43-15-31.6. Prescriptive authority.

1. A pharmacist whose practice is physically located within this state, acting in good faith and exercising reasonable care, may independently prescribe drugs, drug categories, and devices as provided in this section if each of the following requirements are met:
    a. A pharmacist may prescribe drugs or devices only for conditions for which the pharmacist is educationally prepared and competence has been achieved and maintained.
    b. A pharmacist may issue a prescription only for a legitimate medical purpose arising from a patient-pharmacist relationship.
    c. A pharmacist shall obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care.
    d. For each drug or drug category a pharmacist intends to prescribe, the pharmacist shall maintain a patient assessment protocol based on current clinical guidelines, when available, or evidence-based research findings that specify the following:
        (1) Patient inclusion and exclusion criteria; and
        (2) Explicit medical referral criteria.
    e. A pharmacist shall revise the patient assessment protocol when necessary to ensure continued compliance with clinical guidelines or evidence-based research findings. The pharmacist's patient assessment protocol, and any related forms, must be made available to the board upon request.
    f. A pharmacist shall consult with and refer to other health care professionals as appropriate, including in situations where the pharmacist's knowledge or experience is limited.
    g. A pharmacist shall develop and implement an appropriate followup care plan, including any monitoring parameters, in accordance with clinical guidelines. The plan may include followup care with the patient and communication with the patient's primary care provider.
    h. A pharmacist shall inquire about the identity of the patient's primary care provider or provider of record. If a primary care provider or provider of record is identified, the pharmacist shall provide notification to the primary care provider or provider of record within three business days following the prescription of a drug. The notification must include the results of any test that required the prescription and, upon the provider's request, any relevant documentation required under subdivision i.
    i. A pharmacist shall maintain documentation adequate to justify the care provided, including information collected as part of the patient assessment, the prescription record, any notification provided under this section, and the followup care plan.
2. A pharmacist may prescribe any drug approved by the federal food and drug administration which is indicated for the following conditions:
    a. Lice;
    b. Cold sores;
    c. Motion sickness, including the prevention of motion sickness; and
    d. Hypoglycemia.

3. A pharmacist may prescribe any of the following devices approved by the federal food and drug administration:
    a. Inhalation spacer;
    b. Nebulizer;
    c. Disposable diabetes blood sugar testing supplies;
    d. Pen needles; and
    e. Auto-injectors containing drugs for patients with a documented history of allergies or anaphylaxis.
4. A pharmacist may prescribe any drug approved by the federal food and drug administration which is indicated for the following conditions, provided the symptomatic patient first tests positive to a test that is waived under the Federal Clinical Laboratory Improvement Act of 1988 [Pub. L. 100-578, section 2; 102 Stat. 2903; 42 U.S.C. 263a et seq.], as amended:
    a. Influenza;
    b. Group A streptococcal pharyngitis; and
    c. Severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2.
5. If a patient tested positive for influenza, a pharmacist may prescribe an antiviral drug to an individual who has been exposed to the infected patient and for whom the clinical guidelines recommend chemoprophylaxis.
6. A pharmacist may prescribe any drug approved by the federal food and drug administration for the purpose of closing a gap in clinical guidelines as follows:
    a. Postexposure prophylaxis for nonoccupational exposure to human immunodeficiency virus infection; and
    b. Short-acting beta agonists for a patient with asthma who has had a prior prescription for a short-acting beta agonist and who has a current prescription for a long-term asthma control drug.
7. A pharmacist who successfully completes an accredited continuing pharmacy education or continuing medical education course on travel medicine may prescribe any noncontrolled drug recommended for individuals traveling outside the United States which is specifically listed in the federal centers for disease control and prevention health information for international travel publication. The pharmacist only may prescribe drugs that are indicated for the patient's intended destination for travel.
8. If an emergency situation exists which in the professional judgment of the pharmacist threatens the health or safety of the patient, a pharmacist may prescribe the following drugs approved by the federal food and drug administration in the minimum quantity necessary until the patient is able to be seen by a provider:
    a. Diphenhydramine;
    b. Epinephrine; and
    c. Short-acting beta agonists.
9. A pharmacist may prescribe antimicrobial prophylaxis for the prevention of lyme disease in accordance with the federal centers for disease control and prevention guidelines.

43-15-31.7. Therapeutic substitution.

1. A pharmacist whose practice is physically located within this state may substitute a drug for a therapeutically equivalent drug, except for antidepressants, antipsychotics, chemotherapy agents, schedule II controlled substances, biological products, and narrow therapeutic index drugs, as limited by this section. Therapeutic equivalence may be established by clinical publications comparing dosages of drugs in a therapeutic class.
2. A pharmacist may not substitute a drug for a therapeutically equivalent drug if:
    a. The prescriber indicates no substitution is to be made; or
    b. The board has determined a therapeutically equivalent drug should not be substituted and notified pharmacists of that determination.
3. Before dispensing a therapeutically equivalent drug, a pharmacist shall:
    a. Verbally discuss the suggested substitution with the patient, including informing the patient that the therapeutically equivalent drug does not contain the identical active ingredient present in the prescribed drug and any differences in dosage and frequency between the prescribed drug and the therapeutically equivalent drug;
    b. Inform the patient of the patient's right to refuse the substitution; and
    c. Determine whether the substitution would provide a cost benefit to the patient or provide access if the prescribed drug is not available.
4. The pharmacist shall send notice of the substitution to the prescriber by electronic communication within twenty-four hours of dispensing the drug to the patient.
5. The prescribing provider is not liable for a substitution made by a pharmacist under this section.