LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

PRESCRIPTION PADS

Purpose:
To define the process for issuing and controlling prescription pads at LSUHSC-S.

Procedure:
1. Only the standardized prescription pad approved by the Pharmacy and Therapeutics Committee & the Clinical Board shall be used at LSUHSC-S. All orders for prescription pads shall initially be placed through Medical Communications in order to type set the required information, and then the template forwarded to the Print Shop. The following information is required by Medical Communications:
   a. Prescriber's Name and Licensure Designation (MD, DDS, NP, PA)
      Note: If the prescriber has limited prescriptive authority (NP, PA), the prescription form shall also indicate the supervising physician's name, licensure designation, address, and telephone number.
   b. Department
   c. Address
   d. Telephone Number
   e. Emergency Telephone Number
   f. Medicaid ID Number
   g. National Provider Identification (NPI) Number

Screen paper shall be used by the Print Shop to help deter forgery potential. Individuals shall not use prescription pads other than their own; a limited number of generic forms may be obtained through the Pharmacy department on an emergency basis. When a generic form is used, the prescriber must print their name legibly on the form in addition to signing.

2. Staff Physicians, Fellows, Dentists, Physicians Assistants and Nurse Practitioners

Generic prescription pads shall not be utilized. All staff physicians, fellows, dentists, physician assistants and nurse practitioners, either independently or through their department, are responsible for the purchase and control of the hospital approved personalized prescription pads.
3. House Officers

House Officers will be issued personalized prescription pads at the time of employment through the Office of Medical Education. At any time the House Officer may request additional pads through this office.

4. Prescription forms containing multiple practitioner names

If multiple physician names are identified on the prescription, the authorizing prescriber must mark the check box next to his/her name.

5. No prescriptions shall contain more than four (4) prescription drug orders per form. Each drug order on the form shall provide for the following:

a. check box labeled “Dispense as Written"
b. the number of refills, if any

6. Equivalent Drug Product Interchange

a. A pharmacist may select an equivalent drug product, provided the patient has been informed of and has consented to the proposed cost saving interchange. If the prescriber does not want a generic substitution, he/she must handwrite a mark in the check box labeled “Dispense as Written,” and personally handwrite his/her signature.

b. For prescriptions reimbursable by Medicaid or Medicare, the prescriber may only prohibit generic substitution by handwriting the words “brand necessary” or “brand medically necessary” on the face of the prescription order or on a sheet attached to the prescription.

_________________________
Administrator

10/20/11
Date

Approved by Clinical Board: 11/20/01, 10/18/05, 11/18/08, 10/18/11
Written: 11/01
Reviewed: 10/05, 10/08, 10/11
Revised: 10/05, 10/08