



Prescribing and Dispensing Profile

Nevada

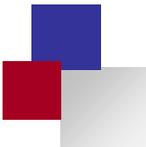


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Schedule II Prescribing Limitations (not related to pain clinics)

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
 - Quantity prescribed and dispensed must be limited to an amount sufficient to treat the patient during the emergency period
 - Must be immediately reduced to writing
 - Pharmacist must make a reasonable effort to determine that the oral authorization came from a registered practitioner if the practitioner is not personally known to the pharmacist, including a call back to the practitioner's office at his/her number as listed in the telephone directory or other good faith attempts to verify the identity of the practitioner
 - Prescriber must deliver a written prescription to the pharmacy within 72 hours
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
 - Direct administration to a patient by certain methods
 - Resident of a facility for intermediate care or a facility for skilled nursing
 - Resident of a long term care facility or patient enrolled in a hospice program

Schedule II prescriptions must be maintained in a separate file

- May be filed with Schedule III – V prescriptions if those prescriptions are stamped with the red letter “C”

Schedule II prescriptions shall not be refilled

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

Schedule III and IV substances may only be dispensed on the written or oral prescription of a practitioner

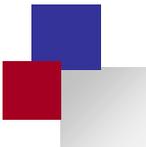
Schedule V substances may only be distributed or dispensed for a medical purpose

In the absence of specific authorization to refill, when the refilling of a prescription calling for a controlled substance or dangerous drug needed for the continuation of a treatment of a chronic or continuing illness is considered necessary and the pharmacist is unable to communicate with the prescribing practitioner, the pharmacist may, if in his or her professional judgment the pharmacist feels that the controlled substance or dangerous drug should be provided for the patient, furnish a sufficient supply of the medication to provide for the continuation of treatment until such time as he or she can communicate with the prescribing practitioner personally

Schedule III – V prescriptions must be maintained in a separate file from other prescriptions and stamped with a red letter “C”

- May be filed with Schedule II prescriptions as long as they are stamped
- May be filed without the stamped red letter “C” as long as Schedule II and noncontrolled prescriptions are maintained in separate files

Schedule III and IV prescriptions may not be filled or refilled more than six months after originally issued or refilled more than five times unless renewed by the practitioner



Miscellaneous Prescribing/Dispensing Requirements

A practitioner may dispense or deliver a controlled substance to a person only for medical treatment in the ordinary course of his or her profession

- Practitioner must have a certificate from the board and issue a written prescription
- Must keep complete, accurate, and readily retrievable records of all controlled substances dispensed
- Must issue a written prescription to the patient to have it filled at another location of the patient's choosing or by the dispensing practitioner

Prescriptions must contain the following information:

- Name, address, and signature of practitioner
- Classification of practitioner's license and DEA registration number
- Name and address of patient
- Name, strength, and quantity of drug prescribed
- Directions for use
- Date issued

Prescribing/Dispensing Limitations for Dentists

Dentist may prescribe or administer a controlled substance for a legitimate medical purpose in the usual course of his or her practice

Prescribing/Dispensing Limitations for Optometrists

Optometrists may administer and prescribe therapeutic pharmaceutical agents but may not prescribe an analgesic of hydrocodone with compounds, codeine with compounds or propoxyphene with compounds unless the optometrist:

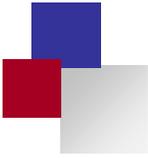
- Has completed an optometric exam of the patient
- Prescribes the pharmaceutical agent in an amount that will not last more than 72 hours
- Sets for that the prescription may not be refilled

Pain Clinic/Pain Management Regulations

Intractable pain means a condition of discomfort for which the cause cannot be removed or otherwise treated and for which a method of providing relief, or of which a cure for the cause, has not been found after reasonable efforts have been taken

A physician is not subject to disciplinary action solely for prescribing or administering a Schedule II – V controlled substance to a patient if the substance is lawfully prescribed or administered for the treatment of intractable pain

The Board adopts the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain, published by the Federation of State Medical Boards



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

The board may enact regulations requiring physicians registered to dispense controlled substances to complete at least one hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure

The board may enact regulations requiring a dentist registered to dispense controlled substances to complete at least one hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure

The board may enact regulations requiring an optometrist certified to administer and prescribe therapeutic pharmaceutical agents and who is registered to dispense controlled substances to complete at least one hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDL website at www.namsdl.org.

Chronic or debilitating medical condition means:

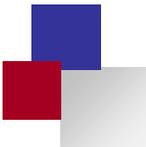
- AIDS, cancer, glaucoma
- A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:
 - Cachexia; persistent muscle spasms, including, without limitation, spasms caused by multiple sclerosis; seizures, including, without limitation, seizures caused by epilepsy; severe nausea; severe pain
- Any other medical condition or treatment for a medical condition that is:
 - Classified as a chronic or debilitating medical condition by regulation of the division
 - Approved as a chronic or debilitating medical condition pursuant to a petition submitted

Written documentation from the patient's physician shall state:

- The person has been diagnosed with a chronic or debilitating medical condition
- That medical marijuana may mitigate the symptoms or effects of that condition
- The attending physician has explained the possible risks and benefits of the medical use of marijuana

Professional licensing boards may not take any disciplinary action against an attending physician on the basis that the physician:

- Advised a person whom the physician had diagnosed as having a chronic or debilitating medical condition, or a person whom the physician knows has been so diagnosed by another physician, if the advice is based on the physician's personal assessment of the person's medical history and current medical condition:
 - About the possible risks and benefits of the medical use of marijuana
 - That the medical use of marijuana may mitigate the symptoms or effects of the person's chronic or debilitating medical condition



Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

- Provided written documentation for the issuance of a registry card or letter of approval if:
 - Such documentation is based on the attending physician's personal assessment of the person's medical history and current medical condition
 - The physician has advised the person about the possible risks and benefits of the medical use of marijuana

Division will register and track each attending physician who advises a patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition and, to the extent possible, the division will maintain a confidential record of:

- The number of patients whom the patient advises that the medical use of marijuana may mitigate symptoms or effects of the patients' medical condition
- The chronic or debilitating medical conditions of each patients
- The number of times the physician advises each patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition
- The number of different chronic or debilitating medical conditions for which the physician advises each patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition
- How frequently the physician advises each patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition

If the division determines that the physician is advising patients that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition at a rate that seems unreasonably high, the division will notify the appropriate professional licensing board in writing so that the board may investigate the notification as a complaint

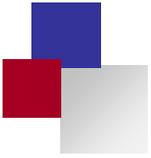
PMP Requirements for Mandatory Registration and Access

Each practitioner authorized to write prescriptions for Schedule II – IV substances shall access the database of the program at least once every six months to:

- Review the information concerning the practitioner and notify the Board if any information is incorrect
- Verify to the Board that he or she continues to have access to and has accessed the database

Prior to initiating a prescription for a controlled substance listed in Schedules II – IV, a practitioner shall obtain a PMP report if:

- The patient is a new patient of the practitioner
- The prescription is for more than 7 days and is part of a new course of treatment for the patient
- Initiating a prescription means originating a new prescription for a new patient or originating a new prescription to begin a new course of treatment for an existing patient



Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.

