Prescribing in Nevada

Prescribing Controlled Substances (CS) for the Treatment of Pain (AB 474 and AB 239)

Initial Prescription

Before writing an initial prescription for a CS, each practitioner must:

- Have a bona fide relationship with the pt;
- Establish a preliminary diagnosis and a treatment plan;
- Perform a *Patient Risk Assessment* (→);
- Obtain and review the pt's PMP report;
  - If the pt has a current prescription for the same CS, the practitioner shall not prescribe the CS **unless they determine it is medically necessary**.
- Discuss non-opioid treatment options with the pt;
- Obtain *Informed Consent* (→) from the pt;
- If the practitioner decides to write an initial prescription, it must be for (**unless the practitioner determines that a higher quantity is medically necessary**):
  - ≤ 14-day supply if treating acute pain;
  - ≤ 90 MME daily for an opiate naïve pt.

Prescribing after 30 days

Continuation of CS for >30 consecutive days the practitioner and pt must enter into a *Prescription Medication Agreement*, which must include:

- Goals of the treatment;
- Pt's consent to drug testing when deemed necessary by the practitioner;
- A requirement that the pt take the CS as prescribed;
- A prohibition on sharing the CS with any other person;
- A requirement that the pt inform the practitioner:
  - Of any other CS prescribed or taken;
  - Of any alcohol, cannabinoid, or illicit drug use;
  - Treatment received for side effects/complications relating to the CS;
  - Each state the pt previously resided or had a prescription for CS filled;
  - Reasons the practitioner may change or discontinue the treatment.

Prescribing after 90 days

Continuation of CS for >90 consecutive days the practitioner must:

- Determine an evidence-based diagnosis for the pain;
- Complete a *Risk of Abuse Assessment* validated by peer-reviewed research;
- Discuss the treatment plan with the pt;
- Obtain and review the pt's PMP report every 90 days;
- If the pt has been prescribed a dose that exceeds 90 MME daily
  - Develop a revised treatment plan (including an assessment of increased risk for adverse outcomes) and document in the pt's medical record;
  - Consider referring pt to a specialist.

Prescribe 365

A practitioner should not prescribe a CS to a pt who has already received 365 days' worth of that CS for a particular diagnosis in any given 365 day rolling period **unless the practitioner determines that it is medically necessary.**

Patient Risk Assessment

- Obtain and review the pt's **relevant** medical history/records; and
- Conduct a physical examination of the patient **directed to the source of the pt's pain and within the scope of practice** of the practitioner.
- Assess the mental health and risk of abuse, dependency, and addiction of the pt using a validated instrument.
- **If the prescription is ≥ 30 days' supply**
  - Make a good faith effort to obtain and review **any** medical records of the pt from any other provider who has provided care to the pt **that are relevant to the prescription; and**
  - Document efforts and conclusions made from obtaining and reviewing such records in the pt's medical record.

Informed Consent

The practitioner must obtain informed consent after discussing the following with the pt. **The practitioner shall document in the medical record of the pt the conversation in which a pt provided informed consent. If the Informed Consent is in writing, the document must be included in the pt's medical record.**

- The potential risks and benefits of using the CS;
- The proper use, storage, disposal of the CS;
- The treatment plan and possible alternative treatment options;
- Risk of CS exposure to a fetus of a childbearing age woman;
- If the CS is an opioid, the availability of an opioid antagonist; AND
- If the pt is an unemancipated minor, the risks that the minor will abuse, misuse, or divert the CS and ways to detect those issues.

Exemptions for Hospice, Palliative, Cancer and Sickle Cell Prescriptions

Practitioners prescribing CS for the treatment of pain to a pt diagnosed with cancer or sickle cell disease, or is receiving hospice or palliative care must:

- **Have a bona fide relationship with the pt;**
- **Obtain *Informed Consent* that meets the requirements in AB 239 or any applicable guidelines for informed consent established by:**
  - **The Centers for Medicare and Medicaid Services;**
  - **American Society of Clinical Oncology;**
  - **The National Heart, Lung and Blood Institute.**

Practitioners prescribing CS for the treatment of pain to a pt diagnosed with cancer or sickle cell disease, or is receiving hospice or palliative care is NOT required to:

- **Perform a *Patient Risk Assessment*;**
- **Enter into a Prescription Medication Agreement with the pt;**
- **Adhere to the initial prescription days' supply or daily MME requirement.**

*****Bolded Sections are new AB239 Language*****

This information is provided as a courtesy, does not constitute legal advice, and does not override the specific provisions of Nevada law as applied to a particular set of facts.