

24A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

January 16, 2020

Explanation – Language in *blue italics* is new; language in *red text* [~~emitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; AB 319

Section. 1. Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

- 1. A petition for review of criminal history pursuant to AB 319:
 - (a) must be in writing on a form prescribed by the Board; and
 - (b) must not be submitted prior to completion of a criminal background check by the petitioner.*
- 2. Upon receiving a petition for review of criminal history, the Board will place the matter on the agenda for the next regularly scheduled meeting of the Board, but in any event, not later than 90 days after the receipt of the petition unless a continuance is requested by the petitioner.*
- 3. The petitioner must appear before the Board to answer any questions regarding his or her criminal history. If the petitioner fails to appear, the Board will not consider the petition for review of criminal history.*
- 4. After review of the petition for review of criminal history, the Board will issue a non-binding determination whether the criminal history submitted will disqualify the petitioner from obtaining any certificate, license, registration or permit issued by the Board within 30 days.*

Section. 1. NAC 639.220 is hereby amended as follows:

1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist.....	\$200
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	200
For the investigation or issuance of an original license to conduct a retail pharmacy.....	500
For the biennial renewal of a license to conduct a retail pharmacy.....	500

For the investigation or issuance of an original license to conduct an institutional pharmacy.....	500
For the biennial renewal of a license to conduct an institutional pharmacy.	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500
For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50
For the biennial renewal of registration as a registered pharmacist.....	200
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....	100
For the initial registration of a pharmaceutical technician or pharmaceutical technician in training.....	50
For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training.....	50
For the investigation or registration of an intern pharmacist.....	40
For the biennial renewal of registration as an intern pharmacist.....	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances.....	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	200
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, ambulatory surgical center, facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances.....	200
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider or medical products wholesaler.....	500
For the investigation or issuance of an original license to a manufacturer or wholesaler.....	500
For the biennial renewal of a license for a manufacturer or wholesaler.....	500
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....	50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....	300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....	150
<i>For a petition for review of criminal history pursuant to AB 319 . . .</i>	50
2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170 , is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.	
3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.	
4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870 .	
5. A health center:	
(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and	
(b) Which is not a medical facility as defined in NRS 449.0151 ,	
Ê is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.	
6. A practitioner employed by or serving as an independent contractor of a health center:	
(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(1)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and	
(b) Which is not a medical facility as defined in NRS 449.0151 ,	
Ê is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.	
7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.	
8. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require the applicant to pay the actual costs of inspection incurred by the Board.	

24B

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AUTHORITY: §1, NRS 639.070

A REGULATION relating to the treatment of partners for a shared communicable disease upon the diagnosis of one of the partners.

Section 1. NAC 639.

A prescription ordered in accordance with the Center for Disease and Control (CDC) Sexually Transmitted Diseases Treatment Guidelines Expedited Partner Therapy (EPT) or Patient Delivered Partner Therapy (PDPT) is a valid prescription in the State of Nevada.



Technical Bulletin

Division of Public and Behavioral Health



October, 2019

Topic: Expedited Partner Therapy
Contact: Elizabeth Kessler, STD & Adult Viral Hepatitis Program Manager
Jennifer Somdahl, Syphilis Coordinator
Office of Public Health Investigations and Epidemiology
To: Health Care Providers Treating Chlamydia or Gonorrhea

Current Situation

Nationally since 2014, the number of reported chlamydia and gonorrhea cases has continued to rise. In 2018, Nevada ranked 14th in the United States for its chlamydia rate with a rate of 584.0 per 100,000 population, higher than the national average of 539.9 per 100,000 population¹. Gonorrhea rates in 2018 ranked 12th in the nation with 216.0 cases per 100,000 higher than the national average of 179.1 cases per 100,000 population.¹ From 2017 to 2018 chlamydia rates increased by 7.7% and gonorrhea rates increased by 15.5%.²

Background

According to the 2015 Centers for Disease and Control (CDC) Sexually Transmitted Diseases Treatment Guidelines, Expedited Partner Therapy (EPT) or patient delivered partner therapy (PDPT), is the clinical practice of treating the sex partners of persons who receive a chlamydia or gonorrhea diagnosis through prescribed medications to the patient.³ Under Nevada Administrative Code ([NAC 441A.200\(2\)\(f\)](#)), EPT is permissible in Nevada.³ These laws include the use of the most current CDC Sexually Transmitted Treatment Guidelines, which include the use of EPT for patients with chlamydia and gonorrhea.

- **Recommendations** Nevada Division of Public and Behavioral Health (DPBH) considers the EPT standard of care based on the recommendations from the 2015 CDC STD Treatment guidelines.⁴ Clinicians who treat patients for chlamydia or gonorrhea are strongly advised to review and comply with current CDC recommendations and be aware of the alarming increase in STD trends in Nevada.
- Symptomatic partners receiving EPT should be encouraged to seek medical attention through educational counseling of index cases with written materials.
- Health care providers and staff should work with their agency's pharmacy and therapeutics to ensure EPT medications are available.
- Providers who know of, or provide services to, a case or suspected case of gonorrhea or chlamydia are required by law (NAC 441A.230) to report the case or suspected case to their local health authority. Reporting forms can be found at:

http://dpbh.nv.gov/Programs/OPHIE/Public_Health_Informatics_and_Epidemiology_-_Home/

Summary Guidance for the Use of EPT⁴

Eligible Patients: Persons with a clinical diagnosis of Chlamydia trachomatis or Neisseria gonorrhoea, preferably confirmed with a laboratory test, particularly when other management strategies are unavailable and impractical, or unlikely to be successful.

Eligible Partners: Patients with sex partners treated for chlamydia and/or gonorrhea who were exposed within the previous 60 days (or most recent sex partner if none in the previous 60 days), and who are unable or unlikely to seek medical care.

- ***Not recommended:*** gonorrhea and chlamydial infection in men who have sex with men, women with trichomoniasis, patients with infectious syphilis, and pregnant women.

First-choice Partner Management Strategy: Attempt to refer partners for complete clinical evaluation, STD/HIV testing, counseling, and treatment.

Recommended Drug Regimens for Sex Partners Receiving EPT: *

- ***Patients diagnosed with chlamydia, but not gonorrhea: *****
 - Azithromycin 1 gram orally in a single dose OR

- Doxycycline 100 mg orally BID for 7 days
- **Patients diagnosed with gonorrhea but not chlamydia: ****
 - Ceftriaxone 250 mg IM in a single dose PLUS
 - Azithromycin 1 gram orally in a single dose
- **Patients diagnosed with both gonorrhea and chlamydia: ****
 - Ceftriaxone 250 mg IM in a single dose PLUS
 - Azithromycin 1 gram orally in a single dose

Informational Materials: Health care professionals must provide patients participating in EPT with counseling and written materials to include:

- A warning about administering EPT to pregnant partners;
- Information about the antibiotic and dosage prescribed or provided;
- Information about the treatment and prevention of STDs;
- The requirement of abstinence until a period of time after treatment;
- Notification of the importance of sex partners to receive testing for HIV and other STDs;
- Notification of the risk to self, others, and the public health if the STD is not completely treated;
- The responsibility of the sex partner to inform his/her sex partner(s) of the STD risk and importance of examination and treatment; and
- Other information deemed necessary by the Local Health Department.

Patient Re-testing: Patients treated for chlamydia and/or gonorrhea should be re-tested *three (3) months* after the treatment to identify possible re-infection.

Liability: Health care providers or pharmacists who dispense EPT in accordance with [NAC 441A.200\(2\)\(f\)](#) shall **not** be subject to liability or be deemed to have engaged in unprofessional conduct.

** Use of trade names is for identification only and does not imply endorsement.*

*** ceftriaxone 250 mg IM in a single dose or IF NOT AN OPTION cefixime 400 mg orally in a single dose OR single-dose injectable cephalosporin regimens PLUS azithromycin 1 gram orally in a single dose OR doxycycline 100 mg orally twice a day for 7 days.*

References:

1. CDC STD Surveillance Report. Available online at: <https://www.cdc.gov/std/default.htm>
2. DPBH 2018 Fast Facts. Available online at: [http://dpbh.nv.gov/Programs/STD/dta/Publications/Sexually Transmitted Disease \(STD\) Prevention and Control Program- Publications/](http://dpbh.nv.gov/Programs/STD/dta/Publications/Sexually%20Transmitted%20Disease%20(STD)%20Prevention%20and%20Control%20Program-Publications/)
3. Nevada Administrative Code 441A. Available online at <https://www.leg.state.nv.us/NAC/NAC-441A.html>
4. STD Treatment Guidelines, 2015. Available online at <http://www.cdc.gov/std/treatment/>.
5. Expedited Partner Therapy in the Management of Sexually Transmitted Diseases. 2006. Available online: www.cdc.gov/std/EPT

For More Information:

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Documentation for this agenda will be provided at a later date.