

SENATE BILL 1018

By Haile

AN ACT to amend Tennessee Code Annotated, Title 53,
relative to prescription drugs.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 53-10-210, is amended by deleting the section in its entirety.

SECTION 2. Tennessee Code Annotated, Title 53, Chapter 10, Part 2, is amended by adding the following as a new section:

53-10-211.

(a) This section shall be known and may be cited as the “Tennessee Medication Therapy Monitoring and Management Act of 2011.”

(b) As used in this section:

(1) “Anti-epileptic drug” means:

(A) Any drug prescribed for the treatment of epilepsy; or

(B) A drug used to treat or prevent seizures;

(2) “Drug interchange” means the dispensing of one (1) manufacturer of a drug for a different manufacturer of a drug. This substitution includes the substitution of a generic version for a brand version, a brand version for a generic version, a generic version for a generic version by a different manufacturer, and a brand version for a brand version by a different manufacturer. The substitutions authorized by this section do not include any therapeutic substitutions;

(3) “Epilepsy” means a neurological condition characterized by recurrent seizures;

(4) “Immunosuppressant drug” means:

(A) A drug prescribed to prevent the immune system from rejecting transplant solid organs or tissue;

(B) A drug used to treat or prevent organ or tissue rejection; and

(C) An immunosuppressant drug as identified by the TennCare Immunosuppressant preferred and non-preferred drug list;

(5) "Medication therapy monitoring and management program" means a formal process beyond that normally required for monitoring of medication therapy and determined by a prescriber as necessary for an individual patient and a specific drug. The program may include administrative, clinical, or educational actions including but not limited to:

(A) Monitoring serum levels of drugs requiring close titration of doses in order to ensure that there are sufficient levels in the blood to be therapeutically effective, while avoiding potentially toxic excess; and

(B) Monitoring the effect of medications on a particular organ or organs; and

(6) "Seizure" means a brief disturbance in electrical activity of the brain.

(c) A pharmacist may determine that a drug interchange is acceptable provided that the prescriber is notified of the interchange to allow appropriate medication therapy monitoring and management in compliance with subsections (d)-(f).

(d) The request for pharmacist notification must be for a specifically-identified patient and a specific drug as ordered on the prescription. It cannot be requested for a class of drugs. The prescriber must in the prescriber's own handwriting write: "Notify of Interchange" or "NOI." This notation must be written in prescriber's own handwriting on all written and faxed prescriptions or must be entered in the comments section of any electronic prescription order. Prescriber notification will be in force for only the time period that the prescription order is valid and legal notification may be made verbally, by

fax, or electronically. Notification that is clearly not transmitted successfully must subsequently be retransmitted no later than the next business day upon learning that the notification was not delivered in such manner that the pharmacist has a reasonable belief that the retransmission was received. The notification must be entered in the patient's chart and documented as received.

(e) The pharmacist shall notify the patient or the patient's representative at the time of dispensing, and shall notify the prescriber at the time of the dispensing, if available, but no later than the prescriber's next business day after dispensing.

(f)

(1) This section shall not apply to prescriptions written for inpatients of a hospital, outpatients of a hospital where the doctor, or other person authorized to write prescriptions, writes the order into the hospital medical record and then the order is given directly to the hospital pharmacy and the patient never has the opportunity to handle the written order, a nursing home or an assisted care living facility as defined in § 68-11-201, or inpatients or residents of a mental health hospital or residential facility licensed under title 33 or individuals incarcerated in a local, state or federal correctional facility.

(2) This section shall not apply to prescriptions written for patients at the time of their discharge from a hospital, outpatients of a hospital where the doctor, or other person authorized to write prescriptions, writes the order into the hospital medical record, a nursing home or an assisted care living facility as defined in § 68-11-201, or inpatients or residents of a mental health hospital or residential facility licensed under title 33 or individuals incarcerated in a local, state or federal correctional facility.

(3) This section shall only apply to:

(A) Anti-epileptic drugs that are used in the prevention of seizures;

and

(B) Immunosuppressant drugs.

SECTION 3. This act shall take effect July 1, 2011, the public welfare requiring it.