

Controlled Substance Prescribing Guideline for APRNs in Kentucky (updated 9.2019)

This list is not all-inclusive. If you have a question or comment please contact DEPPB at 502-564-7985

Substance	CSA Schedule	Brand names (not inclusive)	Refills Allowed	Max Days Supply	Additional information
amphetamine sulfate	II	Adzenys ER/XR-ODT, Dyanavel XR, Evekeo, Evekeo ODT	NO	72 hours only***	***APRN certified in psychiatric/mental health can write 30 days with no refills
amphetamine/dextroamphetamine	II	Adderall, Adderall XR, Mydayis ER	NO	72 hours only***	***APRN certified in psychiatric/mental health can write 30 days with no refills
Benzhydrocodone combination products	II	Apadaz	NO	72 hours only	
Codeine	II	generic sources	NO	72 hours only	
Dexamethylphenidate	II	Focalin, Focalin XR	NO	72 hours only***	***APRN certified in psychiatric/mental health can write 30 days with no refills
Dextroamphetamine	II	Dexedrine, ProCentra, Zenzedi	NO	72 hours only***	***APRN certified in psychiatric/mental health can write 30 days with no refills
Dronabinol in Oral Solution in Drug Product Approved for Marketing by US Food and Drug Admin.	II	Syndros	NO	72 hours only	
Fentanyl	II	Abstral, Actiq, Duragesic, Fentora, Innovar, Lazanda, Onsolis, Subsys, Sublimaze	NO	72 hours only	
Hydrocodone	II	Hysingla ER, Vantrela ER, Zohydro ER	NO	72 hours only	
Hydrocodone combination products	II	Hycodan, Hycet, Hydromet, Ibudone, Lorcet HD/Plus, Lortab, Repraxain, Norco, TussiCaps, Tussionex, Vicodin, Vicoprofen, Vituz, Xodol, Zamicet, Zutripro	NO	30 days	Reclassified by DEA from a Schedule III to a schedule II. Prescribing permitted up to 30 days pursuant to KRS 314.011(8). Limited to 72 hours for acute pain pursuant to 201 KAR 20:057
Hydromorphone	II	Dilaudid, Exalgo	NO	72 hours only	
Lisdexamfetamine	II	Vyvanse	NO	72 hours***	***APRN certified in psychiatric/mental health can write 30 days with no refills
Levorphanol	II	Levo-Dromoran	NO	72 hours only	
Meperidine	II	Demerol	NO	72 hours only	
Methadone	II	Dolophine, Methadose	NO	72 hours only	
Methamphetamine	II	Desoxyn	NO	72 hours only***	***APRN certified in psychiatric/mental health can write 30 days with no refills
Methylphenidate	II	Adhansia XR, Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Jornay PM, Metadate CD/ER, Methylin, Methylin ER, Quillichew, Quillivent, Ritalin (LA)(SR)	NO	72 hours only***	***APRN certified in psychiatric/mental health can write 30 days with no refills
Morphine	II	Arymo ER, Avinza, MS Contin, Duramorph, Inuporph, RMS, MorphaBond ER, MSIR, Kadian, Oramorph, Roxanol	NO	72 hours only	
Morphine/naltrexone	II	Embeda	NO	72 hours only	
Nabilone	II	Cesamet	NO	72 hours only	
Opium/belladonna	II	B & O suppository	NO	72 hours only	
Oxycodone	II	Oxy IR, OxyContin, Oxaydo, Roxicodone, Xtampza ER	NO	72 hours only	
Oxycodone/acetaminophen combinations	II	Endocet, Percocet, Primlev, Roxicet, Xartemis XR	NO	72 hours only	
Oxycodone/aspirin combinations	II	Endodan, Percodan	NO	72 hours only	
Oxycodone/naloxone combinations	II	Targiniq ER	NO	72 hours only	
Oxycodone/naltrexone	II	Troxyca ER	NO	72 hours only	
Oxymorphone	II	Numorphan, Opana ER	NO	72 hours only	
Pentobarbital	II	Nembutal	NO	72 hours only	
Secobarbital	II	Seconal	NO	72 hours only	
Sufentanil	II	Sufenta, Dsuvia	NO	72 hours only	
Tapentadol	II	Nucynta, Nucynta ER	NO	72 hours only	
Amobarbital & noncontrolled active ingredient	III	Amobarbital/ephedrine capsules	NO	30 days	
Barbital	III	Veronal, Plexonal, barbitalone	NO	30 days	Schedule III in KY. Schedule IV federally.
Benzphetamine	III	Didrex, Inapetyl, Regimix	NO	30 days	See 201 KAR 20:063 for prescribing requirements for anorexiant

Buprenorphine	III	Belbuca, Buprenex, Butrans, Probuphine, Sublocade, Subutex	NO	30 days	APRN MUST HAVE DATA WAIVER TO PRESCRIBE FOR ADDICTION TREATMENT - See 201 KAR 20:065 for prescribing requirements
Buprenorphine/naloxone	III	Bunavail, Cassipa, Suboxone, Zubsolv	NO	30 days	APRN MUST HAVE DATA WAIVER TO PRESCRIBE FOR ADDICTION TREATMENT- See 201 KAR 20:065 for prescribing requirements
Butalbital combination products	III	Bupap, Cephadyn, Esgic, Esgic-Plus, Fioricet, Fiorinal, Phrenilin, Phrenilin Forte, Zebutal	NO	30 days	Effective September 17, 2014, all prescription products containing butalbital are Schedule III medications in KY (NO exemptions).
Codeine combination product not more than 90 mg/dosage unit	III	Ascomp w/codeine, Tylenol #3, Tylenol #4, Fioricet w/ codeine, Fiorinal w/codeine, Allfen CD	NO	30 days	
Dihydrocodeine combination product 90 mg/dosage unit	III	Synalgos-DC, Compal	NO	30 days	
Dronabinol in sesame oil in soft gelatin capsule	III	Marinol	NO	30 days	
Gamma Hydroxybutyric Acid preparations (GHB)	III	Xyrem	NO	30 days	Patient and APRN must join Xyrem REMS Program
Ketamine	III	Ketalar, Spravato (esketamine), various compounds	NO	30 days	
Methohexital	III	Brevital	NO	30 days	Schedule III in KY. Schedule IV federally.
Methyltestosterone	III	Android, Oreton, Testred, Virilon	NO	30 days	
Methyltestosterone/testosterone combination	III	Covaryx, EEMT, Essian, Estratest	NO	30 days	Some products specifically exempted (see 902 KAR 55:090).
Opium combination product not more than 25 mg/du	III	Paregoric, other combination products	NO	30 days	
Oxandrolone	III	Oxandrin	NO	30 days	
Oxymetholone	III	Anadrol-50	NO	30 days	
Pentazocine	III	Talwin	NO	30 days	Schedule III in KY. Schedule IV federally.
Pentazocine combo products	III	Talwin NX	NO	30 days	Schedule III in KY. Schedule IV federally.
Pentobarbital & noncontrolled active ingredient	III	various	NO	30 days	Some products specifically exempted (see 902 KAR 55:045).
Pentobarbital suppository dosage form	III	Ergocaff-PB Suppository	NO	30 days	Some products specifically exempted (see 902 KAR 55:045).
Perampanel	III	Fycompa	NO	30 days	
Phendimetrazine	III	Plegine, Prelu-2, Bontril, Melfiat, Statobex	NO	30 days	See 201 KAR 20:063 for prescribing requirements for anorexiant
Phenobarbital	III	Luminal, generics	NO	30 days	Schedule III in KY. Schedule IV federally.
Phenobarbital & noncontrolled active ingredient	III	Donnatal	NO	30 days	Schedule III in KY. Schedule IV federally. Some products specifically exempted (see 902 KAR 55:045).
Testosterone	III	Androderm, Androgel, Android, Aveed, Axiron, Depo-testosterone, Delatestryl, First-Testosterone, Fortesta, Striant, Testim, Testopel, Natesto, Vogelxo, Xyosted	NO	30 days	APRNs in KY have prescriptive authority ONLY. KY APRNs may not purchase testosterone to be administered or dispensed from the office. Prescriptions must be issued for no more than 30 day supply, and dispenser must supply to end-user.
Alprazolam	IV	Xanax, Xanax XR/ODT, Niravam	NO	30 days	Refills prohibited (201 KAR 20:059)
Armodafinil	IV	Nuvigil	YES	6 months	
Brexanolone	IV	Zulresso	YES	6 months	
Butorphanol	IV	Stado Inj, Stadol NS	YES	6 months	
Carisoprodol	IV	Soma, Soma compound	NO	30 days	Refills prohibited (201 KAR 20:059)
Chloral hydrate	IV	Noctec	YES	6 months	
Chlordiazepoxide	IV	Librium, Libritabs	YES	6 months	
Chlordiazepoxide combination products	IV	Librax, Limbitrol	YES	6 months	Some products specifically exempted (see 902 KAR 55:045).
Clobazam	IV	Onfi, Sympazan	YES	6 months	
Clonazepam	IV	Klonopin, Klonopin ODT	NO	30 days	Refills prohibited (201 KAR 20:059)
Clorazepate	IV	Tranxene, Tranxene T	YES	6 months	
Diazepam	IV	Diazepam Intensol, Diastat, Valium, Valrelease	NO	30 days	Refills prohibited (See 201 KAR 20:059)
Dichloralphenazone combo products	IV	Midrin, Nodolor	YES	6 months	
Diethylpropion	IV	Tenuate, Tenuate Dosepan	YES	6 months	See 201 KAR 20:063 for prescribing requirements for anorexiant
Difenoxin 1 mg/25 mg Atropine	IV	Motofen	YES	6 months	

Eluxadoline	IV	Viberzi	YES	6 months	
Estazolam	IV	ProSom	YES	6 months	
eszopiclone	IV	Lunesta	YES	6 months	
Flurazepam	IV	Dalmane	YES	6 months	
Lorazepam	IV	Lorazepam Intensol, Ativan	NO	30 days	Refills prohibited (See 201 KAR 20:059)
Lorcaserin	IV	Belviq	YES	6 months	
Meprobamate	IV	Miltown, Equanil, Equagesic	YES	6 months	Some products specifically exempted (see 902 KAR 55:045).
Midazolam	IV	Seizalam, Versed	YES	6 months	
Modafinil	IV	Provigil	YES	6 months	
Nalbuphine	IV	Nubain	YES	6 months	Schedule IV in KY. Non-scheduled federally.
Oxazepam	IV	Serax	YES	6 months	
Pemoline	IV	Cylert	YES	6 months	
Phentermine	IV	Adipex-P, Ionamin, Lomaira, Fastin, Obe-Nix, Suprenza, Zantryl,	YES	6 months	See 201 KAR 20:063 for prescribing requirements for anorexiant
Phentermine/topiramate	IV	Qsymia	YES	6 months	See 201 KAR 20:063 for prescribing requirements for anorexiant
Quazepam	IV	Doral	YES	6 months	
Solriamfetol	IV	Sunosi	YES	6 months	
Suvorexant	IV	Belsomra	YES	6 months	
Temazepam	IV	Restoril	YES	6 months	
Tramadol	IV	Conzip, Ultram, Ultram ER	YES	6 months	
Tramadol/APAP	IV	Ultracet	YES	6 months	
Triazolam	IV	Halcion	YES	6 months	
Zaleplon	IV	Sonata	YES	6 months	
Zolpidem	IV	Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist	YES	6 months	
Brivaracetam	V	Briviact	YES	6 months	
Cannabidiol drugs (FDA approved)	V	Epidiolex	YES	6 months	
Codeine preparations < 200 mg/(100 ml or 100 gm)	V	Cheratussin DAC, Guaiatussin AC, lophen-C-NR, Mytusssin DAC, Robitussin AC, Phenergan VC w/cod, Phenergan w/codeine, Tylenol w/codeine elixir, Ztuss AC	YES	6 months	
Difenoxin preparations < 0.5 mg/25 ug AtSO4/du	V	Motofen Half-Strength	YES	6 months	
Diphenoxylate preparations < 2.5 mg/25 ug AtSO4	V	Lomotil, Logen	YES	6 months	
Ezogabine	V	Potiga	YES	6 months	
Gabapentin	V	Gralise, Horizant, Neurontin	YES	6 months	Effective 7/1/17-Scheduled V in Ky; not scheduled federally
Lacosamide	V	Vimpat	YES	6 months	
Opium preparations < 100 mg/(100 ml or 100gm)	V	Parepectolin, Kapectolin PG, Kaolin Pectin P.G.	YES	6 months	
Pregabalin	V	Lyrica, Lyrica CR	YES	6 months	

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Frequently Contacted Agencies

OIG Drug Enforcement & Professional Practices Branch (502) 564-7985 <https://chfs.ky.gov/agencies/os/oig/dai/deppb>

Kentucky Board of Nursing 502-429-7181 <https://kbn.ky.gov>

Drug Enforcement Agency (Louisville office) 502-582-5905 - (London) 606-862-4500

Food and Drug Administration (Cincinnati, OH office) 513-684-3501 <https://www.fda.gov/>

Kentucky Board of Pharmacy (502) 564-7910 <https://pharmacy.ky.gov>

Additional Notes:

Prior to prescribing a controlled substance, an APRN must be licensed 1 year, obtain a KY DEA registration and KASPER account, and enter into a CAPA-CS.

APRNs may only prescribe a controlled substance for a legitimate medical purpose as outlined in BON Prescribing Regulations-201 KAR 20:057; 063 and 065. Rxs for CII medications are valid for 60 days from date of issuance.

Rxs for CIII-CV medications are valid for 6 months from date of issuance.

A controlled substance RX may NOT be pre-printed or written, typed or rubber stamped with the name of drug until issued to patient.

All Rxs must be dated and signed by the APRN on the date issued.

APRNs may not issue multiple prescriptions where doing so has the effect of circumventing the applicable prescribing limit.

APRNs in KY may not directly DISPENSE controlled substances for use by the patient outside the office setting.

References:

Nursing Statutes and Regulations relating to this table can be found in KRS 314.011, 201 KAR 20:057, 201 KAR 20:059, 201 KAR 20:063 and 201 KAR 20:065

Drug Scheduling Regulations relating to this table can be found in 902 KAR 55:015, 902 KAR 55:045, and 902 KAR 55:090.