

481—552.12(155A) Manner of issuance of prescriptions.

552.12(1) *Legitimate purpose.* Prescriptions will be valid when issued for a legitimate medical purpose by a prescriber acting in the usual course of the prescriber's professional practice to a patient within an established prescriber/patient relationship, except when issued in accordance with Iowa Code section 135.185, 135.190, 139A.41, 147A.18, or 280.16A.

552.12(2) *Security paper.* A prescription for a noncontrolled substance that is authenticated with an electronic signature and printed will be printed on security paper that ensures the prescription information is not obscured or rendered illegible during fax transmission or scanning into an electronic record system.

552.12(3) *Inaccessibility of prescriber.*

a. Once the prescriber/patient relationship is broken and the prescriber is no longer available to treat the patient or oversee the patient's use of the medication, a prescription loses its validity. Upon becoming aware of the situation, the pharmacist will cancel the prescription and any remaining refills but may exercise prudent judgment in individual circumstances to ensure sufficient patient access to continued treatment until the patient can reasonably obtain the service of another prescriber.

b. In the event that a pharmacist is unable to obtain a response from a prescriber after reasonable attempts, the pharmacist may refill a patient's prescription, excluding controlled substances, when, in the pharmacist's judgment, the patient may experience undue harm due to the lapse in therapy.

552.12(4) *Therapeutic substitution.*

a. The patient record will include the originally prescribed medication as well as the therapeutic substitution made by the pharmacist.

b. For noninstitutionalized patients, the pharmacist will obtain patient consent prior to substitution and notify the prescriber of the therapeutic substitution within three business days following dispensing.

c. For institutionalized patients, the pharmacist will follow institutional policies and procedures for therapeutic substitution and documentation.

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