



Prescribing and Dispensing Profile

Louisiana

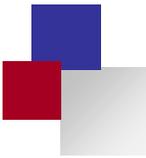


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Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II substances may only be dispensed on the written or electronic prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency situation
 - Emergency exists where administration of the drug is necessary for immediate treatment, an appropriate alternative treatment isn't available, and the prescribing practitioner can't reasonably provide a written prescription
 - Must be promptly reduced to writing
 - Quantity prescribed and dispensed must be limited to an amount adequate to treat the patient during the emergency period
 - If the prescriber isn't known to the pharmacist, s/he shall make a reasonable effort to determine that the oral authorization came from a registered prescriber which may include a call back to the prescriber using his telephone number as listed in the telephone directory or other good faith efforts to insure his identity
 - Must deliver a written prescription to the pharmacy within seven days
- May be dispensed upon the faxed prescription of a practitioner for residents of a long term care facility or patient of a hospice program or if said prescription is for a Schedule II narcotic substance to be compounded for direct administration to a patient by certain methods

Practitioner may issue multiple prescriptions for a Schedule II substance that total up to a 90 day supply provided:

- Each prescription is issued for a legitimate medical purpose
- Instructions are provided on each prescription indicating the earliest date on which the prescription can be filled
- The practitioner concludes that providing the patient with multiple prescriptions does not create an undue risk of diversion or abuse

Schedule II prescriptions shall not be filled more than 90 days after originally written and shall expire six months after written

Schedule II prescriptions shall be filed separately from other prescriptions

Schedule II prescriptions shall not be refilled

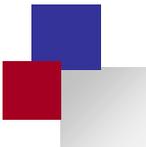
Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

Schedule III and IV prescriptions may only be dispensed on the written, oral, or electronic prescription of a practitioner

Schedule V substances may not be distributed, dispensed, or administered for other than a medical purpose

A pharmacist may refill adequate medication for a 72 hour regimen when an emergency for medication has been adequately demonstrated and the prescribing practitioner is not available

Schedule III - V prescriptions may not be filled or refilled more than six months after originally written or refilled more than five times unless renewed by the practitioner



Miscellaneous Prescribing/Dispensing Requirements

Pharmacist may not dispense more than a ten day supply at a dosage not to exceed the FDA's approved labeling for the medication if the prescriber for such medication is not licensed in Louisiana and the medication is an opioid derivative Schedule II or opioid derivative Schedule III controlled substance

- Pharmacist shall notify the prescriber of the supply dispensed and the cancellation of the remainder of the prescription
- Within 60 days of the dispensing, such medication shall not be dispensed again for the individual by a prescriber not licensed in Louisiana
- Limitations don't apply if the PMP information from the state of the prescriber can be viewed by the dispensing pharmacist

Prescription issued solely on the basis 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

Prescriptions must contain the following information:

- Prescriber's name, licensure designation, address, telephone number, and DEA registration number
- Patient's name and address
- Date issued and signature of prescriber
- Name of drug or device, strength, and quantity to be dispensed
- Directions for use
- Refill instructions, if any

Prescribing/Dispensing Limitations for Dentists

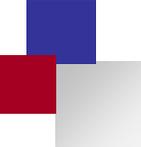
Dentists may prescribe drugs or medicines necessary or proper in the practice of the profession

Prescribing/Dispensing Limitations for Optometrists

The practice of optometry includes the use or prescription of diagnostic and therapeutic pharmaceutical agents

Prior to utilizing any controlled substance, an optometrist shall:

- Complete an evaluation of the patient that includes a full history, including complete medical, pain, alcohol, and substance abuse histories
- A medical diagnosis shall be established and fully documented in the patient's medical record, which indicates the nature of the underlying disease, presence of pain, and pain mechanism if such are determinable
- An individual treatment plan shall be formulated and documented in the patient's medical record, which includes medical justification for controlled substance therapy
- Inform the patient of the risks and benefits of drug therapy



Prescribing/Dispensing Limitations for Optometrists, cont'd.

Upon determining that prescription of a controlled substance is warranted, the optometrist shall:

- Document and maintain in the patient's medical record accurate and complete records of all history, physical and other examinations and evaluations, consultations, laboratory and diagnostic reports, treatment plans and objectives, controlled substance and other medication therapy, informed consent, periodic assessments and reviews
- Maintain complete records on any controlled substances prescribed, which records clearly identify the substance prescribed, the individual to whom the substance was prescribed, the date of the prescription, and the amount of the substance prescribed
- Shall not dispense or administer controlled substances in their optometry practice and shall not keep an inventory of controlled substances on hand for purposes of dispensation or administration

Health care professionals licensed pursuant to Chapter 12 of Title 37 (optometrists) may prescribe, order, and administer Schedule II – V controlled substances and legend drugs

Pain Clinic/Pain Management Regulations

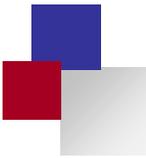
Pain management clinic means a publicly or privately owned clinic which primarily engages in the treatment of pain by prescribing narcotic medications

All pain management clinics shall be owned and operated by a physician certified in the subspecialty of pain management and licensed by the department

- Licenses shall be renewed annually

Each clinic shall be under the direction of a medical director who shall be a physician who:

- Possesses a current, unrestricted license from Louisiana
- Has a certification in the subspecialty of pain management except that a clinic verified to have been in operation on or before June 15, 2005, shall have a medical director but said director is not required to have a subspecialty in pain management
- Medical director is responsible for the daily operation of the clinic and shall be on-site for at least 50% of the time during the operational hours of the clinic
 - If not on-site, shall be available by telecommunications and shall be able to be on-site within 30 minutes
 - Shall oversee all medical services provided at the clinic
 - Shall ensure that all qualified personnel perform the treatments or procedures for which each is assigned
 - Medical director or his/her designee is responsible for ensuring a medical referral is made to an addiction facility when it has been determined that a patient or staff member has been diverting drugs or participating in illegal use of drugs
 - Responsible for ensuring drug screens of each patient is obtained as part of the initial evaluation and periodically thereafter (no less than quarterly)
 - Shall ensure that patients are informed of after-hours contact and treatment procedure



Pain Clinic/Pain Management Regulations, cont'd.

- Responsible for applying to access and query the PMP
 - PMP is to be used by the medical director and the pain specialist as part of the clinic's quality assurance program to ensure adherence to the treatment agreement
 - Treatment agreement states that the patient shall only obtain and receive narcotic prescriptions from the clinic where he is being treated for chronic pain
 - Compliance to agreement is to be determined and evaluated at each subsequent visit to a clinic when the patient receives a prescription for a controlled substance

Clinic shall verify the identity of each patient who is seen and treated for chronic pain management and who is prescribed a controlled substance

Clinic shall establish practice standards to assure quality of care, including, but not limited to, requiring that a prescription for a controlled substance may have a maximum quantity of a 30 day supply and shall not be refillable

On each visit to a pain clinic which results in a prescription for a controlled substance, the patient shall be personally examined by a pain specialist

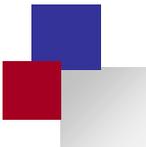
Clinics shall conduct an ongoing quality assurance program which shall be a self-assessment of the quality of care provided at the clinic with quality indicators that can be used to track and trend problem areas, which indicators shall include, at a minimum:

- The medical necessity of the procedures performed, complications as a result of the procedures, and appropriateness of care
- Any significant adverse effects of medical treatment, including the number of overdoses of prescribed medications or the number of deaths resulting from such overdoses
- Number of patients referred to other providers or to an addiction facility
- Number of patient or family grievances or complaints and their resolutions
- Number of patients the clinic refuses to continue to treat due to misuse, diversion, or non-compliance
- Monitoring of patients who have been treated with controlled substances for a continuous period of 12 months or longer

The treatment of non-cancer related chronic or intractable pain with controlled substances constitutes legitimate medical therapy when provided in the course of professional medical practice and when fully documented in the patient's medical record

In utilizing controlled substances for the treatment of chronic or intractable pain on a protracted basis, a physician shall:

- Conduct an evaluation of the patient which shall include relevant medical, pain, alcohol and substance abuse histories, an assessment of the impact of pain on the patient's physical and psychological functions, a review of previous diagnostic studies, previously utilized therapies, an assessment of coexisting illnesses, diseases, or conditions, and an appropriate physical exam
- Establish and fully document a medical diagnosis in the patient's medical record which indicates the nature of the underlying disease and pain mechanism, if such are determinable



Pain Clinic/Pain Management Regulations, cont'd.

- Formulate and document in the patient's medical record a treatment plan which includes the justification for controlled substance therapy
 - Shall include documentation that other medically reasonable alternative treatments for relief of the patient's pain have been considered or attempted without adequate or reasonable success
- Inform the patient of the risks and benefits of the treatment

Upon determining that controlled substance therapy is warranted, the physician shall:

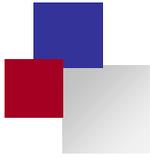
- See the patient at appropriate intervals, not to exceed 12 weeks, to ensure the efficacy of treatment, assure that drug therapy remains indicated, and evaluate the patient's progress toward treatment objectives and any adverse effects
 - Exceptions to this interval should be adequately documented in the patient record
 - Indications of substance abuse or diversion should be evaluated
 - At each visit, physician should seek evidence of under treatment of pain
- If physician believes the patient is suffering from substance abuse or is diverting controlled substances, the physician shall obtain a drug screen
- Single physician shall take primary responsibility for the drug therapy
- Physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives
- Physician shall document and maintain in the patient's medical record, accurate and complete records of history, physical and other examinations and evaluations, consultations, laboratory and diagnostic reports, treatment plans and objectives, controlled substance and other medication therapy, informed consents, periodic assessments, and reviews and the results of all other attempts at analgesia

Evidence or behavioral indications of substance abuse or diversion of controlled substances shall be followed by tapering and discontinuation of controlled substance therapy

- Shall only be reinitiated after referral to and written concurrence of the medical necessity of continued drug therapy by an addiction medicine specialist, pain management specialist, psychiatrist, or other substance abuse professional based upon his or her physical examination of the patient and a review of the referring physician's medical record of the patient

Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

No specific statutes or regulations identified.



Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDL website at www.namsdl.org.

A physician licensed to practice medicine in Louisiana may apply for and be issued a controlled dangerous substance license to prescribe in any form as permitted by rule except for inhalation, and raw or crude marijuana, tetrahydrocannabinols, or a chemical derivative of tetrahydrocannabinols for therapeutic use by patients

- Must be clinically diagnosed as suffering from glaucoma, symptoms resulting from the administration of chemotherapy cancer treatments, or spastic quadriplegia

PMP Requirements for Mandatory Registration and Access

Prescriber shall access the PMP prior to initially prescribing any Schedule II controlled substance to a patient for the treatment of non-cancer related chronic or intractable pain

Prescribers and dispensers of marijuana, tetrahydrocannabinols, or a chemical derivative of tetrahydrocannabinols must review a patient's PMP report prior to the prescribing or dispensing thereof

Medical director of pain management clinic shall use the PMP as part of the clinic's quality assurance program

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.