This fact sheet is intended to clarify Nevada law with regard to prescribing Schedule V controlled substances for human use. Assembly Bill (AB) 474 (2017) made significant changes to the requirements for prescribing schedule II, III and IV controlled substances for pain. Senate Bill (SB) 59, which also passed during the 2017 Legislative Session, made changes to the requirements for prescribing schedule V controlled substances. Those bills must be read together.

PATIENT UTILIZATION REPORT FOR SCHEDULE V OPIOIDS ONLY

AB 474, together with prior existing law, requires a practitioner who sees human patients to access and review a patient's Prescription Monitoring Program (PMP) Patient Utilization Report before the practitioner prescribes any schedule II, III or IV controlled substance. SB 59 added a similar requirement for schedule V controlled substances, but only when prescribing an *opioid* listed in Schedule V. Practitioners are not required to check the PMP before prescribing a non-opioid schedule V controlled substance, although the information in the PMP may be important to providing sound patient care.

DISPENSING SCHEDULE V – REPORT INTO PMP

Historically pharmacies and dispensing practitioners were required to report certain information regarding dispensed prescriptions for schedule II, III and IV controlled substances. SB 59 added prescriptions for schedule V controlled substances to the list of prescriptions for which reporting is required. That reporting must occur by the next business day after the medication is dispensed. *See*, Section 2.5, Senate Bill 59 and NRS sections 453.163 and 453.162. Today every prescription for a controlled substances Schedule II, III, IV, and V must be reported to the PMP. *See* NAC 639.926.

WRITTEN PRESCRIPTIONS

All prescriptions for controlled substances, including Schedule V controlled substances, must now have the following information printed or written on the prescriptions:

- Name, signature of practitioner, and ***DEA registration number of the practitioner and address***, with classification of license
- Name and ***DOB*** of patient and address of patient, if not immediately available to the pharmacist
- Name, strength and quantity of drug prescribed, ***and the number of days that the drug is to be used, starting with the day prescription is filled***
- Directions for use, ***including without limitation, the dose of the drug prescribed, the route of administration and the number of refills authorized, if applicable;***

- ***The ICD-10 code that corresponds to the diagnosis for which the controlled substance is prescribed and***

- Date of issue.

See AB 474, Section 61. Per the Board of Pharmacy, a pharmacist, after confirming with the practitioner, may insert some of that information if it is missing. A pharmacist may add the "days supply", ICD-10 Code and the patient address or date of birth. *See*, R046-17AP. However, pharmacists are prohibited from writing in the practitioner's DEA number. A prescription for a controlled substance that is missing the practitioner's DEA number is invalid.