LCB File No. T009-03

ADOPTED TEMPORARY REGULATION OF THE STATE BOARD OF PHARMACY

Filed with the Secretary of State on February 4, 2003

APN & PA DISPENSING LIMITATION REGULATIONS

Section 1. NAC 639.280 shall be amended as follows:

NAC 639.280 Authority to prescribe and dispense; record of prescriptions; use and labeling of containers for dispensing. (NRS 639.070**,** 639.1373**)**

~~[1. Except as otherwise provided in subsections 2 and 3, a physician assistant who is authorized to prescribe and dispense controlled substances, poisons, dangerous drugs and devices may dispense a controlled substance or dangerous drug in an amount which does not exceed a 10-day supply.~~

~~2. A physician assistant who is authorized to prescribe and dispense dangerous drugs may dispense birth control pills in any quantity ordered by prescription.~~

~~3. A physician assistant who is authorized to prescribe and dispense controlled substances, poisons, dangerous drugs and devices may dispense a controlled substance or dangerous drug in an amount which does not exceed a 90-day supply if he is employed by a public or nonprofit agency.~~

~~4.]~~ ***1.*** A physician assistant who prescribes or dispenses drugs to a patient under the direction of a supervising physician or pursuant to NRS 454.00958, shall do so by a written prescription, unless the prescription is issued as an oral order to a pharmacy.

~~[5.]~~ ***2.*** Each prescription dispensed by a physician assistant must be serially numbered and kept in numerical order in a complete, accurate and readily retrievable form. Each record of a prescription must contain:

(a) The name of the patient and, if not readily available from the practitioner's records, his address;

(b) The name, strength and quantity of the prescribed medication;

(c) The name of the prescribing practitioner and classification of his license;

(d) The practitioner's registration number issued by the Drug Enforcement Administration of the United States Department of Justice, if the product is a controlled substance;

(e) The initials of the dispensing practitioner, if the dispensing practitioner did not prescribe the medication;

(f) The directions for use;

(g) The date the prescription was issued; and

(h) The signature of the prescribing practitioner.

~~[6.]~~ ***3.*** Each controlled substance or dangerous drug which is dispensed by a physician assistant must be placed in a container affixed with a label which contains the following information:

(a) The date dispensed.

(b) The name of the collaborating practitioner and the physician assistant.

(c) The name of the patient.

(d) The specific directions for use indicating the portion of the body to which the medication is to be applied or, if it is to be taken into the body by means other than orally, the orifice or canal of the body into which the medication is to be inserted or injected.

(e) The date of expiration of the drug.

(f) The name, strength and quantity of the drug dispensed.

(g) The following warning in capital letters:

CAUTION: DO NOT USE WITH ALCOHOL OR NONPRESCRIBED DRUGS WITHOUT CONSULTING THE PRESCRIBING PRACTITIONER.

(h) The serial number of the prescription.

(i) Any other information which is required by federal or state law.

~~[7.]~~ ***4.*** A physician assistant may dispense dangerous drugs or controlled substances only after he has issued a written prescription that authorizes the patient to have the prescription filled by the physician assistant or at another location of the patient's choosing.

~~[8. A physician assistant may not dispense the same drug to the same person on consecutive weeks, except that, upon the prior written approval of the supervising physician, a physician assistant who has dispensed a drug to a person pursuant to subsection 1 may dispense the drug to the same person a second time in an amount which does not exceed a 10-day supply.]~~ ***5. A physician's assistant may prescribe or dispense such quantities of dangerous drugs and controlled substances as are allowed by his collaborating practitioner and only for a legitimate medical purpose in an amount not to exceed a 180-day supply.***

Section 2. NAC 639.879 shall be amended as follows:

NAC 639.879 Scope of authority to dispense; record of prescriptions.

1. An advanced practitioner of nursing who dispenses drugs to a patient under the direction of a ~~[supervising physician]~~ ***collaborating practitioner*** or pursuant to NRS 454.00958, shall do so by a written prescription, unless the prescription is issued as an oral order from a practitioner.

2. Each prescription dispensed by an advanced practitioner of nursing must be serially numbered and kept in numerical order in a complete, accurate and readily retrievable form. Each record of a prescription must contain:

(a) The name of the patient and, if not readily available from the practitioner's records, the patient's address;

(b) The name, strength and quantity of the prescribed medication;

(c) The name of the prescribing practitioner and classification of his license;

(d) The practitioner's registration number issued by the Drug Enforcement Administration of the United States Department of Justice, if the product is a controlled substance;

(e) The initials of the dispensing practitioner, if the dispensing practitioner did not prescribe the medication;

(f) The directions for use;

(g) The date the prescription was issued; and

(h) The signature of the prescribing practitioner.

3. An advanced practitioner of nursing may dispense dangerous drugs or controlled substances only after the patient has been informed by the advanced practitioner of nursing that the patient may request a written prescription and have it filled at another location of the patient's choosing.

4. ~~[Except as otherwise provided in subsections 5 and 6, an advanced practitioner of nursing may not dispense a controlled substance or dangerous drug in an amount which exceeds a 10-day supply.~~

~~5. An advanced practitioner of nursing may dispense birth control pills in any quantity ordered by prescription.~~

~~6. An advanced practitioner of nursing who is employed by a public or nonprofit agency may dispense a controlled substance or dangerous drug in an amount which does not exceed a 90-day supply.]~~ ***An advanced practitioner of nursing may prescribe or dispense such quantities of dangerous drugs and controlled substances as are allowed by his collaborating practitioner and only for a legitimate medical purpose in an amount not to exceed a 180-day supply.***

Section 3: NAC 639.888 shall be amended as follows:

NAC 639.888 Limitations on authority to dispense.

1. ~~[Except for birth control pills, the maximum amount of any drug which an advanced practitioner of nursing may dispense is a 10-day supply.~~

~~2. An advanced practitioner of nursing may not dispense the same drug to the same person on consecutive weeks except that a second 10-day supply may be dispensed upon the prior written approval of the supervising physician.~~

~~3. Except as otherwise provided in subsection 4, a controlled substance listed in:~~

~~(a) Schedule II may only be dispensed after the advanced practitioner of nursing has obtained a written prescription from a physician.~~

~~(b) Schedule III, IV or V may only be dispensed after the advanced practitioner of nursing has obtained an oral order or written prescription from a physician.~~

~~4. An advanced practitioner of nursing may dispense a controlled substance in an emergency without the approval of his [supervising physician]~~ ***collaborating practitioner*** if he is unable to communicate with the ~~[supervising physician]~~ ***collaborating practitioner***. The quantity dispensed must be limited to the amount adequate to treat the patient during the emergency. Within 72 hours after the advanced practitioner of nursing begins to dispense the controlled substance, the ~~[supervising physician]~~ ***collaborating practitioner*** shall cause a written prescription for the quantity dispensed to be delivered to the dispensing advanced practitioner of nursing.

NOTICE OF ADOPTION OF TEMPORARY REGULATION
LCB File No. T009-03

INFORMATIONAL STATEMENT

1. A DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, A SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

Public comment was solicited through public notices posted in county courthouses and through mailings to interested parties.

The Nursing Board expressed views relative to this proposed regulation.

2. THE NUMBER OF PERSONS WHO: (A) ATTENDED EACH HEARING; (B) TESTIFIED AT EACH HEARING; AND (C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

The number of persons who attended the hearing was __43__.
The number of persons who testified at the hearing was __1__.
The number of agency submitted statements was __0__.

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

Comments were solicited from affected businesses through posting of public notices in the county courthouses, by direct mailings to all interested persons who have requested notices of board of pharmacy meeting agendas and by direct mailings to professional and trade associations.

There was no response from affected businesses relative to this proposed regulation.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

The proposed regulation was adopted without change.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

A) BOTH ADVERSE AND BENEFICIAL EFFECTS.

This regulation should have no economic impact on affected businesses or on the public.

B) BOTH IMMEDIATE AND LONG-TERM EFFECTS.

This regulation will have no immediate or long-term economic effects on business or the public.

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

There will be no cost incurred by the board for enforcement of this regulation.

7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, THE NAME OF THE REGULATING FEDERAL AGENCY.

The Board of Pharmacy is not aware of any similar regulations of other state or government agencies that the proposed regulation overlaps or duplicates.

8. IF THE REGULATION INCLUDES PROVISIONS WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISIONS.

The Board of Pharmacy is not aware of any similar regulations of the same activity in which the federal regulation is more stringent.

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

This regulation does not provide a new or increase of fees.