

Controlled Substance Prescribing Guideline for APRNs in Kentucky (updated 2.2021)

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
Amobarbital	II	Amytal	NO	72 hours only	
Amphetamine sulfate	II	Adzenys ER/XR-ODT, Dyanavel XR, Evekeo, Evekeo ODT	NO	72 hours only ***	***APRN certified in psychiatric/mental health can prescribe 30 days with no refills.
Amphetamine/ dextroamphetamine	II	Adderall, Adderall XR, Mydayis ER	NO	72 hours only ***	***APRN certified in psychiatric/mental health can prescribe 30 days with no refills.
Benzhydrocodone combination products	II	Apadaz	NO	72 hours only	
Codeine	II	generic sources	NO	72 hours only	
Dexmethylphenidate	II	Focalin, Focalin XR	NO	72 hours only***	***APRN certified in psychiatric/mental health can prescribe 30 days with no refills
Dextroamphetamine	II	Dexedrine, ProCentra, Zenzedi	NO	72 hours only***	***APRN certified in psychiatric/mental health can prescribe 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	^REMS enrollment required to prescribe Transmucosal Immediate-Release (TIRF) products.
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 in 2014. Prescribing permitted up to 30 days pursuant to KRS 314.011(8)
Hydromorphone	II	Dilaudid, Exalgo	NO	72 hours only	
Levorphanol	II	Levo-Dromoran	NO	72 hours only	
Lisdexamfetamine	II	Vyvanse	NO	72 hours only***	***APRN certified in psychiatric/mental health can prescribe 30 days with no refills.
Meperidine	II	Demerol, Mepergan(w/prometh)	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 prescribe 30 days with no refills.
Methylphenidate	II	Adhansia XR, Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Jornay PM, Metadate CD/ER, Methylin, Methylin ER, Quillicew ER, Quillivent XR, Ritalin (LA)(SR)	NO	72 hours only ***	***APRN certified in psychiatric/mental health can prescribe 30 days with no refills.
Morphine	II	Arymo ER, Avinza, MS Contin, Duramorph, Inuporph, Mitigo, 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	
Oliceridine	II	Olinvyk	NO	72 hours only	
Opium	II	Opium tincture 1%	NO	72 hours only	
Opium/belladonna	II	B & O suppository	NO	72 hours only	
Oxycodone	II	Oxy IR, OxyContin, Oxaydo, Roxibond, Roxicodone, Xtampza ER	NO	72 hours only	
Oxycodone/acetaminophen combo	II	Endocet, Percocet, Primlev, Prolate, Roxicet, Xartemis XR	NO	72 hours only	
Oxycodone/aspirin combo	II	Endodan, Percodan	NO	72 hours only	
Oxycodone/naloxone combinations	II	Targiniq ER, 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, Tuinal	NO	72 hours only	
Sufentanil	II	Sufenta, Dsuvia	NO	72 hours only	REMS enrollment required
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 (902 KAR 55:015). Schedule IV federally.
Benzphetamine	III	Didrex, Inapetyl, Regimix	NO	30 days	See 201 KAR 20:063 for additional prescribing requirements for anorexiant
Buprenorphine	III	Belbuca, Buprenex, Butrans, Probuphine (REMS), Sublocade (REMS), Subutex	NO	30 days	APRN MUST HAVE DATA WAIVER TO PRESCRIBE FOR ADDICTION TREATMENT - See 201 KAR 20:065 for additional 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 additional prescribing requirements.
Butalbital and noncontrolled active ingredient	III	Allzital, Bupap, Capacet, Cephadyn, Esgic, Esgic-Plus, Fioricet, Fiorinal, Phrenilin, Phrenilin Forte, Vtol LQ, Zebutal	NO	30 days	Effective September 17, 2014, all prescription products containing butalbital are Schedule III medications in KY (902 KAR 55:045-No exemptions).
Codeine combination product not more than 90 mg/dosage unit	III	Allfen CD, Ascomp w/codeine, Tylenol #3, Tylenol #4, Fioricet w/ codeine, Fiorinal w/codeine, Soma cmpd w/cod	NO	30 days	
Dihydrocodeine combination product 90 mg/dosage unit	III	Compal, Dvorah, Synalgos-DC, Trezix	NO	30 days	
Dronabinol in sesame oil in soft gelatin capsule	III	Marinol	NO	30 days	
Esketamine	III	Spravato	NO	30 days	REMS enrollment required
Gamma Hydroxybutyric Acid preparations (GHB)	III	sodium oxybate, Xyrem, Xyvav	NO	30 days	REMS enrollment required
Ketamine	III	Ketalar, Ketaset, various cmpds	NO	30 days	
Methohexital	III	Brevital	NO	30 days	
Methyltestosterone	III	Android, Oreton, Testred, Virilon, various generic compounds	NO	30 days	
Methyltestosterone combinations with estrogen	III	Covaryx, Covaryx HS, EEMT, EEMT HS	NO	30 days	Some products with no significant potential for abuse specifically exempted (see 902 KAR 55:090/CFR 1308.34). Link to exempted list.
Nadrolone	III	Deca-Durabolin	NO	30 days	
Opium combination product not more than 25 mg/du	III	Paregoric, other combination products	NO	30 days	
Oxandrolone	III	Anavar, Lonavar, Provitar, Vasorome	NO	30 days	
Oxymetholone	III	Anadrol-50, Anapolon, Anasteron	NO	30 days	
Pentazocine	III	Talwin	NO	30 days	Schedule III in KY (902 KAR 55:015). Schedule IV federally.
Pentazocine combo products	III	Talacen, Talwin NX, Talwin Cmpd	NO	30 days	Schedule III in KY (902 KAR 55:015). Schedule IV federally.
Pentobarbital & noncontrolled active ingredient	III	various	NO	30 days	Some products with no significant potential for abuse specifically exempted (see 902 KAR 55:045/CFR 1308.32). Link to exempted list.
Pentobarbital suppository dosage form	III	WANS	NO	30 days	
Perampanel	III	Fycompa	NO	30 days	
Phendimetrazine	III	Bontrol, Bontril SR, Fendique, Plegine, Prelu-2, Melfiat, Statobex	NO	30 days	See 201 KAR 20:063 for additional prescribing requirements for anorexiant.
Phenobarbital	III	Luminal, generics	NO	30 days	Schedule III in KY. Schedule IV federally.
Phenobarbital & noncontrolled active ingredient	III	Quadrax, PB Hyos elixir	NO	30 days	Schedule III in KY (schedule IV federally). Some products with no significant potential for abuse specifically exempted (see 902 KAR 55:045/CFR 1308.32). Link to exempted list.
Testosterone	III	Androderm, Androgel, Android T, Aveed (REMS), Axiron, Depo-testosterone, Delatestryl, First-Testosterone, Fortesta, Jatenzo, Striant, Testim, Testopel, Natesto, Vogelxo, Xyosted, various cmpds including pellets	NO	30 days	

Alprazolam	IV	Xanax, Xanax XR/ODT/Intensol, Niravam	YES	6 months	
Armodafinil	IV	Nuvigil	YES	6 months	
Brexanolone	IV	Zulresso	YES	6 months	REMS enrollment required
Butorphanol	IV	Stado inj, Stadol NS	YES	6 months	
Carisoprodol	IV	Soma, Soma cmpd, Vanadom	YES	6 months	
Chloral hydrate	IV	Chloralum, Noctec	YES	6 months	
Chlordiazepoxide	IV	Librium, Libritabs	YES	6 months	
Chlordiazepoxide combination products	IV	Limbitrol, SK-Lygen	YES	6 months	Some products with no significant potential for abuse specifically exempted (see 902 KAR 55.045/CFR 1308.32). Link to exempted list.
Clobazam	IV	Onfi, Onfi susp, Sympazan, Urbadan, Urbanyl	YES	6 months	
Clonazepam	IV	Klonopin, Klonopin ODT	YES	6 months	
Clorazepate	IV	Tranxene, Tranxene T	YES	6 months	
Diazepam	IV	Diastat Acudial/Pediatric, Valium, Valrelease, Valtoco	YES	6 months	
Dichloralphenazone combo products	IV	Midrin, Nodolor	YES	6 months	
Diethylpropion	IV	Tenuate, Tenuate XR, Tepanil	YES	6 months	See 201 KAR 20:063 for additional 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	
Ethchlorvynol	IV	Placidyl	YES	6 months	
Eszopiclone	IV	Lunesta	YES	6 months	
Fenfluramine	IV	Fintepla	YES	6 months	REMS enrollment required
Flurazepam	IV	Dalmane	YES	6 months	
Fospropofol	IV	Lusedra	YES	6 months	
Lemborexant	IV	Dayvigo	YES	6 months	
Lorazepam	IV	Ativan, Lorazepam Intensol	YES	6 months	
Lorcaserin	IV	Belviq removed from market 2020	YES	6 months	
Meprobamate	IV	Miltown, Equanil, Equagesic	YES	6 months	Some products with no significant potential for abuse specifically exempted (see 902 KAR 55.045/CFR 1308.32). Link to exempted list.
Midazolam	IV	Nayzilam, Seizalam, Versed	YES	6 months	
Modafinil	IV	Provigil	YES	6 months	
Nalbuphine	IV	Nubain	YES	6 months	Schedule IV in KY (902 KAR 55:015). 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 additional prescribing requirements for anorexiant
Phentermine + topiramate	IV	Qsymia	YES	6 months	See 201 KAR 20:063 for additional prescribing requirements for anorexiant. REMS enrollment required.
Quazepam	IV	Doral	YES	6 months	
Remimazolam	IV	Byfavo	YES	6 months	
Solriamfetol	IV	Sunosi	YES	6 months	
Suvorexant	IV	Belsomra	YES	6 months	
Temazepam	IV	Restoril	YES	6 months	
Tramadol	IV	Conzip, Qdola, Ultram, Ultram ER	YES	6 months	
Tramadol combo products	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	
Cenobamate	V	Xcopri, Xcopri Titration Pack	YES	6 months	
Codeine preparations <= 200 mg/(100 ml or 100 gm)	V	Cheratussin DAC, Guaiatussin AC, Iophen-C-NR, Mytussin 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	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 (902 KAR 55:015); not scheduled federally
Lacosamide	V	Vimpat	YES	6 months	
Lasmiditan	V	Reyvow	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 and Phone Numbers

Drug Enforcement Agency Louisville office 502-582-5905, London 571-362-7052
Drug Enforcement Registration Support 571-362-6905
Food and Drug Administration (Cincinnati, OH office) 513-684-3501
KASPER (Kentucky All Schedule Prescription Electronic Reporting) 502-564-2703
Kentucky Board of Nursing 502-429-7181
OIG Drug Enforcement & Professional Practices Branch (502) 564-7985

Additional Notes:

Prior to prescribing a controlled substance in KY, a licensed APRN must first obtain a KY DEA registration number and a KASPER Master Account. Beginning Jan 1, 2021 all controlled prescriptions must be prescribed electronically (see KRS 218A.182 for exceptions).
Rxs for CII medications are valid for 60 days from date of issuance in KY.
Rxs for CIII-CV medications are valid for 6 months from date of issuance.
All Rxs must be dated and signed by the practitioner 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 DISPENSE controlled substances (package and label medication for take-home use) KRS 314.011(8).
APRNS in KY shall not administer or prescribe controlled substances to self or immediate family- see exceptions 201 KAR 20:057 Section 10.

References:

Nursing Regulations relating to this table can be found in 201 KAR 20:057, 201 KAR 20:063 and 201 KAR 20:065
Drug Scheduling Regulations relating to this table can be found in 902 KAR 55:015, 55:045 and 55:090.