3. The failure to maintain an individual record of personal CPE activities, or falsification of CPE documents, shall be considered a violation of R.S. 37:1241(A)(22).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 23:1306 (October 1997), amended LR 29:2083 (October 2003), effective January 1, 2004, amended LR 33:1125 (June 2007).

§509. Address Change

- A. A licensed pharmacist shall notify the board within ten days, with documentation, attesting to any change of mailing and/or home address. This documented notice shall include the pharmacist's full name and license number, and the old and new address.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2083 (October 2003), effective January 1, 2004.

§511. Employment Change

- A. A licensed pharmacist shall notify the board within ten days, with documentation, attesting to any change in employment. This documented notice shall include the pharmacist's full name and license number, the name and address of old and new employment, and the permit numbers of those pharmacies involved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2084 (October 2003), effective January 1, 2004.

§513. Certified Pharmacist Preceptor Program

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1211.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2084 (October 2003), effective January 1, 2004, repealed LR 32:2256 (December 2006).

§514. Impairment

- A. *Impairment or Impaired* – a condition that causes an infringement on the ability of a person to practice, or assist in the practice, of pharmacy sufficient to pose a danger to the public. Impairment may be caused by, but is not limited to, alcoholism, substance abuse or addiction, mental illness, or physical illness.
- B. Pharmacists shall be non-impaired.
- C. Pharmacists who have knowledge another pharmacist, pharmacy intern, pharmacy technician, or pharmacy technician candidate is impaired shall notify the board of that fact as soon as possible.
- D. Pharmacists may be subject to a medical evaluation for impairment by a board-approved addictionist, as authorized by the Louisiana Pharmacy Practice Act, R.S. 37:1161 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 33:1125 (June 2007).

Subchapter B. Professional Practice Procedures

§515. Prospective Drug Utilization Review

- A. A pharmacist shall review the patient record and each prescription presented for dispensing for purposes of enhancing pharmacy care and therapeutic outcomes by recognizing the following potential situations:
 - 1. drug over-utilization or under-utilization;
 - 2. therapeutic duplication;
 - 3. drug-disease contraindications;
 - 4. drug-drug interactions;
 - 5. inappropriate drug dosage or treatment duration;
 - 6. drug-allergy interactions; or
 - 7. clinical abuse/misuse.
- B. Upon recognizing any of the above situations, the pharmacist, using professional judgment, shall take appropriate actions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2084 (October 2003), effective January 1, 2004.

§517. Patient Counseling

- A. Patient counseling means the effective communication by a pharmacist of information to the patient or caregiver, in order to ensure proper use of drugs and devices.
- B. Minimum Requirements. At a minimum, the pharmacist should be convinced that the patient or caregiver is informed of the following:
 - 1. name and description of the medication;
 - 2. dosage form, dosage, route of administration, and duration of therapy;
 - 3. special directions and precautions for preparation, administration, and use by the patient;
 - 4. common severe side effects or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required in the event of their occurrence;
 - 5. techniques for self-monitoring drug therapy;
 - 6. proper storage of the medication;
 - 7. prescription refill information, if any; and

8. the action to be taken in the event of a missed dose.
- C. The pharmacist may supplement oral information with written information, but shall not use written information alone to fulfill the counseling requirement.
- D. Patient Information.
 1. The pharmacist shall make a reasonable effort to obtain, record, and maintain the following information:
 - a. name, address, and telephone number;
 - b. date of birth (or age) and gender;
 - c. allergies/drug reactions, disease state(s); and
 - d. current list of all medications.
- E. Communication to the Patient.
 1. A pharmacist shall counsel the patient or caregiver “face-to-face” when possible or appropriate. If it is not possible or appropriate to counsel the patient or caregiver “face-to-face”, then a pharmacist should counsel the patient or caregiver by using alternative methods. The pharmacist shall exercise his professional judgment in the selection of alternative methods, including but not limited to, telephonic or electronic communication with the patient or caregiver.
 2. A pharmacist shall provide patient counseling to patients discharged from hospitals and/or other institutions, where applicable. However, counseling shall not be required for inpatients of a hospital or institution where a nurse or other licensed health care professional is authorized to administer medication(s).
 3. The pharmacist shall maintain appropriate patient-oriented drug information materials for use by the patient upon request.
- F. Waiver. No pharmacist or pharmacy may solicit or encourage blanket waivers for patient counseling. However, nothing in this regulation shall prohibit the patient or caregiver from declining patient counseling.

AUHTORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2084 (October 2003), effective January 1, 2004.

§519. State of Emergency

- A. When the Governor issues, or renews, a “State of Emergency” pursuant to the Emergency Assistance and Disaster Act of 1993, R.S. 29:721 et seq.,:
 1. A pharmacist may work in the affected parish(es) and may dispense a one-time emergency prescription of up to a thirty day supply of a prescribed medication if:
 - a. in the pharmacist’s professional opinion the medication is essential to the maintenance of life or to the continuation of therapy; and
 - b. the pharmacist makes a good faith effort to reduce the information to a written prescription marked “Emergency Prescription”, then file and maintain the prescription as required by law.
 2. A pharmacist not licensed in Louisiana, but currently licensed in another state, may dispense prescription medications in the affected parish or parishes during the time a state of emergency exists when:
 - a. the pharmacist has some type of identification to verify current unrestricted licensure in another state;
 - b. the pharmacist is engaged in a legitimate relief effort during the emergency period; and
 - c. the pharmacist and pharmacy notify the board of their presence and approximate location in the affected parish or parishes prior to the engagement of professional practice.
- B. The authority provided for in this section shall cease with the termination of the state of emergency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2085 (October 2003), effective January 1, 2004, amended LR 33:1125 (June 2007).

§521. Prescription Orders to Administer Medications

- A. Purpose. The rules of this section describe the minimum requirements for the administration of medications to patients by Louisiana-licensed pharmacists.
- B. A licensed pharmacist may administer medication directly to a patient upon the prescription or order of a practitioner. Such a prescription or order shall be known as an “Authority to Administer.”
 - 1. An Authority to Administer is valid only for the pharmacist meeting the requirements herein and is not transferable.
 - 2. An Authority to Administer, once granted, is valid for a period of time not to exceed six months, unless revoked sooner by the practitioner granting the order.
- C. A properly executed Authority to Administer shall:
 - 1. identify the licensed practitioner’s name, office address, and telephone number;
 - 2. bear the patient’s name, address, gender, and date of birth;
 - 3. identify the medication, dose, and route of administration;
 - 4. identify the pharmacist authorized to administer the medication; and
 - 5. bear the date of the original order and the date of any authorized subsequent dose administrations.
- D. Requirements. Unless otherwise specifically authorized by the board, a pharmacist shall meet the following minimum standards to qualify for an Authority to Administer:
 - 1. obtain and maintain a license to practice pharmacy from the board;
 - 2. successfully complete a board-approved course of study from a board-approved provider that:
 - a. requires documentation by the pharmacist of current certification in the American Heart Association’s Basic Cardiac Life Support for Healthcare Providers, its successor, or board-approved equivalent;
 - b. is an evidence-based didactic course that meets current Centers for Disease Control and Prevention (CDC) training guidelines, or other guidelines as designated by the board, and provides a minimum of twenty hours of instruction and experiential training in the following content areas:
 - i. standards for medication administration practices;
 - ii. basic immunology;
 - iii. recommended medication administration schedules;
 - iv. vaccine storage and management;
 - v. informed consent;
 - vi. physiology and techniques for medication administration;
 - vii. pre- and post-administration assessment and counseling;
 - viii. medication administration record management; and
 - ix. management of adverse events, including identification and appropriate response, as well as documentation and reporting; and
 - c. provides documentation of the successful completion of the course to the participant.
 - i. The pharmacist shall display the certificate of completion in the primary practice site.
 - ii. The pharmacist shall submit a copy of said certificate to the board office for placement in the pharmacist’s permanent file.
- E. The pharmacist shall maintain continuing competency to accept an Authority to Administer, as evidenced by:
 - 1. a current certification by the American Heart Association’s Basic Cardiac Life Support for Healthcare Providers, its successor, or board-approved equivalent; and
 - 2. successful completion of at least one hour of continuing education per year related to this area of practice.
- F. Vaccines. The pharmacist shall maintain and furnish the following information to the practitioner within twenty-four hours of the administration:
 - 1. name and address of the patient;
 - 2. age of the patient, if under fourteen years of age;
 - 3. name of the patient’s primary care physician as provided by the patient or patient’s agent;
 - 4. name, manufacturer, and lot number of the vaccine administered;
 - 5. amount administered;
 - 6. date of vaccine administration;
 - 7. site of vaccine administration;
 - 8. route of administration; and

9. name, address, and telephone number of the pharmacist administering the vaccine.
- G. A pharmacist certified to administer medications may train a pharmacy intern to administer medication, provided the pharmacy intern meets the same educational requirements and minimum standards identified in Subsections D.2 and E of this Section. The intern shall be under the direct and immediate supervision of the certified pharmacist at all times during such training activities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2085 (October 2003), effective January 1, 2004, amended LR 34:1409 (July 2008).

§523. Collaborative Drug Therapy Management

- A. Definitions. As used in this Chapter, the following terms shall have the meaning ascribed to them in this Section:

Board – the Louisiana Board of Pharmacy.

Collaborative Drug Therapy Management – that practice in which a pharmacist, to the extent authorized by a collaborative drug therapy management agreement, voluntarily agrees with a physician registered with the Louisiana State Board of Medical Examiners, to manage the disease specific drug therapy of one or more patients of such physician, within a predetermined range of medication selected by the physician and set forth in a written protocol. Drug therapy management shall be limited to:

- a. monitoring and modifying a disease specific drug therapy;
- b. collecting and reviewing patient history;
- c. obtaining and reviewing vital signs, including pulse, temperature, blood pressure, and respiration;
- d. ordering, evaluating, and applying the results of laboratory tests directly related to the disease specific drug therapy being managed under written protocol, provided such tests do not require the pharmacist to interpret such testing or formulate a diagnosis;
- e. administration of vaccines to a patient 16 years of age or older by a pharmacist authorized to administer vaccines by the board;
- f. providing up to a single seven day supply of a single drug after all refills authorized on the original prescription issued to the patient by the patient's physician have been dispensed; and
- g. providing disease or condition specific patient education and counseling.

Collaborative Drug Therapy Management Agreement – a written document in which a pharmacist and a physician identify the terms and conditions under which they voluntarily agree to participate in collaborative drug therapy management.

Controlled Substance – any substance defined, enumerated, or included in federal or state statute or regulations, or any substance which may hereafter be designated as a controlled substance by amendment or supplementation of such statute or regulations.

Disease Specific Drug Therapy – a specific drug or drugs prescribed by a physician for a specific patient of such physician that is generally accepted within the standard of care for treatment of one of the following diseases or conditions:

- a. treatment and prevention of arterial and venous clot propagation and disease, i.e., anti-coagulant therapy;
- b. treatment and prevention of diabetes;
- c. adjustment of medication administered by inhalant for treatment of asthma;
- d. treatment and prevention of dyslipidemia;
- e. smoking cessation therapy;
- f. administration of disease specific vaccines to patients 16 years of age or older; and
- g. such other drugs, diseases or conditions as may be subsequently recommended by the advisory committee and approved by the board.

Drug – (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 diseases in humans or animals; (b) any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or other animals, or (c) any substance other than food intended to affect the structure or any function of the body of humans or other animals.

Drugs of Concern – a drug that is not a controlled substance but which is nevertheless defined and identified in accordance with procedures established by the Louisiana Prescription Monitoring Program Act, R.S. 40:1001-1014, as a drug with the potential for abuse.

Pharmacist – an individual currently licensed by the board to engage in the practice of pharmacy in the state.

Physician – an individual lawfully entitled to engage in the practice of medicine in this state as evidenced by a current, unrestricted license duly issued by the Louisiana State Board of Medical Examiners.

Prescribe – a request or order transmitted in writing, orally, electronically or by other means of telecommunication for a drug that is issued in good faith, in the usual course of professional practice and for a legitimate medical purpose, by a physician for the purpose of correcting a physical, mental or bodily ailment of his patient.

Written Protocol – a written set of directives or instructions containing each of the components specified elsewhere in this Section for collaborative drug therapy management of disease specific drug therapy for a specific patient. The written protocol shall be signed by the physician and represents the physician orders for the collaborative drug therapy management to be provided to the patient.

B. Registration

1. Eligibility

- a. No pharmacist shall engage in collaborative drug therapy management in this state until registered with the board in accordance with this Section. To be eligible for registration, a pharmacist shall, as of the date of the application:
 - i. possess a current, unrestricted license to practice pharmacy issued by the board and not be the subject of a pending investigation or complaint by the board or by the pharmacy licensing authority of any other state or jurisdiction;
 - ii. be actively engaged in the practice of pharmacy in this state and the provision of pharmacist care similar to the activities anticipated in the collaborative drug therapy management agreement.
- b. A pharmacist shall be deemed ineligible for registration of collaborative drug therapy management who:
 - i. does not possess the qualifications prescribed by §523.B.1.a;
 - ii. has voluntarily surrendered or had suspended, revoked, or restricted his controlled dangerous substances license, permit, or registration (state or federal);
 - iii. has had a pharmacy license suspended, revoked, placed on probation or restricted in any manner by the board or by the pharmacy licensing authority of any other state or jurisdiction;
 - iv. has had an application for pharmacist licensure rejected or denied; or
 - v. has been, or is currently in the process of being denied, terminated, suspended, refused, limited, placed on probation or under other disciplinary action with respect to participation in any private, state, or federal health insurance program.
- c. The board may, in its discretion, waive the limitations referenced in Subparagraph B.1.b of this Section on a case-by-case basis.
- d. The board may deny registration to an otherwise eligible pharmacist for any of the causes enumerated in R.S. 37:1241.A, or any other violation of the provisions of the Pharmacy Practice Act or the board's rules.
- e. The burden of satisfying the board as to the eligibility of a pharmacist for registration to engage in collaborative drug therapy management shall be upon the pharmacist. A pharmacist shall not be deemed to possess such qualifications unless and until the pharmacist demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

2. Application and Issuance

- a. Application for registration to engage in collaborative drug therapy management shall be made upon forms supplied by the board. Application forms and instructions may be obtained from the board's website at www.labp.com or by contacting the board's office.
- b. An application for registration to engage in collaborative drug therapy management shall include:
 - i. the pharmacist's full name, license number, mailing address of record, and emergency contact information;
 - ii. a description of the pharmacist's professional education that qualifies him to engage in collaborative drug therapy management activities described in the agreement;

- iii. proof documented in a form satisfactory to the board that the pharmacist possesses the qualifications set forth in this Section;
 - iv. a fully executed copy of a collaborative drug therapy management agreement conforming to the requirements of this Section;
 - v. confirmation the pharmacist shall only engage in collaborative drug therapy management to the extent detailed in the agreement and in accordance with the rules of the board; and
 - vi. such other information and documentation as the board may require to evidence qualification for registration.
- c. The board may reject or refuse to consider any application for registration which is not complete in every detail required by the board or may refuse to consider a collaborative drug therapy management agreement which fails to comply with the minimum requirements of this Section. The board may, in its discretion, require a more detailed or complete response to any request for information set forth in the application as a condition to consideration.
 - d. A pharmacist seeking registration to engage in collaborative drug therapy management shall be required to appear before the board or its designee if the board has questions concerning the nature or scope of the pharmacist's application, finds discrepancies in the application, or for other good cause as determined by the board.
 - e. When all the qualifications, requirements, and procedures of this Section are met to the satisfaction of the board, the board shall approve and register a pharmacist to engage in collaborative drug therapy management. Registration of authority to engage in collaborative drug therapy management shall not be effective until the pharmacist receives notification of approval from the board.
 - f. Although a pharmacist shall notify the board each time he intends to engage in collaborative drug therapy management with a physician other than the physician identified in the pharmacist's original application, registration with the board is only required once. The board shall maintain a list of pharmacists who are registered to engage in collaborative drug therapy management.
 - g. Each pharmacist registered to engage in collaborative drug therapy management shall be responsible for updating the board within 10 days in the event of any change in the information recorded in the original application.
3. Expiration of Registration; Renewal
- a. A pharmacist's registration to engage in collaborative drug therapy management with a physician shall terminate and become void, null and without effect upon the earlier of:
 - i. death of either the pharmacist or physician;
 - ii. loss of license of either the pharmacist or physician;
 - iii. disciplinary action limiting the ability of either the pharmacist or the physician to enter into collaborative drug therapy management;
 - iv. notification to the board that either the pharmacist or physician has withdrawn from collaborative drug therapy management;
 - v. a finding by the board of any of the causes that would render a pharmacist ineligible for registration; or
 - vi. expiration of a pharmacist's license or registration to engage in collaborative drug therapy management for failure to timely renew such license or registration.
 - b. Registration of authority to engage in collaborative drug therapy management shall expire annually on the same day as a pharmacist's license unless renewed by the pharmacist by submitting an application to the board upon forms supplied by the board, together with verification of the accuracy of registration and collaborative drug therapy management agreement information on file with the board. An application for registration renewal shall be made part of and/or accompany a pharmacist's renewal application for pharmacist licensure.
 - c. The timely submission of an application for renewal of registration shall operate to continue the expiring registration in effect pending renewal of registration or other final action by the board on such application for renewal.

- C. Advisory Committee. The Collaborative Drug Therapy Management Advisory Committee, constituted as provided for in LAC 46:XLV.7417, shall assist the Board of Medical Examiners and the Board of Pharmacy on matters relative to collaborative drug therapy management. The President of the Board of Pharmacy shall appoint a pharmacist to serve on the committee, and said pharmacist shall serve at the pleasure of the Board of Pharmacy.
- D. Standards of Practice
1. Authority, Responsibility, and Limitations of Collaborative Drug Therapy Management
 - a. A pharmacist registered with the board under this Section may engage in collaborative drug therapy management with a physician:
 - i. to the extent authorized by a collaborative drug therapy management agreement filed with and approved by the board; and
 - ii. in accordance with a patient specific, drug specific, disease specific written protocol, satisfying the requirements of this Section.
 - b. A pharmacist engaged in collaborative drug therapy management shall:
 - i. retain professional responsibility to his patient for the management of his drug therapy;
 - ii. establish and maintain a pharmacist-patient relationship with each patient subject to the collaborative drug therapy management agreement;
 - iii. be geographically located to be physically present to provide pharmacist care to a patient subject to collaborative drug therapy management;
 - iv. provide on a schedule defined in the written protocol, a periodic status report on the patient, including but not limited to, any problem, complication, or other issues relating to patient non-compliance with drug therapy management; and
 - v. be available through direct telecommunication for consultation, assistance, and direction.
 - c. A pharmacist's registration to engage in collaborative drug therapy management with a physician is personal to the pharmacist. A registered pharmacist shall not allow another pharmacist or any other individual to exercise the authority conferred by such registration. A registered pharmacist shall not engage in collaborative drug therapy management with a non-physician or with any physician who is not a party to the pharmacist's collaborative drug therapy management agreement on file with the board.
 - d. Collaborative drug therapy management shall only be utilized for those conditions or diseases identified in, and in the manner specified by, this Section. Additional conditions or diseases for which there are generally accepted standards of care for disease specific drug therapy may be identified by the advisory committee and approved by the board.
 - e. Only a pharmacist who holds the academic degree of Doctor of Pharmacy, which degree provided specific training in the area of anti-coagulant drug therapy, shall engage in collaborative drug therapy management in such particular area of practice covered by a collaborative drug therapy management agreement. The board may, in its discretion, grant an exception to this limitation on a case-by-case basis to a pharmacist who does not possess the academic degree required by this Section upon the affirmative recommendation and advice of the advisory committee that the pharmacist possesses the equivalent or other acceptable advanced training in the area of practice covered by the agreement.
 - f. The scope of the collaborative drug therapy management shall not include:
 - i. any patient of the physician for whom such physician has not prepared a patient specific, drug specific, disease specific written protocol;
 - ii. drug therapy management of more than one specific disease or condition. Administration of a vaccine or smoking cessation therapy are excepted from this provision.
 - iii. drug therapy management of any patient by more than one registered physician and one pharmacist;
 - iv. any patient under the age of 18 years of age. Administration of a vaccine or smoking cessation therapy are excepted from this provision.
 - v. pregnant or nursing mothers;

- vi. initiation or discontinuance of drug therapy by a pharmacist, except as specified in the written protocol;
 - vii. the management of controlled substances or drugs of concern; or
 - viii. substitution of a drug prescribed by a physician without the explicit written consent of such physician.
2. Informed Consent
- a. A pharmacist shall not engage in collaborative drug therapy management of a patient without the patient's written informed consent.
 - b. In addition to the requirements provided by law for obtaining a patient's informed consent, each patient who is subject to a collaborative drug therapy management agreement shall be:
 - i. informed of the collaborative nature of drug therapy management for the patient's specific medical disease or condition and provided instructions and contact information for follow-up visits with the pharmacist and physician;
 - ii. informed he may decline to participate in a collaborative drug therapy management practice and may withdraw at any time without terminating the physician-patient or pharmacist-patient relationship; and
 - iii. provided written disclosure of any contractual or financial arrangement with any other party that may impact one of the party's decision to participate in the agreement.
 - c. All services provided pursuant to a collaborative drug therapy management agreement shall be consistent with the agreement and shall be performed in a setting which insures patient privacy and confidentiality.
3. Collaborative Drug Therapy Management Agreement
- a. A collaborative drug therapy management agreement shall, at a minimum, include:
 - i. the name, professional license number, address or addresses, telephone/cell phone number, e-mail address, and emergency contact information for the pharmacist and physician, and the date of signing and termination of the agreement;
 - ii. a description of the manner and circumstances under which the pharmacist and physician shall engage in collaborative drug therapy management;
 - iii. the condition or disease to be managed;
 - iv. the specific drug or drugs to be utilized for such condition or disease;
 - v. the drug therapy management activities, as defined in this Section, to be performed by the pharmacist as authorized by the physician;
 - vi. the procedure to be followed by the parties for drug therapy management and a plan of accountability defining the respective responsibilities of the pharmacist and physician;
 - vii. a plan for reporting and documenting drug therapy management activities in the pharmacy and medical records and schedule by which such are to take place. A pharmacist shall submit a report to the collaborating physician at least every 30 days, or more frequently if warranted by clinical conditions, regarding the status of a patient's collaborative drug therapy management, with such report made a part of the pharmacy record for such patient;
 - viii. a plan for record keeping, record sharing, and record storage. The agreement shall acknowledge all collaborative drug therapy management records shall be treated as and governed by the laws applicable to physician medical records;
 - ix. acknowledgement each patient subject to the agreement shall be notified that a collaborative drug therapy management agreement exists, describes the procedures for obtaining informed consent of such patient, and the plan to address patient needs when both the pharmacist and physician are absent from the practice setting; and
 - x. the procedure and schedule for reviewing and assessing the quality of care provided to each patient subject to collaborative drug therapy management under written protocol.

- b. In the event the physician authorizes the pharmacist to order, evaluate, and apply the results of a laboratory test or tests directly related to disease specific drug therapy being managed under written protocol, the agreement shall identify the specific test or tests and describe the plan for securing such testing.
- c. The agreement shall affirm that:
 - i. collaborative drug therapy management shall be in conformity with generally accepted standards of care for treatment of a patient's specific disease or condition;
 - ii. all services provided pursuant to a collaborative drug therapy management shall be consistent with the agreement and performed in a setting that insures patient privacy and confidentiality; and
 - iii. a copy of the agreement shall be maintained on site by the respective parties.
- d. The agreement may include the identity of one back-up pharmacist possessing the qualifications for collaborative drug therapy management required by this Section, who shall serve in the absence of the registered pharmacist to the agreement. The identifying information specified in this Section shall be provided for such pharmacist, along with an acknowledgement of responsibility to adhere to the same obligations and commitments imposed on the registered pharmacist to the agreement, as evidenced by a dated signature.
- e. An agreement is valid for a period of time not to exceed one year. A collaborating pharmacist shall insure that a collaborative drug therapy management agreement is annually reviewed, updated as appropriate, and signed by the pharmacist and physician.
- f. Each registered pharmacist is responsible for updating the board within 10 days in the event any of the information required and submitted in accordance with this Section changes after the board has approved the agreement.

4. Written Protocols

- a. A separate protocol shall be written for each patient to be managed by collaborative drug therapy management. A copy of each written protocol shall be:
 - i. provided to the collaborating physician and pharmacist;
 - ii. made part of the patient's pharmacy record; and
 - iv. appended by the pharmacist to the collaborative drug therapy management agreement with the physician and maintained in a separate file at the pharmacist's practice site listed on the pharmacist's registration on file with the board.
- b. A physician shall develop a patient specific written protocol for a particular patient or utilize a standard written protocol, incorporating what patient specific deviations, if any, the physician may deem necessary or appropriate for such patient. In either event, a written protocol for disease specific drug therapy shall adhere to generally accepted standards of care and shall identify, at a minimum:
 - i. the pharmacist, the physician, and telephone number and other contact information for each;
 - ii. the patient's name, address, gender, date of birth, and telephone number;
 - iii. the disease or condition to be managed;
 - iv. the disease specific drug or drugs to be utilized;
 - v. the type and extent of drug therapy management the physician authorizes the pharmacist to perform;
 - vi. the specific responsibilities of the pharmacist and physician;
 - vii. the procedures, criteria, or plan the pharmacist is required to follow in connection with drug therapy management;
 - viii. the specific laboratory test or tests, if any, directly related to drug therapy management the physician authorizes the pharmacist to order and evaluate;
 - ix. the reporting and documentation requirements of the pharmacist and physician respecting the patient and schedule by which such are to take place;
 - x. the conditions and events upon which the pharmacist and physician are required to notify one another; and

- xi. procedures to accommodate immediate consultation by telephone or direct telecommunication with, between, or among the pharmacist, physician, and the patient.
 - c. Each written protocol utilized for collaborative drug therapy management of a patient shall be reviewed annually by the collaborating pharmacist, or more frequently as such pharmacist deems necessary, to address patient needs and to insure compliance with the requirements of this Section. A collaborating pharmacist's signature and date of review shall be noted on the written protocol and maintained by the pharmacist in accordance with this Section.
- 5. Administration of Vaccines
 - a. A collaborative drug therapy management agreement which includes the administration by a pharmacist of a patient specific order for administration of a disease specific vaccine shall include documentation of the pharmacist's authority to administer such medications, pursuant to §521 of the board's rules.
 - b. In addition to the requirements of this Section, the following information shall be included in any written protocol for any patient receiving a vaccination from a collaborating pharmacist:
 - i. the identity of the drug, dose, and route of administration;
 - ii. the date of the original order and the date of any authorized subsequent dose or administration;
 - iii. a statement the patient or patient's tutor, curator, or legal guardian shall be provided the manufacturer's vaccine information statement with each dose;
 - iv. confirmation written policies and procedures for disposal of used or contaminated supplies shall be utilized;
 - v. a requirement for the pharmacist to immediately report any adverse event to the collaborating physician and such governmental entities as may be directed or required by the Louisiana Department of Health and Hospitals; and
 - vi. confirmation the physician shall be promptly available for consultation regarding contraindications and adverse reactions in said physician's patient.
 - c. This Section shall not prevent or restrict the Louisiana Department of Health and Hospitals, Office of Public Health, or any other governmental entity of this state from administering vaccines under the authority of other laws of this state.
- 6. Additional Refills. Whether or not and the extent to which a collaborating physician may authorize a collaborating pharmacist to dispense up to a single seven day supply of a single drug for a single patient utilized for disease specific drug therapy after all refills authorized for such physician's patient have been dispensed, shall be specifically included in the collaborative drug therapy management agreement with such pharmacist, as well as the written protocol applicable to a specific patient.
- 7. Reporting Obligations and Responsibilities
 - a. A pharmacist engaged in collaborative drug therapy management shall notify the board, in writing, within 10 days of the occurrence or discovery of:
 - i. the death of a patient which was, in the pharmacist's opinion, directly related to drug therapy management;
 - ii. complications or errors which are, in the pharmacist's opinion, directly related to drug therapy management;
 - iii. a pharmacist's termination of a collaborative drug therapy management agreement with a physician and applicable reasons;
 - iv. a physician's termination of a collaborative drug therapy management agreement with a pharmacist and applicable reasons;
 - v. a patient's election to withdraw from participation in collaborative drug therapy management and applicable reasons;
 - vi. his or a physician's failure or refusal to abide by the terms, conditions, or restrictions of a collaborative drug therapy management agreement or written protocol and applicable reasons;
 - vii. the pharmacist's retirement or withdrawal from active practice in this state or relocation to another state to engage in pharmacy practice; or

- viii. the revocation, suspension, or other restriction imposed on a physician's license which would prohibit the physician from entering into a collaborative drug therapy management agreement.
 - b. A pharmacist engaged in collaborative drug therapy management shall comply with reasonable requests by the board for personal appearances or information relative to the functions, activities, and performance of a pharmacist or physician engaged in collaborative drug therapy management.
- 8. Records
 - a. The following information shall be included in the pharmacy's record of a patient subject to collaborative drug therapy management:
 - i. the prescription or order implementing collaborative drug therapy management;
 - ii. the written protocol applicable to the patient evidencing documentation of annual review;
 - iii. documentation of all activities performed by the pharmacist;
 - iv. consultations and reports by and between the pharmacist and physician; and
 - v. documentation of the patient's informed consent to collaborative drug therapy management.
 - b. A pharmacist registered to engage in collaborative drug therapy management shall maintain and produce, upon inspection conducted by or at the request of a representative of the board, a copy of any or all collaborative drug therapy management agreements, amendments thereto, applicable written protocols and such other records or documentation as may be requested by the board to assess a pharmacist's compliance with requirements of this Section, the Pharmacy Practice Act, or other applicable board rules.

E. Sanctions

- 1. Action against Registration. For noncompliance with any of the provisions of this Section, the board may, in addition to or in lieu of administrative proceedings against a pharmacist's license, suspend or revoke a pharmacist's registration to engage in collaborative drug therapy management, or may impose such terms, conditions, or restrictions thereon as the board may deem necessary or appropriate.
- 2. Action against Pharmacist License. Any violation or failure to comply with the provisions of this Section shall be deemed a violation of R.S. 37:1241.A.1, as well as a violation of any other applicable provisions of R.S. 37:1241.A, providing cause for the board to take any of the actions permitted in R.S. 37:1241.A against the pharmacist's license.
- 3. Unauthorized Practice. Nothing in this Section shall be construed as authorizing a pharmacist to issue prescriptions, exercise independent medical judgment, render diagnoses, provide treatment, assume independent responsibility for patient care, or otherwise engage in the practice of medicine as defined in the Louisiana Medical Practice Act. Any person who engages in such activities, in the absence of medical licensure issued by the Louisiana State Board of Medical Examiners, shall be engaged in the unauthorized practice of medicine and subject to the penalties prescribed by the Louisiana Medical Practice Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1164(37)(b)(i).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 33:1125 (June 2007).

§525. Cognitive Services

- A. Definitions. As used in this Chapter, the following terms shall have the meaning ascribed to them in this Section.
 - Cognitive Services* – those acts and operations related to a patient's drug therapy that are judgmental in nature, based on knowledge, and derived from empirical factual information. Such services may include, but are not necessarily limited to, the following:
 - a. Drug regimen review, drug use evaluation and drug information;
 - b. Provision of advice and counsel on drugs, the selection and use thereof to the facility, the patients therein, the health care providers of the facility regarding the appropriateness, use, storage, handling, administration and disposal of drugs within the facility;

- c. Participation in the development of policies and procedures for drug therapy within the institution, including storage, handling, administration and disposing of drugs and devices;
- d. Assuring the compliance with all applicable laws, rules and regulations;
- e. Provision of educational and drug information sources for the education and training of the facility health care professionals;
- f. Accepting responsibility for the implementation and performance of review of quality-related or sentinel events.

B. Practice

- 1. A pharmacist who provides cognitive services to Louisiana residents shall be licensed by the board.
- 2. Cognitive services provided from outside a permitted pharmacy may not include the physical dispensing of medications to patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 38:1234 (May 2012).

This page reserved for future use.