

## APA Official Actions

# Position Statement on Legislative Attempts Permitting Pharmacists to Alter Prescriptions

Reaffirmed by the Board of Trustees, 2022  
Reaffirmed by the Assembly, November 2022  
Approved by the Board of Trustees, 2017  
Approved by the Assembly, 2017

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### **Issue:**

In 2013, the Arkansas legislature passed an act that enables prescribers to “authorize the pharmacist to substitute a therapeutically equivalent drug”, and this act modified the definition of “therapeutically equivalent,” striking out the requirement for pharmaceutical equivalence and, instead, allowing for drug products “from the same therapeutic class.” Additionally, the act defines “therapeutic class” as “a group of similar drug products that have the same or similar mechanisms of action and are used to treat a specific condition. Further, the act specified that the “pharmacist shall send notice of the substitution to the prescriber in writing or by electronic communication within twenty-four (24) hours AFTER the drug is dispensed to the patient.” There are vast inter-individual differences in genetics and biology. Medications may be lumped together and described as a “therapeutic class,” but which are not therapeutically equivalent as there are frequently significant differences in metabolic pathways, drug interactions, multiple receptor actions and adverse reactions. This act enables prescribers in Arkansas to authorize pharmacists to substitute medications with similar mechanisms of action, with dosages determined by the pharmacist, and with notification to (and not necessarily in consultation with) the prescriber after the drug has already been dispensed. Amongst other concerns, this practice is not consistent with the doctrine of Informed Consent.

### **APA Position:**

**Physician’s prescriptions should not be overruled or substituted by pharmacists without prior physician approval and should recognize patient preference.**

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