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26A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – October 15, 2020

Explanation – Language in *blue italics* is new; language in *red text* [*omitted 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; NRS 639.100

A REGULATION relating to the locations where a pharmacist may practice pharmacy; and providing other matters properly relating thereto.

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

NAC 639.501 Inspections; provision of self-assessment form. (NRS 639.070)

1. Before the Board will issue a new license to operate a pharmacy to any person, a satisfactory inspection of the premises of the pharmacy must be conducted by a member of the staff of the Board.

2. ~~A member of the staff~~ *The Executive Secretary* of the Board shall *develop and implement a program for the inspection of* each licensed pharmacy annually ~~and~~ *or* at any other time deemed necessary ~~by the staff of the Board~~.

3. Before an annual inspection of a licensed pharmacy, the Board will provide a self-assessment form to the pharmacy that includes:

(a) A questionnaire concerning statutory and regulatory compliance pursuant to which the pharmacy must assess its physical plant and operations to assure that the pharmacy is in compliance with all applicable statutes and regulations; and

~~—(b) An assessment of the workplace pursuant to which the pharmacy must assess its volume of work and prescriptions, personnel, workflow and technological devices that assist in the work of the pharmacy.~~

4. The managing pharmacist of a pharmacy or the designee of the owner of the pharmacy may obtain self-assessment forms from the Board in addition to the form provided pursuant to subsection 3 at any time for his or her own use.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

~~**NAC 639.5012 Confidentiality and use of self-assessment and accompanying documentation. (NRS 639.070)**~~

~~—1. An assessment of the workplace completed by a pharmacy as part of the self-assessment, and all documentation accompanying the assessment, that are submitted to a member of the staff of the Board pursuant to NAC 639.5016 are confidential. The Board will destroy such an assessment of the workplace and all accompanying~~

~~documentation within 6 months after the Board receives the assessment and documentation.~~

~~2. The staff of the Board may compile and analyze such data provided in assessments of the workplace as the Board deems appropriate, except that the staff shall not provide to any member of the Board or otherwise publish any compilation or analysis completed by the staff unless the staff has redacted from the compilation or analysis all information by which an individual pharmacy could be identified. The Board will not use data provided in an assessment of the workplace against the pharmacy that completed the assessment for any disciplinary purpose.~~

~~—(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)~~

NAC 639.5014 Completion of self-assessment form before annual inspections; suggestions relating to compliance by or improvement of pharmacy. (NRS 639.070)

1. The managing pharmacist of a pharmacy or the designee of the owner of the pharmacy shall complete a self-assessment form before each annual inspection of the pharmacy by a member of the staff of the Board.

2. The managing pharmacist or the designee of the owner who completes a self-assessment form may make:

(a) Notes and comments on the self-assessment form to explain his or her answers; and

(b) Suggestions on the self-assessment form relating to the compliance by or improvement of the pharmacy.

3. If the managing pharmacist or the designee of the owner makes any suggestion on a self-assessment form of the pharmacy relating to the compliance by or improvement of the pharmacy, he or she shall submit, in accordance with any policies and procedures of the pharmacy, a copy of the self-assessment form to the senior management of the pharmacy. If the managing pharmacist or designee of the owner believes that his or her suggestions are necessary for the care of the patients of the pharmacy and that the senior management of the pharmacy has not responded appropriately, the managing pharmacist or the designee of the owner may contact the Board, which will take such action relating to the suggestion as the Board deems appropriate.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

NAC 639.5016 Annual inspections: Review of self-assessment form; notes regarding discrepancies or deficiencies; correction of discrepancies or deficiencies. (NRS 639.070)

1. Whenever a member of the staff of the Board conducts an annual inspection of a pharmacy, the managing pharmacist of the pharmacy or the designee of the owner of the pharmacy shall provide the member of the staff of the Board with a completed self-assessment form of the pharmacy. A member of the staff of the Board conducting an

annual inspection of a pharmacy shall review a self-assessment form of the pharmacy with the managing pharmacist of the pharmacy or a pharmacist on duty in the pharmacy at the time of the inspection to verify that all the information contained in the self-assessment form of the pharmacy is true and complete.

2. If, during the annual inspection of a pharmacy, the member of the staff of the Board conducting the inspection finds any discrepancies between the information contained in the self-assessment form of the pharmacy and the actual state or condition of the pharmacy, or if the member of the staff of the Board finds any other deficiencies or conditions in the pharmacy or its operation that are not otherwise in compliance with the applicable statutes and regulations governing the operation of a pharmacy and dispensing of drugs, the member of the staff of the Board shall make a note of the discrepancy, deficiency or condition in his or her inspection.

3. A pharmacy shall correct a discrepancy, deficiency or condition noted by a member of the staff of the Board pursuant to subsection 2 within a reasonable time, as determined by the member of the staff of the Board who noted the discrepancy, deficiency or condition. Any failure by a managing pharmacist or an owner of a pharmacy, or both, to correct a discrepancy, deficiency or condition in a timely manner as required by this subsection constitutes unprofessional conduct pursuant to subsection 4 of [NRS 639.210](#) and may serve as the basis for such disciplinary action against the managing pharmacist or owner of the pharmacy, or both, as the staff of the Board deems appropriate.

(Added to NAC by Bd. of Pharmacy by R162-99, eff. 3-1-2000)

WORKPLACE ASSESSMENT TOOL

For the week of *January 13, 2020 through January 19, 2020*, please provide the following information: wk202003

PERSONNEL ANALYSIS

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Total Pharmacist Hours							
Total Technician Hours							
Total Clerk Hours							
Total Man-Power Hours							
Total Hours Open							

Is your staffing adequate to allow your pharmacy to safely and efficiently serve the public? If not, what suggestions regarding the staffing of your pharmacy would you make?

PRESCRIPTION ANALYSIS

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
New Prescriptions							
Refill Prescriptions							
Total Prescriptions							

Of the Total Prescriptions above, please categorize them as follows:

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Cash Prescriptions							
3rd-Party Prescriptions							
Compounded Prescriptions							
Parenteral Prescriptions							

EQUIPMENT AND WORK CONDITIONS

Please check each of the following that are in your pharmacy:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pill counter
<input type="checkbox"/> Baker cell machine
<input type="checkbox"/> ScriptPro machine
<input type="checkbox"/> Scan verification system | <input type="checkbox"/> Regularly scheduled breaks for non-pharmacists
<input type="checkbox"/> Regularly scheduled breaks for pharmacists | <input type="checkbox"/> Direct telephone for physicians
<input type="checkbox"/> Voice mail for refills
<input type="checkbox"/> Drive-thru window |
|---|--|---|

WORKPLACE ASSESSMENT TOOL

For the week of *August 03, 2020 through August 09, 2020*, please provide the following information: wk202032

PERSONNEL ANALYSIS

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Total Pharmacist Hours							
Total Technician Hours							
Total Clerk Hours							
Total Man-Power Hours							
Total Hours Open							

Is your staffing adequate to allow your pharmacy to safely and efficiently serve the public? If not, what suggestions regarding the staffing of your pharmacy would you make?

PRESCRIPTION ANALYSIS

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
New Prescriptions							
Refill Prescriptions							
Total Prescriptions							

Of the Total Prescriptions above, please categorize them as follows:

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Cash Prescriptions							
3rd-Party Prescriptions							
Compounded Prescriptions							
Parenteral Prescriptions							

EQUIPMENT AND WORK CONDITIONS

Please check each of the following that are in your pharmacy:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pill counter
<input type="checkbox"/> Baker cell machine
<input type="checkbox"/> ScriptPro machine
<input type="checkbox"/> Scan verification system | <input type="checkbox"/> Regularly scheduled breaks for non-pharmacists
<input type="checkbox"/> Regularly scheduled breaks for pharmacists | <input type="checkbox"/> Direct telephone for physicians
<input type="checkbox"/> Voice mail for refills
<input type="checkbox"/> Drive-thru window |
|---|--|---|

What equipment or work condition(s) would improve the efficiency and safety of your pharmacy?

SUGGESTIONS FOR IMPROVEMENT OR COMPLIANCE

If the workflow of your pharmacy could be improved, what would your suggestions be?

Are you and all of your other pharmacists counseling every patient for whom counseling is required or would be advisable? If not, what suggestions would you make to improve your pharmacy's compliance with the counseling requirements?

Do you have any other suggestions that would improve the efficiency and safety of your pharmacy?

I have reviewed this Workplace Assessment Tool and have the following comments, observations, or suggestions (if any).

Pharmacist Signature _____

Date _____

I have reviewed this Workplace Assessment Tool and have the following comments, observations, or suggestions (if any).

Pharmacist Signature _____

Date _____

I have reviewed this Workplace Assessment Tool and have the following comments, observations, or suggestions (if any).

Pharmacist Signature _____

Date _____



ASSOCIATION PERSPECTIVE | VOLUME 25, ISSUE 12, P8, DECEMBER 01, 2019

APhA is dedicated to your well-being, in 2020 and beyond

Thomas E. Menighan, BS Pharm, MBA, ScD (Hon), FAPhA

We've all got well-being on our minds. This month, we have well-being on our cover.

This is a trying time of year—flu shots adding to an already challenging workload, Medicare beneficiaries selecting new Part D plans, and the pressure to meet metrics that challenge your ability to provide the best possible patient care. The holidays on top of that? You'd have to be superhuman not to feel the strain.

Your well-being isn't a static snapshot of life. It's a dynamic ebb and flow of experiences and events, and how we respond. To assist you, APhA is making significant investments in pharmacy personnel well-being about which I want you to be aware.

Take a moment to view or review the recommendations that came out of the consensus conference on Enhancing Well-Being and Resilience Among the Pharmacist Workforce. The recommendations were organized into seven categories, including "data, information, and research on pharmacist well-being," and "well-being education and training." We've also got "pharmacist work conditions and patient safety," "payment models," and "relations between pharmacists and employers." All of these are given equal weight, and that reflects the reality that it's going to take progress on many fronts to fully ease pharmacists' pain.

So, how can you be a part of the solution? One easy way is to take the Well-being Index for Pharmacists at least once, and—as thousands of pharmacists do—on a monthly basis to longitudinally evaluate your fatigue, depression, burnout, anxiety, and both mental and physical quality of life. Are things improving? Getting worse? Are there areas where you're getting stronger and others where you're stuck? Survey-takers are connected to resources that help build individual



resilience, and APhA can use the objective, anonymous data to tailor our programming and advocacy to meet your needs. Visit <https://apha.us/WBI> to take the survey.

No matter your practice setting, you've got an advocate for empowerment to do what you've been trained to do in a supportive workplace and a sustainable business environment. To be effective, we need your membership and continued engagement. You're not alone! Use our tools on www.pharmacist.com to connect. We'll continue the fight to promote access and coverage for your services!

Thanks for reading *Pharmacy Today*. On behalf of the APhA Board of Trustees and staff, we wish you a healthy and happy holiday season and a bright 2020. Be well.

Article Info

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ACCOMPANYING DOCUMENTATION

Please have ready the counseling logs for the specified time for inspector review.

I hereby affirm under penalty of perjury and discipline against my and/or my pharmacy's license that the above answers are true and complete.

SIGNATURE

DATE

NAME OF MANAGING PHARMACIST (PRINT)

26B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – October 15, 2020

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted 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; NRS 639.100; NRS 639.2895

A REGULATION relating to the citation and fine of registered pharmacists and pharmacies for misfilled prescriptions in certain instances; and providing other matters properly relating thereto.

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

1. The Executive Secretary or General Counsel of the Board may, pursuant to NRS 639.2895, issue a citation to and assess an administrative fine against a registered pharmacist with no prior history of discipline under NRS 639.255 who, in the course of filling or refilling a prescription, commits a violation of one or more of the following regulations:

- a) NAC 639.252(2);*
- b) NAC 639.702;*
- c) NAC 639.707; or*
- d) NAC 639.945(1)(d),*

↳ with no resulting harm to the patient.

2. The Executive Secretary or General Counsel of the Board may, pursuant to NRS 639.2895, issue a citation to and assess an administrative fine against the owner of a pharmacy responsible under NAC 639.702 and NAC 639.945(2) for a citation and fine imposed pursuant to subsection 1.

3. The Executive Secretary shall provide a report of all registered pharmacists and pharmacies cited and fined pursuant to this section at the next regularly-scheduled meeting of the Board.

26C

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – October 15, 2020

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted 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; NRS 639.100

A REGULATION relating to the locations where a pharmacist may practice pharmacy; and providing other matters properly relating thereto.

Section. 1. NAC Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. A registered pharmacist who is employed by or under contract with a pharmacy other than an institutional pharmacy may perform the functions set forth in NRS 639.0124(2)-(4) and (7)-(9) at a site other than the site of the pharmacy subject to the requirements set forth in subsections 2 and 3.

2. A registered pharmacist engaged in the practice of pharmacy pursuant to this section shall:

a) Identify and update the current address of the site of practice in conformance with NAC 639.225;

b) Comply with all provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the regulations adopted pursuant thereto, and all other federal and state laws and regulations concerning the privacy of information regarding health care;

c) Be provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that would be available in the pharmacy, including, without limitation the information set forth in NAC 639.4916(1)(c);

d) Ensure that all required records are made readily accessible to members of the Board and employees, agents and designees of the Board; and

e) Comply with all applicable state and federal statutes, regulations and rules, including, without limitation:

(1) All recordkeeping requirements imposed upon the pharmacy; and

(2) All requirements for maintaining the confidentiality and security of patient data.

3. A registered pharmacist engaged in the practice of pharmacy pursuant to this section shall not:

a) Maintain an inventory of drugs at the site of practice;

b) Act as a managing pharmacist; or

c) Provide services pursuant to the provisions of:

(1) NAC 449.15347;

(2) NAC 449.6138;

(3) NAC 449.722;

(4) NAC 449.74531;

(5) NAC 449.9905 and 639.4996;

(6) Subsection 2 of NAC 639.465; or

(7) NAC 639.690.

Section. 2. NAC 639.403 of NAC is hereby amended to read as follows:

1. ~~Except as otherwise provided in subsection 2, a~~ A registered pharmacist *who is not employed by or under contract with a pharmacy must* ~~may~~ apply to the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy by submitting an application on a form prescribed by the Board. An application must be approved before a pharmacist may commence any practice pursuant to this section. The application must include, without limitation:

- (a) The name of the pharmacist;
- (b) A description of the services that the pharmacist intends to provide at the site, *which must be limited to one or more of the functions set forth in NRS 639.0124(2)-(4) and (7)-(9)*;
- (c) The location at which the pharmacist will provide the services;
- (d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;
- (e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;
- (f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;
- (g) The days and hours during which the pharmacist intends to provide the services;
- (h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;
- (i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;
- (j) ~~Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy~~ *The identity of the business under which the services will be performed, as registered with the domicile business registration agency*; and
- (k) A description of the business plan for the services provided.

2. ~~A registered pharmacist may not submit an application pursuant to subsection 1 if he or she provides services:~~

- ~~(a) Pursuant to the provisions of NAC 449.15347;~~
- ~~(b) Pursuant to the provisions of NAC 449.6138;~~
- ~~(c) Pursuant to the provisions of NAC 449.722;~~
- ~~(d) Pursuant to the provisions of NAC 449.74531;~~
- ~~(e) Pursuant to the provisions of NAC 449.9905 and 639.4996;~~
- ~~(f) Pursuant to the provisions of subsection 2 of NAC 639.465;~~
- ~~(g) Pursuant to the provisions of NAC 639.690;~~
- ~~(h) Voluntarily or without compensation, regardless of whether the services are provided individually or through an employer; or~~
- ~~(i) Pursuant to a medication therapy management program approved pursuant to 42 C.F.R. § 423.153(d).~~

~~3.~~ A registered pharmacist who administers immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive, is not required to submit an application pursuant to this section for purposes of administering the immunizations at the authorized location.

Section. 3. NAC 639.406 of NAC is hereby amended to read as follows:

1. Upon submission of an application pursuant to [NAC 639.403](#), the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

- (a) The information contained in the application;
- (b) The education, experience and expertise of the applicant;
- (c) The disciplinary history of the applicant, if any; and
- (d) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify his or her application.

3. If the Board approves an application, the Board will provide the applicant with documentation indicating the approval and setting forth the terms and conditions under which the applicant may provide the services approved by the Board, *which shall be subject to the requirements set forth in subsections 5 and 6.*

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

5. A registered pharmacist engaged in the practice of pharmacy pursuant to this section shall:

a) Identify and update the current address of the site of practice in conformance with NAC 639.225;

b) Comply with all provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the regulations adopted pursuant thereto, and all other federal and state laws and regulations concerning the privacy of information regarding health care;

c) Ensure that all required records are made readily accessible to members of the Board and employees, agents and designees of the Board; and

d) Comply with all applicable state and federal statutes, regulations and rules, including, without limitation:

(1) All recordkeeping requirements imposed upon the pharmacy; and

(2) All requirements for maintaining the confidentiality and security of patient data.

6. A registered pharmacist engaged in the practice of pharmacy pursuant to this section shall not:

a) Maintain an inventory of drugs at the site of practice;

b) Act as a managing pharmacist; or

c) Provide services pursuant to the provisions of:

(1) NAC 449.15347;

(2) NAC 449.6138;

(3) NAC 449.722;

(4) NAC 449.74531;

(5) NAC 449.9905 and 639.4996;

(6) Subsection 2 of NAC 639.465; or

(7) NAC 639.690.

Section. 4. NAC 639.412 is hereby repealed:

~~—1.— Except as otherwise provided in subsection 2, a licensed pharmacy may apply to the Board to use the services of one or more registered pharmacists, including, without limitation, pharmacists employed by or under contract with the pharmacy, to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy by submitting an application on a form prescribed by the Board. The application must include, without limitation:~~

~~—(a) The name of the pharmacy;~~

~~—(b) A description of the services that the pharmacy intends to provide at the site;~~

~~—(c) The location at which the pharmacy will provide the services;~~

~~—(d) An identification of the types of patients or other persons or entities to whom the pharmacy intends to provide the services;~~

~~—(e) A description of all resources, both paper and electronic, that will be available to the pharmacy in the course of providing the services;~~

~~—(f) The days and hours during which the pharmacy intends to provide the services;~~

~~—(g) An explanation of the policy of the pharmacy for users of the service when a pharmacist is unavailable;~~

~~—(h) An explanation of the policy of the pharmacy regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records; and~~

~~—(i) A description of the business plan for the services provided.~~

~~—2.— A pharmacy may not submit an application pursuant to subsection 1 to use the services of a registered pharmacist who is prohibited from submitting an application pursuant to subsection 2 of NAC 639.403.~~

Section. 5. NAC 639.415 is hereby repealed:

~~—1.— Upon submission of an application pursuant to NAC 639.412, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:~~

~~—(a) The information contained in the application;~~

~~—(b) The disciplinary history of the applicant, if any; and~~

~~—(c) Whether the applicant has sufficient malpractice or other liability insurance.~~

~~—2.— At the hearing, the Board may request that the applicant modify the application.~~

~~—3.— If the Board approves an application, the Board will provide the pharmacy whose application is approved with documentation indicating the approval and setting forth the terms and conditions under which the pharmacists employed by or under contract with the pharmacy may offer the services approved by the Board.~~

~~—4.— If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.~~

Section. 6. NAC 639.418 is hereby repealed:

~~*The Board may revoke, suspend or place restrictions on the approval granted to a licensed pharmacy to use the services of one or more registered pharmacists to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy pursuant to NAC 639.415 based upon proof that:*~~

- ~~*—1. The pharmacy has violated the terms and conditions under which the pharmacy was approved by the Board to provide the services; or*~~
- ~~*—2. During the course of providing the services approved by the Board, the pharmacy has committed one or more acts that are grounds for disciplinary action pursuant to this chapter or chapter 639 of NRS.*~~

FOR REFERENCE ONLY:

NRS 639.0124 “Practice of pharmacy” defined. “Practice of pharmacy” includes, but is not limited to, the:

1. Performance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients.
 2. Interpretation and evaluation of prescriptions or orders for medicine.
 3. Participation in drug evaluation and drug research.
 4. Advising of the therapeutic value, reaction, drug interaction, hazard and use of a drug.
 5. Selection of the source, storage and distribution of a drug.
 6. Maintenance of proper documentation of the source, storage and distribution of a drug.
 7. Interpretation of clinical data contained in a person’s record of medication.
 8. Development of written guidelines and protocols in collaboration with a practitioner which are intended for a patient in a licensed medical facility or in a setting that is affiliated with a medical facility where the patient is receiving care and which authorize collaborative drug therapy management. The written guidelines and protocols must comply with NRS 639.2629.
 9. Implementation and modification of drug therapy, administering drugs and ordering and performing tests in accordance with a collaborative practice agreement.
- ↪ The term does not include the changing of a prescription by a pharmacist or practitioner without the consent of the prescribing practitioner, except as otherwise provided in NRS 639.2583.

(1) NAC 449.15347 Pharmaceutical services. (NRS 449.0302)

1. Each facility shall have a pharmacy directed by a registered pharmacist or a drug room supervised by no less than a currently licensed professional nurse. The pharmacy or drug room must be administered in accordance with all applicable state and federal laws. The facility shall have a full-time, part-time or consulting pharmacist who is responsible for developing, supervising and coordinating all of the activities of the pharmacy service.

2. Each facility shall have and implement policies and procedures that minimize errors in the administration of drugs. The medical director of the facility and the pharmacist who is responsible for the pharmacy service shall approve the policies and procedures.

3. Drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice and state and federal laws.

4. When a pharmacist is not available at the facility, drugs and biologicals may be removed from the pharmacy or drug area only by a member of the staff who is authorized to remove such substances by the policies and procedures of the facility, which must be established in accordance with state and federal laws.

5. Errors in administering a drug, adverse reactions by a client to a drug and incompatibilities between a drug and a client must be immediately reported to the attending physician of the client.

6. Abuses and losses of controlled substances must be reported to the pharmacist who is responsible for the pharmacy service, the administrator and the chief administrative nurse of the facility, in accordance with all applicable state and federal laws.

7. Information relating to drug interactions and information on drug therapy, side effects, toxicology, dosage indications for use and routes of administration must be available to the professional members of the staff of the facility.

(Added to NAC by Bd. of Health by R129-99, 11-29-99, eff. 1-1-2000)

(2) NAC 449.6138 Distribution and administration of drugs and controlled substances. (NRS 449.0302)

1. Each independent center for emergency medical care shall provide for the distribution and administration of drugs in conformance with all federal, state and local laws. A list of the drugs available for use at the center must be maintained.

2. All dangerous drugs and controlled substances distributed at an independent center for emergency medical care must be:

(a) Owned by and stored in a licensed pharmacy; or

(b) Owned by a licensed physician.

3. If a pharmacy is located on the premises of an independent center for emergency medical care, the pharmacy must be licensed by the State Board of Pharmacy.

4. If a pharmacy is not located on the premises of an independent center for emergency medical care, the center must contain an area for the storage, administration, quality control and dispensing of drugs. The storage area must include locked storage for drugs and double-locked storage for controlled substances, and refrigerated storage for both drugs and controlled substances. Refrigerators for the storage of drugs and controlled substances must be maintained between 36 degrees Fahrenheit and 46 degrees Fahrenheit. Room temperature for the storage of drugs and controlled substances must not exceed 86 degrees Fahrenheit. Facilities for washing hands must be located near the area of distribution.

5. A drug or controlled substance may not be administered at an independent center for emergency medical care without the order of a physician. The order must be entered in the medical record of the patient and signed by the physician. The order must include the name of the drug or controlled substance, the dosage, the time or frequency of administration and if the drug or controlled substance is not to be taken orally, the method of administration.

6. The development and training of the medical staff of an independent center for emergency medical care must include training provided by a pharmacist licensed by the State Board of Pharmacy. The training must include policies and procedures concerning the procurement, storage, repackaging and dispensing of drugs. The distribution of drugs at the center must be physically monitored at least quarterly by a licensed pharmacist, who shall report his or her findings and recommendations to the administrator or medical director of the center.

(Added to NAC by Bd. of Health, eff. 11-1-95)

(3) NAC 449.722 Pharmaceutical services. (NRS 449.0302)

1. If a facility does not employ a licensed pharmacist, it must have formal arrangements with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration, disposal and recording of drugs and biologicals.

2. Medications administered to a resident must be ordered either in writing or orally by the resident's attending or staff physician. Oral orders by a physician for prescription drugs must be given only to a licensed nurse, pharmacist or physician. All oral orders for medication must be recorded, signed by the person receiving them and countersigned by the attending physician within 72 hours.

3. Medications not specifically limited as to time or number of doses when ordered must be controlled by automatic stop orders or other methods in accordance with written policies. The attending physician must be notified.

4. Self-administered medication is allowed only with the permission of the attending physician of the resident.

5. The pharmacist and a registered nurse shall review each drug regimen of a resident monthly and shall notify the physician if problems occur or changes are appropriate.

6. Drug regimens must be reviewed quarterly by the attending or staff physician.
[Bd. of Health, Intermediate Care Facilities Reg. §§ 9.1-9.5.1, eff. 12-5-75]

(4) NAC 449.74531 Pharmaceutical services. (NRS 449.0302)

1. A facility for skilled nursing shall provide such pharmaceutical services, including, without limitation, acquiring, receiving, dispensing and administering drugs and biologicals, as are required to meet the needs of the patients in the facility. The facility shall provide such drugs and biologicals as are needed or obtain them from qualified outside sources pursuant to [NAC 449.74521](#).

2. A facility for skilled nursing shall employ or otherwise obtain the services of a registered pharmacist. The registered pharmacist shall:

(a) Provide consultations on all matters relating to the pharmaceutical services provided by the facility;

(b) Establish a system of records for the receipt and disposition of all controlled substances in the facility in sufficient detail to ensure an accurate reconciliation; and

(c) Ensure that those records are in order and that an account of all controlled substances in the facility is maintained and periodically reconciled.

3. The regimen of drugs for each patient in the facility must be reviewed at least once each month by a registered pharmacist. The pharmacist shall report any irregularities he or she discovers to the patient's attending physician and the chief administrative nurse of the facility. The physician and chief administrative nurse shall take such actions as they deem necessary in response to the report.

4. Drugs and biologicals used by a facility must be:

(a) Labeled in accordance with state and federal law and accepted professional standards. Each label must include the appropriate accessory and cautionary instructions and the expiration date, if applicable.

(b) Stored in accordance with state and federal law in locked compartments with proper controls for the temperature. Only authorized personnel may have access to the keys to unlock the compartments. Substances listed as schedule II controlled substances pursuant to [chapter 453](#) of NRS and other drugs that have the potential for abuse must be stored separately in a locked compartment that is immovable, unless the facility uses a system to distribute the substances or drugs in single-unit packages, the quantity stored is minimal and a dosage that is missing can be readily detected.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

(5) NAC 449.9905 and 639.4996;

NAC 449.9905 Pharmacist employed by or contracted with center; records, storage and administration of drugs; center required to obtain license to operate pharmacy. ([NRS 441A.120](#), [449.0302](#))

1. A pharmacist employed by or contracted with an ambulatory surgical center pursuant to [NAC 639.4996](#) is responsible for all matters pertaining to the use of drugs in the ambulatory surgical center.

2. Records of all transactions must be in writing and maintained in accordance with the provisions of state and federal law so the receipt and disposition of any drug may be readily traced.

3. Drugs requiring refrigeration must be stored in a locked refrigerator or a refrigerator in a locked room.

4. In the absence of a full-time pharmacist, the director of nursing must be designated in writing as responsible for the control of dangerous drugs and controlled substances. Controlled substances as described in [chapter 453](#) of NRS must be stored in a storage area with two locks. If a box is used, it must be securely fastened and immovable. The keys or combinations to the locks must be accessible only to licensed health care professionals.

5. All drugs must be logged into and checked out of stock only by a licensed health care professional.

6. The ambulatory surgical center shall obtain a license to operate a pharmacy pursuant to [chapter 639](#) of NRS.

(Added to NAC by Bd. of Health, eff. 12-15-88; A by R049-99, 9-27-99; R096-08, 8-26-2008, eff. 10-25-2008; R181-09, 10-4-2013)

NAC 639.4996 Establishment and review of policies and procedures by pharmacist. (NRS 639.070, 639.071)

1. A surgical center for ambulatory patients shall employ or enter into a contract with a pharmacist to establish policies and procedures which:

- (a) Are consistent with the policies and procedures developed pursuant to [NAC 639.477](#);
- (b) Require the maintenance of records in accordance with the provisions of [NAC 639.485](#) and [639.486](#);
- (c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
- (d) Require maintenance of a perpetual inventory of all controlled substances;
- (e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
- (f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
- (g) Ensure that the surgical center dispenses drugs and investigational drugs in accordance with applicable state and federal laws; and
- (h) Ensure that all compounding is:
 - (1) Performed by a registered pharmacist in accordance with the provisions of this chapter and [chapter 639](#) of NRS; or
 - (2) If performed by an employee of the surgical center, other than a registered pharmacist, performed:
 - (I) In accordance with the provisions of this chapter and [chapter 639](#) of NRS;
 - (II) In a location designated for compounding that is clean and disinfected before each act of compounding; and
 - (III) By a person who has completed training for the type of compounding that will be performed.

2. The policies and procedures established pursuant to subsection 1 must be maintained, reviewed at least annually, and dated upon adoption and amendment.

3. The pharmacist employed by or contracted with a surgical center for ambulatory patients pursuant to subsection 1 may establish the policies and procedures required pursuant to that subsection with the assistance of a practitioner or an employee or contractor of the surgical center.

(Added to NAC by Bd. of Pharmacy, eff. 10-24-97; A by R116-08, 9-18-2008)

(6) Subsection 2 of NAC 639.465;

NAC 639.465 Managing pharmacist. (NRS 639.070, 639.071, 639.072)

- 1. A pharmacy located in a:
 - (a) Hospital with 100 beds or more; or
 - (b) Correctional institution housing 1,500 inmates or more,
 ↪ must have one full-time managing pharmacist. That pharmacist may be a managing pharmacist for only one such pharmacy.
- 2. Each pharmacy located in a:
 - (a) Hospital with less than 100 beds; or
 - (b) Correctional facility housing less than 1,500 inmates,

↪ must have one managing pharmacist who is retained as a consultant, or who is employed part-time or full-time.

(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; R015-05, 10-31-2005; R098-07, 12-4-2007)

(7) NAC 639.690 Pharmacist: Consultation with patient; proper training in safe handling, compounding and therapy related to parenteral solutions. (NRS 639.070, 639.2807)

1. Any pharmacy furnishing parenteral solutions shall ensure that a pharmacist is available 24 hours a day for consultation with the patient and the patient's primary provider of care concerning the proper use of any parenterals and related supplies furnished by the pharmacy.

2. The managing pharmacist shall ensure that all pharmacists engaging in compounding parenteral solutions have the proper training in the safe handling, compounding and therapy related to parenteral solutions, including cytotoxic agents.

(Added to NAC by Bd. of Pharmacy, eff. 8-14-87; A 7-7-94)



NEVADA STATE BOARD OF PHARMACY

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Application to Practice at a Location other than the Site of a Licensed Pharmacy

Approval of this application is required for a registered pharmacist to practice at a location other than the site of a licensed pharmacy if the work performed by the pharmacist is not as an employee or contractor of a licensed pharmacy (within or outside the state of Nevada). See NAC 639.412. **A separate form is required for each place of practice.**

Complete and mail this form to the address indicated above. An appearance at a scheduled Board meeting may be necessary for approval. If an appearance is necessary, a notice will be sent to you with the date and time.

Pharmacist Information

First: _____ Middle: _____ Last: _____

Pharmacist Registration # _____

Phone: _____ Fax: _____ Email: _____

Business Information

Name of Business: _____ Business License #: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Practice Information (IF DIFFERENT FROM THE BUSINESS ADDRESS)

Practice Name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Provide the following (use a separate sheet if additional space is needed).

1. Description of services the pharmacist intends to provide at the site:

Nevada State Board of Pharmacy
Application to Practice at a Site other than the site of a Licensed Pharmacy
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2. Types of patients or other persons or entities the pharmacist intends to provide the services:
3. Description of all resources, both paper and electronic, that will be available and used in the course of providing the services:
4. Explanation of the policy for users of the service when the pharmacist is unavailability:
5. Explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records:
6. Description of the business plan for the services provided:

- Submit with this application a copy of your business license.
- Submit with this application any other documents you feel is necessary for approval of the application.

I hereby certify that the information given is true and correct to the best of my knowledge. I understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of my Nevada pharmacist registration. **The application is not effective until approved by the Board, and/or executed by the Executive Secretary.**

Print Name of Pharmacist submitting Application for Approval

Original Signature of Pharmacist (copies or stamps not accepted)

Date

Board Use Only	Date Received/Reviewed: _____
	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Executive Secretary Signature: _____ Date: _____