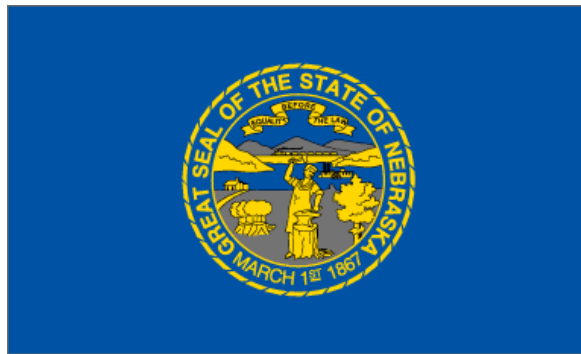




Prescribing and Dispensing Profile

Nebraska



Research current through November 2015.

This project was supported by Grant No. G1599ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.



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Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II substances may only be dispensed on the written prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency situation
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
 - To be compounded for direct administration to a patient by certain methods
 - For a resident of a long term care facility

Schedule II prescriptions shall not be filled more than six months after the date of issuance

Schedule II prescriptions shall be kept separately from other records

Schedule II prescriptions shall not be refilled

Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

Schedule III – V substances may only be dispensed on the written, oral, faxed, or electronic prescription of a practitioner

- Valid for six months after the date of issuance

Schedule III – V prescriptions shall be kept separately from other records or in a form in which the information is readily retrievable from other business records

Schedule III – V prescriptions shall not be filled or refilled more than six months after issuance or refilled more than five times

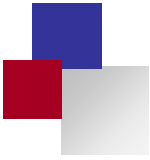
Miscellaneous Prescribing/Dispensing Requirements

Prescriptions must contain the following information:

- Name and address of patient
- Name of drug, device, or biological
- Strength of drug or biological
- Dosage form of the drug
- Quantity
- Directions for use
- Number of refills allowed
- Date of issuance and signature of prescriber
- Prescriber's name, address, and DEA registration number

Prescribing/Dispensing Limitations for Dentists

No separate statutes or regulations related to prescribing and dispensing limitations for dentists.



Prescribing/Dispensing Limitations for Optometrists

No specific statutes or regulations identified.

Pain Clinic/Pain Management Regulations

Legislature finds that many controlled substances have useful and legitimate medical and scientific purposes and are necessary to maintain the health and general welfare of the people of Nebraska

- Principles of quality medical practice dictate that the people of Nebraska have access to appropriate and effective pain relief
- Appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain
- Legislature encourages physicians to view effective pain management as a part of quality medical practice for all patients with pain, acute or chronic, including those patients who experience pain as the result of a terminal illness

Physician who prescribes, dispenses, or administers a controlled substance in excess of the recommended dosage for the treatment of pain shall not be subject to discipline or criminal prosecution when:

- In the judgment of the physician, appropriate pain management warrants such dosage
- The controlled substance is not administered for the purpose of causing, or the purpose of assisting in causing, death for any reason
- The administration of the controlled substance conforms to the policies and guidelines for the treatment of pain adopted by the board

Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

No specific statutes or regulations identified.

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

No specific statutes or regulations identified.

PMP Requirements for Mandatory Registration and Access

No specific statutes or regulations identified.

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.