

Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 25. Prescriptions, Drugs, and Devices

Subchapter A. General Requirements

§2501. Prescription Drugs and Devices

- A. Prescription Drugs or Devices. A prescription drug or device is a medication or mechanism that may only be dispensed by a pharmacist on the order of a licensed practitioner and shall bear the “Rx Only” notation or any other designation of similar import required by law on the label of a commercial container.
 - 1. Dispensing. Prescription drugs or devices shall be dispensed only by a Louisiana-licensed pharmacist.
 - 2. Possession. Prescription drugs or devices shall be procured and possessed in the course of the practice of pharmacy by a permitted pharmacy.
 - 3. Storage. Prescription drugs or devices shall be stored in a permitted pharmacy under the immediate control and responsibility of a pharmacist.
- B. Misbranded Drugs.
 - 1. Misbranded drugs are:
 - a. those drugs whose labeling is false or misleading in any particular manner; or
 - b. those drugs whose label does not bear the name and address of the manufacturer, packer, or distributor, and does not have an accurate statement of the quantities of the active ingredients; or
 - c. those drugs without an accurate monograph; or
 - d. those drugs meeting the qualifications for misbranded drugs as noted in the [Federal Food, Drug, and Cosmetic Act](#), or its successor.
 - 2. It is unlawful to possess or dispense misbranded drugs.
- C. Adulterated Drugs.
 - 1. Adulterated drugs are contaminated medicinal substances having deleterious foreign or injurious materials, which fail to meet safety, quality, and/or purity standards.
 - 2. It is unlawful to possess or dispense adulterated drugs.
- D. Expired Drugs. Expired drugs shall not be dispensed and shall be removed from the pharmacy drug inventory.
- E. Recalled Drugs. Recalled drugs shall be removed from the pharmacy inventory immediately upon notice. Recalls are classified as:
 - 1. Class I – a situation in which there is a strong likelihood that the use of, or exposure to, a violative product will cause serious adverse health consequences or death.
 - 2. Class II – a situation in which use of, or exposure to, a violative product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.
 - 3. Class III – a situation in which the use of, or exposure to, a violative product is not likely to cause adverse health consequences.

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§2503. Drug Returns; Drug Disposal

- A. Unless otherwise allowed by law, drugs dispensed on prescription to a patient shall not be accepted for return, exchange, or re-dispensing by any pharmacist or pharmacy after such drugs have been removed from the pharmacy premises where they were dispensed.
- B. When a patient or his designee wishes to return previously dispensed prescription drugs to a pharmacy for disposal, the pharmacy shall inform the patient or his designee of the disposal mechanisms available to him. In the event the pharmacy elects to accept such previously dispensed products for disposal, the pharmacy shall comply with the following requirements:
 - 1. From the time of receipt of such products until the time of disposal, the pharmacy shall quarantine such products to keep them separate from its active dispensing stock and shall take appropriate security measures to prevent the theft or diversion of such products.

2. The pharmacy shall comply with the provisions of [21 CFR §1317](#) or its successor for the pharmacy's disposal of controlled substances and other non-hazardous waste pharmaceuticals.
3. The pharmacy shall comply with the provisions of [40 CFR §261](#) or its successor for the pharmacy's disposal of hazardous waste pharmaceuticals.

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§2505. Investigational Drugs

- A. The pharmacist shall conduct, participate in, and support medical and pharmaceutical research appropriate to the goals, objectives, and resources of the facility.
- B. The pharmacist shall ensure the development of policies and procedures for the appropriate use of investigational drugs; such policies shall be consistent with the applicable federal rules pertaining to investigational drugs.
 1. The use of investigational drugs shall be authorized by the principal investigator, or his authorized clinician.
 2. The pharmacist shall ensure the development of a central repository for the acquisition and maintenance of essential information and the dissemination of that information to all personnel tasked with procurement, storage, dispensing, or administration of investigational drugs.
 3. The pharmacist shall retain a copy of the research protocol in the pharmacy; the dispensing pharmacist shall review the protocol prior to dispensing the investigational drug.
 4. The dispensing label for investigational drugs shall comply with the provisions of this Chapter; in addition, the label shall bear the phrase "For Investigational Use Only" or a similar caution.
- C. The pharmacist shall store investigational drugs in the pharmacy separate from the active dispensing stock of approved drugs.
 1. The storage location shall be consistent with the environmental standards for temperature, humidity, and light indicated by the manufacturer.
 2. The storage location shall be secured against improper access or diversion.
- D. The pharmacist shall maintain a perpetual inventory record for each investigational drug, with such record to contain, at a minimum, the following data elements:
 1. drug's name, dosage form, strength, lot number, and expiration date;
 2. name, address, and telephone number of the study sponsor;
 3. protocol number;
 4. identification of the dispensing pharmacist; and
 5. disposition of any remaining drug supply.

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 29:2102 (October 2003), effective January 1, 2004, amended by the Department of Health, Board of Pharmacy, LR 46:575 (April 2020).

§2507. Veterinary Prescription Drugs

- A. Veterinary prescription drugs are prescription medications for animal use prescribed by a licensed veterinarian pursuant to a valid veterinarian-client-patient relationship and dispensed by a licensed pharmacist to the veterinarian's client, for a legitimate medical purpose, that are unsafe for unsupervised use as defined in [21 CFR §201.105](#), or its successor.
- B. Dispensing Requirements. Veterinary prescription drugs shall be exclusively dispensed by a duly licensed pharmacist upon the order of a licensed veterinarian, unless otherwise provided by law.
- C. Labeling Requirements. Veterinary prescription drugs shall be dispensed in an appropriate container, and in addition to the labeling requirements in Chapter 11 of this Part, shall contain the following information:
 1. the commercial label inscription "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian"; and
 2. the client's name and patient's animal species.
- D. Prescription Form Requirements. Prescriptions issued by a licensed veterinarian shall conform to Section 2511 of this Chapter.
- E. Storage. Veterinary prescription drugs shall be maintained in the prescription department of a pharmacy, and shall be kept separate and apart from drugs intended for human use.

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2102 (October 2003), effective January 1, 2004, amended by the Department of Health, Board of Pharmacy, LR 46:585 (April 2020).

§2509. Prescription Devices

- A. In the interest of public health, safety, and welfare, the board may, from time to time, restrict the sale of certain devices to be dispensed only by a licensed pharmacist after a legitimate medical need has been demonstrated. A legitimate medical need includes the prevention of the transmission of communicable diseases.
- B. Pharmacy Device. A pharmacy device is an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component or accessory, which is required under federal law to bear the label “Caution: Federal or State law requires dispensing by or on the order of a physician.” and/or “Rx Only”, or other designation of similar import.
 - 1. Hypodermic Apparatus. Hypodermic means any syringe, needle, instrument, device, or implement intended or capable of being adopted for the purpose of administering drugs by subcutaneous, intramuscular, or intravenous injection.
 - a. Sale. Hypodermic syringes and/or needles shall be sold or distributed only by a licensed pharmacist, physician, dentist, veterinarian, podiatrist, embalmer, drug wholesaler, surgical supplier, or other legally authorized distributor.
 - b. Storage. Hypodermic syringes and/or needles shall be stored in the prescription department or in another secure area.

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 29:2102 (October 2003), effective January 1, 2004.

Subchapter B. Prescriptions

§2511. Prescriptions and Chart Orders

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

Chart Order – a lawful order entered on the electronic or paper chart or medical record of an inpatient or resident of an institutional facility by a practitioner or his licensed healthcare designee for a drug or device and shall be considered a prescription drug order provided it contains the following:

- 1. Full name of the patient.
- 2. Date of issuance.
- 3. Name, strength, and dosage form of the drug prescribed.
- 4. Directions for use.
- 5. Name of the prescribing practitioner.
- 6. The prescribing practitioner’s written or electronic signature or the written or electronic signature of the practitioner’s licensed healthcare designee, who shall be a licensed nurse, pharmacist, or physician practicing in a long-term care facility. The licensed healthcare designee shall be authorized to document a chart order in the patient’s medical record on behalf of the prescribing practitioner pending the prescribing practitioner’s signature, or to communicate a prescription to a pharmacy whether telephonically, by facsimile transmission, or electronically.

Electronic Prescription – a prescription transmitted in electronic form.

Practice Affiliation – a practice relationship, collaboration, or practice under the supervision of a physician licensed to practice medicine.

Prescription or Prescription Drug Order – an order from a practitioner authorized by law to prescribe for a drug or device that is patient specific and is communicated by any means to a pharmacist in a permitted pharmacy, and is to be preserved on file as required by law or regulation.

- B. Requirements. A prescription shall contain the following data elements:
 - 1. prescriber’s name, licensure designation, address, telephone number, and if for a controlled substance, the Drug Enforcement Administration (DEA) registration number;
 - 2. patient’s name, and if for a controlled substance, address;
 - 3. date prescription issued by the prescriber;
 - 4. name of drug or device, and if applicable, strength, and quantity to be dispensed;
 - 5. directions for use;

6. signature of the prescriber; and
 7. refill instructions, if any. In the absence of refill instructions on the original prescription, the prescription shall not be refilled.
- C. Written Prescriptions. A written prescription shall conform to the following format:
1. The prescription form shall be of a size not less than 4 inches by 5 inches, and shall bear a single printed signature line.
 2. The prescription form shall clearly indicate the authorized prescriber's name, licensure designation, address, telephone number, and if for a controlled substance, the Drug Enforcement Administration (DEA) registration number. In the event that multiple practitioners are identified on the prescription form, the authorizing prescriber's specific identity shall be clear and unambiguous. This identification may be indicated by any means, including but not limited to, a marked check box next to, or circling, the authorized prescriber's printed name.
 3. No prescription form shall contain more than four prescription drug orders. Each prescription drug order on the form shall provide the following:
 - a. check box labeled "Dispense as Written", or "DAW", or both; and
 - b. the number of refills, if any.
 4. The prescription shall be written with ink or indelible pencil, typewriter, or printed on a computer printer and shall be manually signed by the practitioner on the date issued and in the same manner as he would sign a check or legal document (e.g., J. H. Smith or John H. Smith). Examples of invalid signatures include rubber stamps, signatures of anyone other than the prescriber, and computer-generated signatures.
 5. Receipt via Facsimile
 - a. Pharmacies may elect to receive written prescriptions via a facsimile machine located within the prescription department. The paper used to print such prescriptions shall produce a non-fading image. The pharmacy may elect to scan such documents on compliance with the provisions of §1123 of this Part.
 - b. Pharmacies may elect to receive written prescriptions via electronic facsimile directly within their pharmacy information system. The pharmacy shall retain such records in compliance with §1123 of this Part.
 - c. *(Repealed)*
 - d. *(Repealed)*
 6. Chart orders and forms used by pharmacists to record telephoned or transferred prescriptions are exempt from the format requirements listed above.
- D. Oral Prescriptions.
1. Upon the receipt of an oral prescription from an authorized prescriber, the pharmacist or pharmacy intern or pharmacy technician shall reduce the order to a written form prior to dispensing the medication. As an alternative to recording such prescriptions on paper forms, a pharmacist may enter the prescription information directly into the pharmacy's dispensing information system. In the event a pharmacy intern or pharmacy technician transcribes such a prescription, the supervising pharmacist shall initial or countersign the prescription form prior to processing the prescription.
- E. Electronic Prescriptions.
1. The prescription shall clearly indicate the authorized prescriber's name, licensure designation, address, telephone number, and if for a controlled substance, the DEA registration number.
- F. Completion of Prescription Orders and Chart Orders. In the event a pharmacist receives a prescription order or chart order lacking certain required information, the pharmacist may consult with the prescriber to clarify the prescriber's intent. Following a consultation with the prescriber and the appropriate documentation thereof on the order:
1. A pharmacist may add the following data elements on the order:
 - a. patient's address; or
 - b. drug dosage form.
 2. A pharmacist may record changes in the following data elements on the order:
 - a. patient's address;
 - b. drug strength;
 - c. quantity prescribed; or
 - d. directions for use.
 3. A pharmacist shall never add or make changes to the following data elements on the order:
 - a. patient's name;
 - b. date of issue;
 - c. drug name (except for generic interchange as permitted by law); or
 - d. prescriber signature.

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 29:2102 (October 2003), effective January 1, 2004, LR 41:98 (January 2015), LR 41:2147 (October 2015), amended by the Department of Health, Board of Pharmacy, LR 43:2162 (November 2017), LR 46:585 (April 2020), LR 47:1644 (November 2021).

§2513. Receipt and Verification of Prescription Drug Orders and Chart Orders

- A. The receiving pharmacist is responsible for verification of the authenticity of the prescription.
- B. The dispensing pharmacist is responsible for the accuracy of the medications or devices dispensed.

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2103 (October 2003), effective January 1, 2004, amended by the Department of Health, Board of Pharmacy, LR 46:585 (April 2020), LR 47:1644 (November 2021).

§2515. Prescriptions Based Upon Electronic Questionnaires

- A. A prescription issued solely on the results of answers to an electronic questionnaire, in the absence of a documented patient evaluation including a physical examination, is issued outside the context of a valid physician-patient relationship, and is not a valid prescription.
- B. If a pharmacist has reasons to suspect that a prescription was authorized solely on the results of an electronic questionnaire and in the absence of a documented patient evaluation including a physical examination, the pharmacist shall ascertain if that practitioner's standard of practice allows that practitioner to authorize a prescription under such circumstances. Reasons to suspect that a prescription may have been authorized in the absence of a valid physician-patient relationship, or in violation of the practitioner's standard of practice, include:
 - 1. the number of prescriptions authorized on a daily basis by the practitioner;
 - 2. the manner in which the prescriptions are authorized by the practitioner or received by the pharmacy, i.e., electronically;
 - 3. the geographical distance between the practitioner and the patient(s);
 - 4. knowledge by the pharmacist that the prescription was issued solely as a result of answers to an electronic questionnaire; or
 - 5. knowledge by the pharmacist that the pharmacy he works for directly or indirectly participates in an internet site that markets prescription drugs to the public.
- C. A pharmacist who has reasons to suspect that a prescription may have been authorized in the absence of a valid physician-patient relationship, or otherwise in violation of the prescriber's standard of practice, shall not fill such prescription until he has obtained proof to a reasonable certainty of the validity of such prescription.
- D. A pharmacist who dispenses prescription drugs in violation of this Section is not acting in the best interest of the patient and is dispensing outside the course of the professional practice of pharmacy.

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 29:2103 (October 2003), effective January 1, 2004.

§2517. Prescription Dispensing; Equivalent Drug Product Interchange; Drug Returns; Drug Disposal

- A. Prescription dispensing means the issuance, by a licensed pharmacist, of one or more doses of medication in a suitable container, properly labeled for subsequent administration, and shall consist of the following procedures or practices:
 - 1. receiving and interpretation of the prescription order;
 - 2. assembling the drug products and an appropriate container;
 - 3. preparing the prescription by compounding, mixing, counting, or pouring;
 - 4. affixing the proper label to the final container;
 - 5. patient counseling as required; and
 - 6. transfer of possession.
- B. Equivalent Drug Product Interchange
 - 1. The pharmacist shall not select an equivalent drug product when the prescriber prohibits interchange by any one of the following methods:

- a. On a prescription generated in written form, the prescriber shall handwrite a mark in a check box labeled “Dispense as Written”, or the abbreviation “DAW”, or both, and shall manually sign the prescription form.
 - i. For prescriptions reimbursable by the state Medicaid program, the prescriber shall handwrite the words “Brand Necessary” or “Brand Medically Necessary” on the prescription form or on a sheet of paper attached to the prescription form.
- b. On a prescription generated in oral or verbal form, the prescriber (or the prescriber’s agent) shall indicate a specific brand name drug or product is ordered by the practitioner, and the pharmacist shall note such information on the file copy of the prescription.
- c. On a prescription generated in electronic form, the prescriber shall indicate “Dispense as Written”, “DAW”, or “Brand Medically Necessary.”
2. Where the prescriber has indicated that an equivalent drug product interchange is prohibited, then a non-licensed, non-certified, or non-registered agent of the pharmacy shall not inquire as to a patient’s desire for an equivalent drug product interchange.
3. In the event the prescriber has not prohibited equivalent drug product interchange in the manner described above, the pharmacist may select an equivalent drug product for dispensing, provided the patient has been informed of , and has consented to, the proposed cost saving interchange.
3. When the pharmacist selects a biological product rated as interchangeable for the product ordered by the prescriber, the dispensing pharmacist (or his designee) shall communicate to the prescriber – by any means, but no later than five business days following the dispensing date – the specific product dispensed to the patient, including the name of the product and the manufacturer. However, no such communication to the prescriber is required when:
 - a. the prescriber prohibited interchange in the manner described above;
 - e. there is no product rated as interchangeable or therapeutically equivalent; or
 - f. the product dispensed is a refill not changed from the product dispensed on the prior filling of the prescription.
- C. Unless otherwise allowed by law, drugs dispensed on prescription to a patient shall not be accepted for return, exchange, or re-dispensing by any pharmacist or pharmacy after such drugs have been removed from the pharmacy premises where they were dispensed.
- D. When a patient or his designee wishes to return previously dispensed prescription drugs to a pharmacy for disposal, the pharmacy shall inform the patient or his designee of the disposal mechanisms available to him. In the event the pharmacy elects to accept such previously dispensed products for disposal, the pharmacy shall comply with the following requirements:
 1. From the time of receipt of such products until the time of disposal, the pharmacy shall quarantine such products to keep them separate from its active dispensing stock and shall take appropriate security measures to prevent the theft or diversion of such products.
 2. The pharmacy shall comply with the provisions of [21 CFR §1317](#) or its successor for the pharmacy’s disposal of controlled substances and other non-hazardous waste pharmaceuticals.
 3. The pharmacy shall comply with the provisions of [40 CFR §261](#) or its successor for the pharmacy’s disposal of hazardous waste pharmaceuticals.

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§2519. Prescription Refills; Medication Synchronization and Refill Consolidation

- A. Refill Authorization. Prescription refills may be dispensed only with the prescriber’s authorization, as indicated on the original prescription order. In the absence of the authorized practitioner’s instructions on the original prescription, the prescription shall be considered non-refillable. When all refills authorized on the original prescription have been dispensed, then authorization from the prescribing practitioner shall be obtained prior to dispensing; when such authorization has been received, a new prescription shall be prepared and it shall be issued a different prescription number.
- B. Refill Requests. Prescription refills authorized by the prescriber shall not be dispensed in the absence of a patient or caregiver’s request or approval. This prohibition shall not apply to refills authorized by the prescriber which are to be dispensed to a patient residing in a long-term care facility.

- C. Controlled Dangerous Substances.
 - 1. The refilling of a prescription for a drug listed in Schedule II is prohibited.
 - 2. A prescription for a drug listed in Schedule III or IV may be refilled up to five times, if so indicated at the time issued.
 - 3. A prescription for a drug listed in Schedule V may be refilled if so indicated at the time issued subject to the one-year expiration date of the prescription.
- D. Medication Synchronization and Refill Consolidation. These terms refer to a service which a pharmacist may perform for his patient, at the request of the patient, wherein he may proactively adjust the medication dispensing quantity and/or the refill schedule of a prescription in order to manage the patient's medication therapy, with the goal of improved medication adherence by the patient.
 - 1. For the performance of this service, the pharmacist may adjust the dispensing quantity and/or the refill schedule originally ordered by the prescriber; however, the pharmacist shall not exceed the total quantity prescribed [dispensing quantity multiplied by the total number of fills authorized (original plus refills)], or what is otherwise allowed by law.
 - 2. With respect to prescriptions for controlled substances where refills have been authorized, pharmacists may utilize partial fills, as described in §2747.C.5 of this Part, but may not exceed the dispensing quantity noted on the original prescription.

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 29:2104 (October 2003), effective January 1, 2004, LR 33:1133 (June 2007), amended by the Department of Health, Board of Pharmacy, LR 42:1519 (September 2016), LR 46:575 (April 2020), LR 47:1644 (November 2021).

§2521. Emergency Refills

- A. Using sound professional judgment, a pharmacist may refill adequate medication for a quantity not to exceed a 30-day supply when an emergency for medication has been adequately demonstrated and the prescribing practitioner is not available. The 30-day supply limitation shall not apply to multiple-dose unit-of-use containers.

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 29:2104 (October 2003), effective January 1, 2004, amended by the Department of Health, Board of Pharmacy, LR 46:585 (April 2020), LR 47:1644 (November 2021).

§2523. Transfer of Prescription Information

- A. Prescription Transfer Requirements
 - 1. Prescriptions for Controlled Dangerous Substances
 - a. The transfer of original prescription information for a controlled substance listed in Schedules III, IV, or V for the purpose of refill dispensing is permissible between pharmacies on a one-time basis only. However, pharmacies electronically sharing a real-time, on-line database may transfer up to the maximum refills permitted by law and the prescriber's authorization, whether or not the pharmacy from which the prescription is transferred is open for business. Transfers are subject to the following requirements:
 - i. The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:
 - (a) Invalidation of the prescription.
 - (b) Record on the reverse of the invalidated prescription the name, address, and DEA registration of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.
 - (c) Record the date of the transfer and the name of the pharmacist transferring the information.
 - ii. The pharmacist receiving the transferred prescription shall reduce to writing the following:
 - i. Indication of the transferred nature of the prescription.
 - ii. Provide all information required for a prescription for a controlled substance (full name and address of patient; drug name, strength, and dosage form; quantity prescribed and directions for use; and the name, address, and DEA registration of the prescriber) and include:
 - (a) date of issuance of original prescription;
 - (b) original number of refills authorized on original prescription;

- (c) date of original dispensing;
 - (d) number of valid refills remaining and date(s) and location(s) of previous refill(s);
 - (e) pharmacy's name, address, DEA registration number and prescription number from which the prescription information was transferred;
 - (f) name of pharmacist who transferred the prescription; and
 - (g) pharmacy's name, address, DEA registration number and prescription number from which the prescription was originally filled.
- iii. The original and transferred prescription(s) shall be maintained for a period of two years from the date of the last refill.
- c. Pharmacies electronically accessing the same prescription record shall satisfy all information requirements of a manual mode for prescription transferal.
- 2. Prescriptions for Drugs Other Than Controlled Dangerous Substances
 - a. The transfer of original prescription information for the purpose of refill dispensing is permissible between pharmacies, subject to the following requirements:
 - i. Prescriptions may be transferred up to the maximum number of refills permitted by the prescriber on the original prescription.
 - ii. The transferring pharmacist, intern, or certified technician shall record the information itemized in Clause 1.a.i above, with the exception of the DEA registration numbers.
 - iii. The receiving pharmacist, intern, or certified technician shall record the information itemized in Subparagraph 1.b above, with the exception of the DEA registration numbers.
 - b. The original and transferred prescription(s) shall be maintained for a period of two years from the date of the last refill.
 - c. Pharmacies electronically accessing the same prescription record shall satisfy all information requirements of a manual mode for prescription transferal.
- B. Pharmacies Using Common Electronic Files
 - 1. Pharmacies using a common electronic file are not required to physically or electronically transfer prescriptions for information dispensing purposes between or among pharmacies participating in the same common prescription file; provided, however any such common file must contain complete and adequate records of such prescriptions, and further, that a hard copy of each prescription transferred or accessed for purposes of refilling shall be generated and maintained at the pharmacy refilling the prescription or to which the prescription is transferred.
 - 2. This accommodation shall comply with all state and federal laws and regulations regarding controlled dangerous substance prescription transfers.

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 29:2104 (October 2003), effective January 1, 2004, amended LR 33:1133 (June 2007), LR 36:756 (April 2010).

§2525. Prescription Expiration

- A. A prescription for a drug other than a controlled dangerous substance listed in Schedules II through IV shall expire one year after the date written.
- B. A prescription for a controlled dangerous substance shall expire:
 - 1. 90 days after the date of issue if the drug is listed in Schedule II; or
 - 2. six months after the date of issue if the drug is listed in Schedule III or IV.
- C. Expired prescriptions shall not be refillable or renewable.

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§2527. Prescription Labeling

- A. An appropriate label shall be affixed to a proper container, and shall bear the following minimum information:
 - 1. pharmacy's name, address, and telephone number;
 - 2. prescription number;
 - 3. authorized prescriber's name;
 - 4. patient's name;
 - 5. date dispensed;

6. drug name and strength;
7. directions for use as indicated;
8. pharmacist's name or initials; and
9. cautionary auxiliary labels, if applicable.

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2104 (October 2003), effective January 1, 2004.

§2529. Pharmacy Prepackaging

- A. *Prepackaging* is the preparation of medication in a unit-of-use container by a pharmacist in a pharmacy prior to the receipt of a prescription for ultimate prescription dispensing by a pharmacist in Louisiana.
- B. Labeling. The label on the prepackaged container shall contain the following minimum information:
 1. drug name;
 2. dosage form;
 3. strength;
 4. quantity;
 5. name of manufacturer and/or distributor;
 6. manufacturer's lot or batch number;
 7. date of preparation;
 8. pharmacist's initials; and
 9. expiration date according to United States Pharmacopeia (USP) guidelines.

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Subchapter C. Compounding of Drugs

§2531. Purpose and Scope

- A. Purpose. The rules of this Subchapter describe the requirements of minimum current good compounding practices for the preparation of drug formulations by Louisiana-licensed pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates for dispensing and/or administration to patients.
- B. Scope. These requirements are intended to apply to all compounded preparations, sterile and non-sterile, regardless of the location of the patient, e.g., home, hospital, nursing home, hospice, or practitioner's office.

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2105 (October 2003), effective January 1, 2004, LR 41:97 (January 2015).

§2533. Definitions

- A. As used in this Subchapter, the following terms shall have the meaning ascribed to them in this Section:
 - Biological Safety Cabinet* – a containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment, according to National Sanitation Foundation (NSF) Standard 49, or its successor
 - Class 100 Environment* – an atmospheric environment that contains fewer than 100 particles, of the size 0.5 microns or less in diameter, per cubic foot of air, according to Federal Standard 209E, or its successor.
 - Component* – any ingredient used in the compounding of a drug product.
 - Compounding* – the preparation, mixing, assembling, packaging, or labeling of a drug or device by a pharmacist for his patient as the result of a practitioner's prescription drug order or initiative based on the practitioner/patient/pharmacist relationship in the course of professional practice, or including the preparation of drugs or devices in anticipation of prescription orders to be received by the compounding pharmacist based on routine, regularly observed prescribing patterns. Compounding does not include the compounding of drug products that are essentially copies of a commercially available product.
 - Cytotoxic* – any pharmaceutical that has the capability of killing living cells.
 - Practitioner Administered Compounds* – products compounded by a licensed pharmacist upon the medical order of a licensed prescriber for administration by a prescriber for diagnostic or therapeutic purposes.
 - Preparation* – a compounded drug dosage form or dietary supplement or a device to which a compounder has introduced a drug. This term will be used to describe compounded formulations.

Sterile Compounding – compounding performed using established aseptic technique and utilizing a laminar air flow hood or other device capable of providing a sterile compounding environment. Sterile compounding shall be used when compounding parenteral medications or products, ophthalmic preparations, or any other preparation requiring sterile techniques.

Sterile Product – any dosage form devoid of viable microorganisms including, but not limited to, parenterals, injectables, and ophthalmics.

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§2535. General Standards

- A. **Compounding Practices.** Compounded medications may be prepared using prescription medications, over-the-counter medications, chemicals, compounds, or other components.
1. A pharmacy shall have written procedures as necessary for the compounding of drug preparations to assure that the finished preparations have the identity, strength, quality, and purity they are represented to possess.
 2. All compounding shall be accomplished utilizing accepted pharmacy techniques, practices, and equipment, and in compliance with the Federal Food, Drug and Cosmetic Act of 1938 (FDCA) as subsequently amended, the current edition of Title 21 of the Code of Federal Regulations (CFR), and all relevant chapters of the 2014 edition of the United States Pharmacopeia-National Formulary (USP 37 – NF 32).
 - a. The compounding of sterile preparations pursuant to the receipt of a patient-specific prescription shall comply with the provisions of Section 503-A of the FDCA and USP Chapter 797.
 - b. The compounding of non-sterile preparations pursuant to the receipt of a patient-specific prescription shall comply with the provisions of Section 503-A of the FDCA and USP Chapter 795.
 - c. The compounding of preparations for veterinary use shall comply with the provisions of [Section 530](#) of Title 21 of the CFR.
 - d. The compounding of positron emission tomography (PET) drugs shall comply with the provisions of [Section 212](#) of Title 21 of the CFR.
 3. Products or duplicates of products removed from the market for the purposes of safety shall not be used to compound prescriptions for human use.
- B. **Board Notification.** An applicant or pharmacy permit holder who wishes to engage in the compounding of sterile preparations shall notify the board and shall receive approval from the board prior to beginning that practice.
- C. **Training and Education.** All individuals compounding sterile preparations shall:
1. obtain practical and/or academic training in the compounding and dispensing of sterile preparations;
 2. complete a minimum of one hour of Accreditation Council for Pharmacy Education (ACPE) accredited or board-approved continuing education, on an annual basis, related to sterile drug preparation, dispensing, and utilization;
 3. use proper aseptic technique in compounding of all sterile preparations, as defined by the pharmacy practice site's policy and procedure manual;
 4. qualify through an appropriate combination of specific training and experience to operate or manipulate any item of equipment, apparatus, or device to which such persons will be assigned to use to make and dispense sterile preparations; and
 5. maintain in the pharmacy practice site a written record of initial and subsequent training and competency evaluations. The record shall contain the following minimum information:
 - a. name of the individual receiving the training/evaluation;
 - b. date of the training/evaluation;
 - c. general description of the topics covered;
 - d. signature of the individual receiving the training/evaluation; and
 - e. name and signature of the individual providing the training/evaluation.
- D. **Anticipated Use Preparations.** The pharmacist shall label any excess compounded preparation so as to reference it to the formula used and the assigned lot number and estimated beyond use date based on the pharmacist's professional judgment and/or other appropriate testing or published data.
- E. **Veterinarian Administered Compounds, also referred to as Pharmacy-Generated Drugs**
1. Upon receipt of a valid non-patient-specific medical order from a licensed veterinarian, the pharmacy may compound a preparation intended for administration to an animal patient by the veterinarian.

2. These preparations may not be distributed to any third party by the pharmacy, nor may these preparations be further re-sold or distributed by the veterinarian ordering the preparation from the pharmacy.
 3. This authorization is primarily intended to facilitate the preparation of medication needed for emergency use in a veterinary office practice. Given the limited application of this authorization, which allows these products to be prepared using less rigorous standards applicable to compounding as opposed to the more rigorous standards applicable to manufacturing processes, the compounding pharmacy preparing these products shall be limited in the amount of such products they can prepare.
 - a. No Louisiana-licensed pharmacy may distribute any amount of practitioner administered compounds in excess of five percent of the total amount of drug products dispensed and/or distributed from their pharmacy.
 - b. The five percent limitation shall be calculated on a monthly basis and shall reference the number of dosage units.
 - c. For those Louisiana-licensed pharmacies located outside Louisiana, the total amount distributed and/or dispensed shall reference the pharmacy's total business within the state of Louisiana.
 4. The provisions of this Subsection E notwithstanding, pharmacists intending to engage in the compounding of veterinary preparations pursuant to non-patient-specific medical orders from veterinarians should be aware that federal law or rule may not permit such activity by a licensed pharmacy, and further, such pharmacists should be aware that the board's rules cannot legitimize an activity that is not permitted under federal law or rule, and further, such pharmacists should be aware that while this activity is permitted by the board, pharmacists engaging in this activity remain subject to the full force and effect of federal law enforcement.
- F. Compounding Copies of Commercial Drug Products.
1. Copies of commercial drug products contain the same active pharmaceutical ingredient(s) in the same , similar, or easily substitutable dosage strength which can be used by the same route of administration. Changes in strength of less than 10 percent from the commercial drug product shall not be considered significant enough to warrant the preparation of a copy of a commercial drug product. In the event a prescriber determines a change in the formulation of a commercial drug product is necessary to produce a significant clinical difference for the patient and that determination is documented on the prescription, the pharmacy may prepare a variation of the commercial drug product, provided:
 - a. the prescriber's determination shall identify both the relevant change requested and the clinically significant difference the change will produce for the patient; and
 - b. the pharmacy does not prepare copies of commercial drug products regularly or in inordinate amounts.
 2. A pharmacy may prepare a copy of a commercial drug product when that product has been discontinued and is no longer marketed, or the product appears on the drug shortage list maintained by the federal Food and Drug Administration, or the product is temporarily unavailable as demonstrated by invoice or other communication from the distributor or manufacturer.
- G. Labeling of Compounded Preparations.
1. For patient-specific compounded preparations, the labeling requirements of [R.S. 37:1225](#), or its successor, as well as §2527 of this Chapter, or its successor shall apply.
 2. For veterinarian administered compounds, the label shall contain, at a minimum, the following data elements:
 - a. pharmacy's name, address, and telephone number;
 - b. veterinarian's name;
 - c. name of preparation;
 - d. strength and concentration;
 - e. lot number;
 - f. beyond use date;
 - g. special storage requirements, if applicable;
 - h. identification number assigned by the pharmacy; and
 - i. name or initials of pharmacist responsible for final check of the preparation.

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Subchapter D. Prescription Drugs

§2541. Standing Orders for Distribution of Naloxone and Other Opioid Antagonists

- A. Given the current public health emergency relative to the misuse and abuse of opioid derivatives, public health officials have strongly recommended the widespread availability of naloxone and other opioid antagonists to addicts and their caregivers as well as first responders in the community.
- B. For as long as naloxone and other opioid antagonists remain classified as prescription drugs by the federal Food and Drug Administration, pharmacists must secure a prescription or order from a prescriber with the legal authority to prescribe the drug product in order to dispense or distribute the drug product.
- C. The Louisiana Legislature has adopted a number of laws designed to facilitate the distribution and dispensing of naloxone and other opioid antagonists beyond the person who would need the medication on an emergent basis to manage an opioid-related drug overdose, more specifically to first responders as well as caregivers and family and friends of potential patients.
 1. [Act 253 of the 2014 Legislature](#) authorized prescribers to issue prescriptions for naloxone and other opioid antagonists to first responders, and further, authorized pharmacists to recognize such prescriptions as legitimate orders for the dispensing and distribution of naloxone and other opioid antagonist drug products, and further, authorized first responders to have and hold those drug products ready for administration in emergent conditions to manage opioid-related drug overdoses.
 2. [Act 192 of the 2015 Legislature](#) authorized medical practitioners to prescribe naloxone or another opioid antagonist without having previously examined the individual to whom the medication would be administered, but only under certain conditions specified in the legislation, including the requirement for the prescriber to provide the recipient of the drug with all training and education required for the safe and proper administration of the drug product.
 3. [Act 370 of the 2016 Legislature](#) authorized medical practitioners to issue nonpatient-specific standing orders to pharmacists authorizing the distribution of naloxone and other opioid antagonists to anyone who might be in a position to assist a patient in the emergent management of an opioid-related drug overdose, but only in compliance with these rules.
 - a. A nonpatient-specific standing order for the facilitated distribution of naloxone or other opioid antagonist issued by a medical practitioner licensed by the State of Louisiana shall expire one year after the date of issuance.
 - b. A Louisiana-licensed pharmacist may distribute naloxone or other opioid antagonist according to the terms of the nonpatient-specific standing order issued by a Louisiana-licensed medical practitioner until the expiration date of the standing order. No pharmacist shall distribute naloxone or other opioid antagonist pursuant to a standing order more than one year after the date of issuance of the standing order.
 - c. Before releasing the naloxone or other opioid antagonist drug product to the recipient, the pharmacist shall verify the recipient's knowledge and understanding of the proper use of the drug product, including, at a minimum:
 - i. techniques on how to recognize signs of an opioid-related drug overdose;
 - ii. standards and procedures for the storage and administration of the drug product; and
 - iii. emergency follow-up procedure including the requirement to summon emergency services either immediately before or immediately after administering the drug product to the individual experiencing the overdose.
 - d. To comply with the recordkeeping requirements found elsewhere in the Board's rules, the pharmacist shall attach a copy of the standing order to the invoice or other record of sale or distribution, and further, shall store these transaction documents with the other distribution records in the pharmacy.

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