DISCLAIMER:

Video will be taken at this clinic and potentially used in Project ECHO promotional materials. By attending this clinic, you consent to have your photo taken and allow Project ECHO to use this photo and/or video. If you don’t want your photo taken, please let us know. Thank you!

ECHO Nevada emphasizes patient privacy and asks participants to not share ANY Protected Health Information during ECHO clinics.
Figure 1: Ratio of Certified Buprenorphine Providers to Opioid Overdose Deaths by State

Source: Avalere Analysis of SAMHSA Opioid Treatment Program Directory and CDC WONDER Data

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THE BASICS

The bill has 5 major requirements for Physicians (including residents) and Physician Assistants:

-Two units of CME per licensing cycle required for all licensed prescribers: misuse, abuse of controlled substances, prescribing of opioids or addiction- may satisfy ethics and general requirements.

-Mandated Registry and Use of PMP: Every initial Prescription and every 90 days during course of treatment. All licensed prescribers must self-query every 6 months.
THE BASICS

-New Prescriptions Requirements: All RXs for Controlled Substances must include: Patient’s DOB, ICD-10 code, minimum number of days to consume the prescribed medication, prescriber’s DEA license must be clearly identified.

-New Prescribing Guidelines for Controlled Substances

-Overdose Reporting NOT required yet but coming soon.
Opioid Painkiller Prescriptions per 100, 2011-2016

*definitions vary slightly between US and NV opioid prescriptions and populations used to calculate rates
(Source: Guy et al., 2017; Office of Public Health Informatics and Epidemiology; Prescription Monitoring Program)
Hospitalizations

Opioid-Related Hospitalizations (ED and IP), by ICD Group, Nevada Residents, 2010-2016

Poisonings are defined by an ICD 9/10 code of 965.0/740.0-740.4, 740.6 as the primary diagnosis.
Opioid Related Disorders are defined by an ICD 9/10 code of 304.0/F11.2, 304.7, 305.5/F11.1, F11.9, E850.0-E850.2 as any contributing diagnosis.
Sources: Office of Public Health Informatics and Epidemiology, Hospital Inpatient and Emergency Department Billing Data. Data collected by the Center for Health Information Analysis.
0, 30, 90, 365 MANDATES

- 0: Informed consent and Primary Risk Assessment
- 30: Prescription Medication Agreement
- 90: Risk of Abuse Assessment
- 365: RATIONALE FOR CONTINUED TREATMENT

PMP 90 days/Referral?
FROM THE PHARMACY PERSPECTIVE

Starting January 1, 2018, the following new components must be included on every prescription for a CS.

• Patient’s date of birth

• ICD-10 diagnosis code for the disease being treated with the CS

• The days supply of the medication as indicated and determined by the practitioner

• Practitioner’s DEA number. If the prescription blank lists multiple preprinted practitioners, the prescriber must clearly indicate his or her DEA registration number with a mark.
FROM THE PHARMACY PERSPECTIVE

A pharmacist may, after obtaining approval of the practitioner who issued the prescription, add or change the following items on a prescription for a CS listed in schedule II:

1. The strength of the drug prescribed
2. The quantity of the drug prescribed
3. The directions for use
4. The date that the prescription was issued (only if the date provided was erroneous)
5. The ICD-10 code
6. The patient’s date of birth
7. The days supply of the medication
FROM THE PHARMACY PERSPECTIVE

A pharmacist may NOT add or change the DEA registration number of the practitioner on a prescription. A prescription without the DEA number of the prescriber who issued the prescription is not valid and MUST NOT be filled or dispensed.

Controlled substance prescriptions issued by a veterinarian to be consumed by a non-human do not have to meet the requirements of AB 474.
SUMMARY

• REGISTER FOR THE PMP
• CONTACT YOUR PATIENTS/OUTREACH LETTER
• MAKE SURE PRINTED/ERXs are valid
• HAVE an Informed Consent & Prescription Medication Agreement
• MAKE sure you have access to risk assessment tools
• Finally, the overdose report form (when applicable)