

Advisory on Patient Refills and Prescriptions for APRNs During State of Emergency

In response to the recent novel coronavirus (COVID-19) pandemic and subsequent declaration of a State of Emergency by Governor Andy Beshear, the Board has received inquiries from APRNs about concerns of having patients come in for scheduled visits in order to obtain refills or new prescriptions of their controlled substances.

As a reminder, pursuant to KRS 314.011(8), APRNs have prescribing limits per schedule: (a) Schedule II = 72 hours with no refills; (b) Hydrocodone combination products = 30 days with no refills; (c) Schedule III = 30 days with no refills; (d) Schedule IV = original prescription and refills not to exceed six month supply; (e) Schedule IV drugs listed in 201 KAR 20:059 = 30 days with no refills; and (f) Schedule V = original prescription and refills not to exceed six month supply. Also, APRNs may utilize telehealth. See, 201 KAR 20:520. KRS 218A.010(41) requires a provider-patient relationship to prescribe controlled substances, which is established after the APRN has conducted one good faith prior examination. Good faith prior examination includes telehealth. KRS 218A.010(18). Please note that the definition of telehealth in KRS 314.155(3) includes interactive audio, video, or other electronic media. This would include telephones. APRNs should also be aware of the provisions of 902 KAR 55:095, Prescription for Schedule II controlled substance.

The current but temporary state of emergency may be a circumstance in which it would not be appropriate to require a patient to come in prior to refilling a prescription or to obtain a new prescription for a non-refillable medication they have been taking. The APRN should consider whether the patient has a history of compliance with treatment directives and whether the patient is established and stable on the dose of medication. If it is the same medication at the same dosage for an established patient in order to avoid exposing the patient or others to the current environment, it may be appropriate to authorize the refill or prescription without an in-person visit. The APRN should document those circumstances in the patient's record. The APRN should continue to follow the standards set by 201 KAR 20:057, Section 9, particularly for running a KASPER report no less frequently than every 90 days.

This also applies to patients being managed in medication assisted treatment (MAT) pursuant to 201 KAR 20:065. An APRN provider may utilize telehealth to conduct weekly or monthly visits. Please refer to the telehealth resources on the KBN web site.