Prescribing in Nevada
Changes to Nevada Laws Surrounding Prescribing Controlled Substances for the Treatment of Pain

**Before prescribing a CS the practitioner must evaluate for the following where applicable:**

- Whether the CS, if previously prescribed, is working as intended and as expected to treat the Patient’s (pt’s) symptoms;
- Whether there is reason to believe that the pt is not using the CS as prescribed or is diverting for use by another person;
- Whether the pt’s PMP report indicates that the pt is using the CS inappropriately or is using other CS not prescribed and unbeknownst to the practitioner;
- Whether the pt has a history of substance abuse and whether there is reason to believe that the pt is currently misusing or is addicted to the CS;
- Whether there is reason to believe that the pt is using other drugs (including alcohol or illicit) that may interact negatively with the CS prescribed;
- The number of early refill attempts or number of times the pt claimed that the CS has been lost or stolen;
- Whether blood or urine tests indicate inappropriate use of the CS or the presence of unauthorized CS in the pt’s system;
- Any major change in the pt’s health that would affect the medical appropriateness of the CS.

**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 (see below);
- Obtain and personally review the pt’s PMP report;
- Discuss non-opioid treatment options with the pt;
- If the practitioner decides to write an initial prescription:
  - It must be for ≤ 14-day supply if treating acute pain;
  - It must not be for > 90 MME daily for an opioid naive pt; AND
  - An Informed Consent (see below) must be completed by the pt.

**Patient Risk Assessment**

- Obtain and review the pt’s medical history/records; and
- Conduct a physical examination of the patient and assess their mental health, their risk of abuse, dependence, and addiction.

**Informed Consent**

The practitioner must obtain informed written consent after discussing the following with the pt:

- 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.

**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 or complications relating to the CS use;
  - Each state in which 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 through 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
  - Consider referring pt to a pain management specialist;
  - Develop a revised treatment plan (including an assessment of increased risk for adverse outcomes) and document in the pt’s medical record

**Prescribing after 365 days**

A practitioner should not prescribe a CS to a patient who has already received 365 days’ worth of that CS for a particular diagnosis in any given 365 day rolling period. Similarly, a practitioner should not prescribe more doses of a CS than the patient needs if he or she adheres to the practitioner’s dosing instructions for the treatment period. In either scenario, the practitioner may choose to prescribe a larger quantity than the patient needs for the treatment period, so long as the practitioner documents his or her rational in the patient’s medical record.