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;
- 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.