AB 474 FAQs:

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When does the new controlled substance prescribing law in Nevada (AB 474) become effective?

AB 474 becomes effective January 1, 2018. (AB 474, §64.)

What types of practices are exempt from the provisions of AB 474?

AB 474 has few exemptions. It applies to all controlled substance prescriptions written for the treatment of pain in humans, including prescriptions written for out-patient use. (AB 474, §51-64.) It does not apply to chart orders for controlled substances ordered for administration, including in a hospital, emergency department, skilled nursing facility or facility of intermediate care (NRS 639.004).

Does AB 474 apply to in-patients in a hospital?

AB 474 does not apply to chart orders for controlled substances to be administered to in-patients. (AB 474, §51-64.)

Are hospital and stand-alone emergency departments required to comply with the requirements of AB 474?

AB 474 applies to all practice settings where controlled substances are prescribed or dispensed for pain. The requirements of AB 474 do not apply to medications ordered for administration to the patient on-site, including in an emergency department, a clinic or in a hospital. (AB 474, §51-64.)

Does AB 474 apply to prescriptions written by a hospitalist for use by the patient after discharge?

AB 474 applies to all prescriptions for controlled substances written for use by the patient on an out-patient basis. That includes prescriptions to be filled after discharge. (AB 474, §52-64.)

Does AB 474 apply to veterinarians?

AB 474 does not apply to veterinarians. It applies only to prescriptions for controlled substances for human use.

Are prescriptions for a course of treatment lasting 7 days or less exempt from the requirement of AB 474?

The exception for prescriptions for 7 days or less no longer exists. The Legislature removed that exception when it enacted AB 474. (AB 474, §60.)

Can a patient sign a written informed consent form as required by AB 474 as part of the intake process in an emergency department?

An emergency department may provide a written informed consent form as part of its patient intake process. The law does not prohibit support staff from assisting the practitioner. However, it is the prescribing practitioner's responsibility to obtain the informed consent prior to prescribing a controlled substance for pain. (AB 474, §53, 54(2).)

Once the informed consent is obtained by the practitioner and signed by the patient, can it be transferred from one provider to another within the same practice?

The requirements of AB 474 are directed to individual practitioners. As such, each prescriber should comply with the law. (AB 474, §52-64.)

Does the bona fide practitioner/patient relationship transfer from a primary provider to a covering provider who works for the same organization?

Each practitioner must establish a bona fide practitioner/patient relationship with the patient before writing any prescription for a controlled substance for that patient. That relationship can be established through an examination in person or through telehealth as described in NRS 639.235(4) and as further defined by NRS 629.515. A bona fide relationship with a patient does not exist where the practitioner has never examined the patient or has not seen the patient in the last six months. (AB 474, §52-64.)

Additionally, AB 474 Section 55(1)(c) requires the practitioner to meet with the patient, in person or using telehealth, to review the treatment plan if the patient has used the controlled substance for 90 consecutive days, which may require the practitioner to examine the patient

at least every 90 days for ongoing treatment, unless the practitioner has documented reasons for prescribing for longer periods of time.

Does AB 474 apply to prescribing for acute pain related conditions?
AB 474 does apply to prescribing for acute pain related conditions. (AB 474, §52.)

Does AB 474 apply to prescriptions for controlled substances to treat diagnoses related to behavioral health or sleep issues?
The new components of a valid prescription (prescriber's DEA number, patient date-of-birth, ICD-10 Code and days supply) apply to every prescription for a controlled substance. (AB 474, §61.) A prescriber is also required to query the PMP before writing any new medication for a controlled substance and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance. (AB 474, §60(1).) The remaining requirements of AB 474 apply only to prescriptions where the prescriber writes the prescription for a controlled substance for the treatment of pain.

Are prescribers who prescribe controlled substances for residents of a nursing home subject to the requirements of AB 474?
If the prescription is written for outpatient use, then the patient and prescriber are subject to AB 474. Nursing homes are considered out-patient facilities unless they are properly licensed as a skilled nursing facility or a facility for intermediate care by the Nevada Department of Health and Human Services. (NRS 639.004)

Are prescribers who prescribe controlled substances for hospice patients subject to the requirements of AB 474?
If the prescription is written for outpatient use, including for a hospice patient, the patient and prescriber are subject to AB 474. (AB 474, §53.)

Is the ICD-10 code sufficient to demonstrate that the prescription is for chronic pain?
The ICD-10 code is mandated on the prescription blank. The patient's chart should contain additional information and test results to support the diagnosis and corresponding ICD-10 code provided on the prescription. (AB 474, §61(2)(g).)

Does AB 474 apply to a prescription for cancer pain where the clinician determines the pain is chronic at the time of the first prescription?
An "initial prescription" is "a prescription originated for a new patient of a practitioner, or a new prescription to begin a new course of treatment for an existing patient of a practitioner. The term does not include any act concerning an ongoing prescription that is issued by a practitioner to continue a course of treatment for a new or existing patient of the practitioner." (AB 474, §51.)

When providing the diagnosis (ICD-10), is it sufficient to write just the code number, or does the practitioner also need to write out the description of that diagnosis.

The practitioner needs to provide only the ICD-10 code number. The practitioner does not need to write out the description of the diagnosis associated with the code. This code will be added the patient's utilization report in the PMP.

Is there a specified time frame for obtaining the PMP utilization report prior to writing a prescription?

A practitioner shall, before issuing an initial prescription for a controlled substance and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain the patient's PMP utilization report. (AB §§53-57 and 60(1)(b)). The practitioner must review the patient's report to become aware, before prescribing the controlled substance, of other controlled substances that a pharmacy or dispensing practitioner may have dispensed to the patient.

The law does not specify a time frame within which the practitioner must review the patient's PMP report, only that it must be before the practitioner prescribes the controlled substance. The purpose of reviewing a patient's PMP Report, however, is to provide the practitioner with up-to-date information about the medications that the patient has used and may currently be using. The PMP is updated daily to advance that purpose. A report that is dated may not include the patient's most current prescription information. (AB 474 §60(1)(a)-(b).

For how long after writing a prescription for a controlled substance for pain is the practitioner required to continue to check the PMP?

If a practitioner is treating a patient with a controlled substance and continues to prescribe the controlled substance, then the practitioner must check the patient's PMP history every 90 days. The law specifically states that the PMP must be obtained "at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance." (AB 474, §60(1).) Once the patient discontinues the course of treatment, there is no need to continue to review the patient's PMP Report.

Is a practitioner required to prescribe an opioid antagonist with every prescription for an opioid controlled substance?

A practitioner does not have to issue or prescribe an opioid antagonist to the patient. The practitioner simply has to inform the patient that he or she can obtain an opioid antagonist in case of an overdose without a prescription from pharmacies that are participating in providing opioid antagonists without a prescription. (AB 474, §54(2)(i).)

What are the parameters for an informed consent?

The parameters for an informed consent are set out in AB 474, §54(2).

Is an informed consent required for all CS medications or just those used to treat pain?

The law mandates an informed consent for controlled substance used to treat pain.

What is the days supply that in needed on the prescription?

Days supply is the fewest number of days necessary to consume the quantity of the controlled substance dispensed to the patient if the patient consumes the maximum dose of the controlled substance authorized by the prescribing practitioner. (AB 474 §7(1)(d)(1))

Does a practitioner need to "obtain" patient medical records from general practitioners or just the patient provided information?

AB 474 requires the practitioner to "obtain and review a medical history of the patient." (AB 474, §54(a).) AB 474 requires the practitioner to make a good faith effort to obtain and review the patient's medical records from any other provider of health care for the patient. (AB 474, §54(1)(c).)

If there are multiple practitioners in my practice, and each of them is listed on the pre-printed prescription pad, is it sufficient for each practitioner to circle his or her name?

It is sufficient for the writing practitioner to circle his or her name to indicate who wrote the prescription, so long as that demarcation is clear and unambiguous. The prescription must also include the practitioner's Drug Enforcement Administration (DEA) number. (AB 474, §61.)

Does AB 474 apply to a prescription for codeine/acetaminophen (Tylenol-Codeine 3)?

The requirements of AB 474 apply to all prescriptions for controlled substances listed in schedule II, III or IV written for the treatment of pain. That includes products that contain codeine.

Does the law apply to prescriptions written at a federal facility?

AB 474 applies to Nevada-licensed practitioners, but the State of Nevada does not have authority to establish rules to be followed at facilities that fall exclusively under federal control. Practitioners should, however, inquire as to the policies and procedures for the facility where they are working as many federal facilities adopt the requirements of the state where the facility is located.

How should a practitioner document the review of a patient's PMP Report?

AB 474 does not specify how a practitioner should document his or her review of the patient's PMP Report. Practitioners commonly document the review in the patient's chart or maintain a copy of the PMP Report in the patient's records.

Does the State have the ability to monitor and track whether a practitioner logged in and checked a patient's PMP Report before prescribing a controlled substance?

Yes. All activity in the PMP is logged.