Kentucky law permits APRNs to prescribe non-scheduled as well as scheduled drugs for their patients, as long as practitioners adhere to all statutory and professional requirements, restrictions and accepted procedures. These requirements are specific and demanding – as befits something as important as the prescribing of medication.

The intent of this manual, then, is to provide Kentucky APRNs an updated and straightforward guide to prescribing. Whenever possible, we have used plain English over “legalese,” but we include many links to the regulatory language for those who wish to examine the statutes in detail. We also include links to many helpful documents and in the appendix of this document.

This summary is not legal advice. The reader should note that official interpretation of the law is changing daily. Each practitioner should consult his or her own counsel for advice and guidance.

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Prescribing Prerequisites for APRNs

Non-scheduled drugs
APRNs in Kentucky are authorized to prescribe non-scheduled legend drugs. All APRNs must maintain a Collaborative Agreement for Prescriptive Authority for Non-Scheduled Drugs (CAPA-NS) with a physician for the first four years of prescribing. The signing physician must be in the “same or similar specialty” as the APRN. Once the CAPA-NS is signed, the APRN must send the “Notification of a CAPA-NS” form to the Kentucky Board of Nursing. The form is available on the Kentucky Board of Nursing web site. The APRN must keep the original agreement, and have a copy available at his or her primary practice site. Forms can be found on the KBN’s APRN page. APRNs must have separate collaborative prescribing agreements for non-scheduled and scheduled drugs.

After four years of prescribing with a CAPA-NS, the prescribing agreement is no longer required. If the APRN chooses to no longer maintain a CAPA-NS, he or she must send the “Notification to Discontinue the CAPA-NS” to the Kentucky Board of Nursing. The form is available to download on the KBN web site.

Joint Committee
The Joint Committee of 3 APRNs and 3 physicians (APRNs appointed by KBN and physicians appointed by KBML) was established in legislation in 2014. The purpose of the committee is to assist in finding physicians to sign CAPA-NS agreements when the APRN cannot find one on their own. There is no requirement to use the committee.
APRNs may locate a physician on their own. There are two (2) situations when an APRN may request assistance from the committee: an APRN who does not have an established practice and is not currently prescribing and an APRN who has an established practice and is currently prescribing.

The Joint Committee is prohibited from discussing or reviewing complaints, and will forward any complaints received to the licensure board that has responsibility (KBN for APRNs; KBML for physicians). The committee is also prohibited from discussing actions of individual APRNs or physicians. The joint committee does NOT oversee, evaluate, study or collect data on APRN prescribing.

Requesting Assistance to Find a Physician to sign the CAPA-NS
There are two situations where an APRN may request assistance from the committee.

Non – emergency situation - If an APRN who is not already prescribing is not able to find a physician to sign a CAPA-NS on their own, the APRN may request assistance from the KBN and the Joint Committee. The committee will then provide a list of physicians and their fees to the requesting APRN. Once physician names and fees, if any, are sent to the APRN, he/she has time to try to work out an arrangement and to sign a CAPA-NS that is satisfactory. If 60 days have passed from the time the APRN receives the physician names and no CAPA-NS has been signed, the committee will furnish a physician in the ”same or similar specialty” as the APRN to sign the CAPA-NS with no fee. The APRN may choose to sign the CAPA-NS with that volunteering physician or choose not to prescribe until they are able to locate a physician on their own. If the APRN signs that agreement, the APRN will prescribe under that CAPA-NS until the APRN identifies another physician and a new CAPA-NS signed.
**Emergency situation** – An emergency situation occurs when the APRN who has been prescribing with a CAPA-NS loses the collaborating physician without notice (for example, through illness, death, action against the physician’s license, etc.). If the APRN is not able to locate another physician to sign a CAPA-NS, the APRN may request assistance from KBN and the committee in finding a physician to sign the CAPA-NS. If the APRN requests assistance from KBN and the committee, the APRN may continue to prescribe nonscheduled legend drugs without a signed CAPA-NS. Once a physician (or physicians) are identified by the committee to the APRN, the APRN has 30 days to work out a satisfactory CAPA-NS and may continue to prescribe without a CAPA-NS during this time. If the APRN does not sign a CAPA-NS by the end of the 30 days, the APRN will no longer be permitted to prescribe non-scheduled drugs until a CAPA-NS is signed. The NP is not required to sign a CAPA-NS with one of these recommended physicians and may continue to look on their own for a physician to sign the CAPA-NS.

**APRNs Who Move to Kentucky**

If an APRN endorses into Kentucky from a state where APRNs prescribe independently, and that APRN has been prescribing non-controlled substances for at least four (4) years, once licensed in Kentucky, the APRN will be able to prescribe non-controlled drugs without a CAPA-NS.

If an APRN is endorsing into Kentucky from a state that required prescribing with physician collaboration or supervision, and the APRN prescribed in that state for at least four (4) years, the APRN, once licensed in Kentucky, will be able to prescribe non-controlled drugs without a CAPA-NS.

If an APRN endorses into Kentucky from another state, and that APRN does not have at least four (4) years of experience in prescribing non-controlled drugs, the APRN, once licensed in Kentucky, will be required to obtain a CAPA-NS and prescribe with it for whatever amount of time is needed to complete four (4) years of prescribing experience.

**Scheduled drugs**

The prerequisites for prescribing scheduled drugs are considerable, as are the ongoing legal and medical responsibilities once an APRN has received prescriptive authority. To get prescriptive authority, an APRN:

1. Must have been licensed to practice as an APRN for at least one year
2. Must enter into a *Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances* (CAPA-CS) with a physician that defines the scope of prescriptive authority for controlled substances (see CAPA-CS section)
3. Must register with the Drug Enforcement Administration (DEA) to receive a DEA Controlled Substance Registration Certificate and number (see DEA section and Appendix)
4. Must register with KASPER, Kentucky’s electronic system for monitoring prescriptions of controlled substances (see KASPER section)
5. Must notify the Kentucky Board of Nursing (KBN) of his/her CAPA-CS and the physician’s name; and also must submit a copy of the DEA Registration Certificate
APRN Responsibilities and Scheduled Drug Prescribing

The Kentucky Board of Nursing holds APRNs responsible for the scheduled drug prescriptions they write. You must be knowledgeable about the drugs you prescribe and understand when it is appropriate to prescribe them. If you are not certain about the indications, dose or side effects of a medication, do not prescribe it until you thoroughly familiarize yourself with the drug.

The law also requires there be a valid medical reason for prescribing a scheduled drug (KRS Chapter 218A.180). Make sure that documentation exists in the patient record regarding any conditions (acute or chronic) for which you are prescribing. If a patient requires chronic medication for a condition, make sure to document radiological tests, laboratory tests, physical exams and/or consultations with a specialist in the patient chart. The Pill Mill Bill further delineates the practices and procedures required in the prescribing of controlled substances. See the Prescribing Checklist on page 7.

The Board of Nursing is authorized by law to monitor APRN prescribing of scheduled drugs through KASPER. APRN prescribing patterns will be closely watched by those who are concerned about drug diversion and substance abuse, and by those who opposed APRNs having this expanded prescriptive authority. Don’t let yourself be pressured by patients or others to prescribe medication that you do not feel comfortable prescribing. In the end, you will be held accountable for the prescriptions you write.

The chart on the following page summarizes the scheduled drug laws for APRNs. For a comprehensive listing of scheduled drugs, consult the DEA website (www.deadiversion.usdoj.gov/schedules/schedules.htm). However, some drugs may be exempted on the Federal list but scheduled by Kentucky, so if in doubt about the schedule of a particular drug, check with your local pharmacist or the Drug Control Branch in Frankfort, at 502.564.7985.

Controlled Substance Prescription Standards

The physical prescription itself must adhere to required standards. Specifically, a prescription:

- Must be dated and signed by the practitioner on the date issued.
- Must contain the name, address, and DEA registration number of the practitioner.
- Must have the full name and address of the patient.
- Must contain the drug name, strength, dosage form, quantity prescribed, and directions for use.
- May have only one prescription per blank.
- May not be pre-printed with the name of a controlled substance.
- Must indicate number of refills.

For more detail regarding actual prescriptions, consult the Kentucky Revised Statute KRS 218A.180 and Kentucky Administrative Regulation (902 KAR 55:105).
## Scheduled Drug Laws for APRNs at a Glance*

<table>
<thead>
<tr>
<th>Drug Schedule</th>
<th>KASPER Query</th>
<th>Maximum prescription</th>
<th>Refills</th>
<th>Method of prescription</th>
<th>Prescription Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>Required before prescribing and at least every 3 months during treatment</td>
<td>72 hours ** (see psych mental health exception, below)</td>
<td>No</td>
<td>Written only</td>
<td>60 days after date of issue</td>
</tr>
<tr>
<td>II (combination Hydrocodone products in liquid and solid form)</td>
<td>Required before prescribing and at least every 3 months during treatment</td>
<td>30 days</td>
<td>No</td>
<td>Written only</td>
<td>60 days after date of issue</td>
</tr>
<tr>
<td>III</td>
<td>Required before prescribing and at least every 3 months during treatment</td>
<td>30 days</td>
<td>No</td>
<td>Written, oral or fax</td>
<td>Six months after date of issue</td>
</tr>
<tr>
<td>IV (Ativan, Klonopin, Valium, Xanax and Soma)</td>
<td>Required before prescribing and at least every 3 months during treatment</td>
<td>30 days</td>
<td>No</td>
<td>Written, oral or fax</td>
<td>Six months after date of issue</td>
</tr>
<tr>
<td>IV (other)</td>
<td>Required before prescribing and at least every 3 months during treatment</td>
<td>Original prescription</td>
<td>Maximum six month supply</td>
<td>Written, oral or fax</td>
<td>Six months after date of issue</td>
</tr>
<tr>
<td>V</td>
<td>No requirement to check a KASPER report</td>
<td>Original prescription</td>
<td>Maximum six month supply</td>
<td>Written, oral or fax</td>
<td>Six months after date of issue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescribing prerequisites for APRNs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Licensed to practice as APRN for at least one year</td>
</tr>
<tr>
<td>2) CAPA-CS (Collaborative Agreement for Prescriptive Authority for Controlled Substances)</td>
</tr>
<tr>
<td>3) DEA registration and certificate/number</td>
</tr>
<tr>
<td>4) Notify Kentucky Bureau of Nursing of CAPA-CS and physician name; submit copy of DEA certificate</td>
</tr>
<tr>
<td>5) KASPER registration</td>
</tr>
</tbody>
</table>

* Your CAPA-CS may place additional restrictions on your prescribing authority.  
** APRNs nationally certified in psychiatric mental health nursing may prescribe a 30-day supply of psychostimulants.

### Requirements for Prescribing Scheduled Drugs
Kentucky statutes and KBN regulations delineate very specific requirements for prescribing controlled substances. The following checklist summarizes those requirements. If you would like to read the law in its entirety, click here for the complete statute [here](http://www.lrc.ky.gov/Statutes/statute.aspx?id=44651) and nursing regulations, [here](http://www.lrc.ky.gov/kar/201/020/057.htm) [here](http://www.lrc.ky.gov/kar/201/020/059.htm) [here](http://www.lrc.ky.gov/kar/201/020/063.htm)
Prescribing Checklist

**Prescribing a controlled substance:**

- ✓ Gather patient’s medical history, conduct patient examination and document everything in the patient’s medical record; (psych providers will perform a psychiatric exam)

- ✓ Query KASPER for all available data on the patient

- ✓ Include an exit strategy, including potentially discontinuing the use of controlled substances

- ✓ Discuss the risks and benefits of the use of controlled substances with the patient, including the risk of tolerance and drug dependence (or discuss with the parent if the patient is a minor, or with the patient’s legal guardian or health care surrogate)

- ✓ Obtain written consent for the treatment

Obtain a baseline drug screen or further random drug screens if the APRN:

(a) Finds a drug screen to be clinically appropriate; or

(b) Believes that it is appropriate to determine whether or not the controlled substance is being taken by the patient.

**For subsequent prescriptions:**

- ✓ Obtain necessary updates on the patient’s medical condition and modify the treatment plan as necessary

- ✓ Query the KASPER system at least once every three months during the course of treatment before issuing a new prescription or a refill for a controlled substance

## Continuing Education

The Kentucky law also requires APRNs to obtain 1.5 contact hours of continuing education each year related to the use of KASPER, pain management or-addiction disorders. The 1.5 continuing education hours will be part of the total 5 pharmacology contact hours now required. Continuing competency requirement for all APRNs (regardless of prescribing) is 5 pharmacology contact hours every year [http://www.lrc.ky.gov/Statutes/statute.aspx?id=44619](http://www.lrc.ky.gov/Statutes/statute.aspx?id=44619).
Exceptions to the Prescribing Rules
As with most laws, there are some important exceptions in the statutes and regulations regarding prescribing controlled substances. These are the only exceptions to the requirements noted above:

- Administering a controlled substance or anesthesia immediately prior to, during surgery, or 7 days immediately following surgery.
- Administering a controlled substance necessary to treat a patient in an emergency situation:
  - at the scene of an emergency;
  - in a licensed ground or air ambulance;
  - in the emergency department
- Treating a patient in an intensive care unit of a licensed hospital
- Prescribing a controlled substance for a hospice patient when functioning within the scope of a hospice program or hospice inpatient unit
- Prescribing a controlled substance for a patient receiving palliative care.
- Schedule V prescriptions

The CAPA-CS at-a-glance
The chart below lists the requirements for the CAPA-CS (Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances) and suggestions for compliance.

<table>
<thead>
<tr>
<th>CAPA-CS particulars</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be in writing, and must be signed by both the APRN and the physician</td>
<td>It may state simply that the APRN has authority to prescribe scheduled drugs as stated in the statute and regulation, or it may list additional limitations, depending on the physician who co-signs the agreement. CAPA-CS can be found on KBN APRN page.</td>
</tr>
<tr>
<td>Must describe how the APRN and physician will collaborate and communicate about scheduled drug prescriptions</td>
<td>This can be simple or detailed. A simple example: The APRN and physician will collaborate and communicate when necessary in person, by phone or electronically.</td>
</tr>
<tr>
<td>APRN and physician must be qualified in the same or a similar specialty</td>
<td>In other words, the populations served or disorders treated by the APRN are similar to that of the collaborating physician’s. (See Appendix for the KBN guidelines on defining the same or similar specialty.</td>
</tr>
<tr>
<td>APRN keeps the original document, provides copies at practice site(s)</td>
<td>Do not turn over the original document to others, but rather provide copies as requested. A copy of the CAPA-CS must be available at each practice site where you provide services.</td>
</tr>
<tr>
<td>APRN notifies KBN</td>
<td>You must notify KBN of each CAPA-CS agreement and the name of the collaborating physician. Do not send a copy of the agreement to KBN unless they request one. Form can be on KBN APRN page.</td>
</tr>
<tr>
<td>Copy of agreement to DEA</td>
<td>You must mail or fax a completed copy of each CAPA-CS to the DEA before that agency will issue you a number. If you have more than one CAPA-CS, you must send a copy of each agreement to the DEA.</td>
</tr>
<tr>
<td>Rescinding a CAPA-CS</td>
<td>Either the APRN or the physician may rescind the prescribing agreement by written notice sent via registered mail. A written notice also must be sent via registered mail to the KBN and the Kentucky Board of Medicine.</td>
</tr>
</tbody>
</table>
DEA Registration

Kentucky law requires that APRNs register with the Drug Enforcement Agency in order to prescribe scheduled drugs. DEA registration must be renewed every three years, and the fee for applying is $731 (payable by credit card or check).

To register online, or to print and mail your application, go to www.deadiversion.usdoj.gov. You can also call the DEA at 1-800-882-9539 to request an application (DEA Form 224).

Additionally, you must also mail or fax a completed copy of your CAPA-CS to the DEA office before a DEA number will be issued. If you have more than one CAPA-CS, you must send a copy of each agreement to the DEA.

To fax copy of CAPA-CS
Fax to:
Debra S. DeVitis
Registration Program Specialist
Detroit DEA Office
Fax # 313-226-7546

To mail copy of CAPA-CS
Mail to:
DEA
211 W. Fort St., Suite 610
Detroit, Michigan 48226
ATTN: Debra S. DeVitis, Registration Program Specialist

For assistance in completing your DEA application see the Appendix.

Other required DEA notifications
You also must notify the DEA if there is a change in:

- Your name – if you change your name, you must notify the DEA as well as the Kentucky Board of Nursing.

- Your address – if you change your primary practice location, you must notify the DEA. Your application for renewal is mailed to the address on your DEA certificate. The post office cannot forward the renewal application, so if the DEA doesn’t have your current practice address, you will not receive your renewal application and your registration will expire.

- Schedules prescribed – If you have a change in the schedules that you prescribe because your CAPA-CS has changed, you must notify the DEA.

There is no additional DEA charge for changing your name, business address, or the schedules that you prescribe.

KASPER (Kentucky All Schedule Prescription Electronic Reporting)

Effective July 20, 2012, Kentucky law requires that APRNs who prescribe scheduled drugs must be registered on the KASPER system. In fact, anyone who is authorized to prescribe or dispense scheduled controlled substances must be registered with KASPER. This system helps health care providers identify patients who may be at risk, and catalogs all Schedule II-V controlled substance prescriptions dispensed with the state.

Before prescribing any scheduled drug for their patients, APRNs must query the KASPER database to ascertain that the patient is not receiving similar or the same medications from other providers. (Pharmacies and dispensers of controlled substances must report to KASPER within 7 days.) Reports are available 24 hours a day, seven days a week, and are usually generated within 15-20 seconds. The report includes:

- the date a prescription was issued
- the drug name
An APRN may discuss the KASPER information with the patient, another health care provider treating the patient, or law enforcement. KASPER reports may be filed in the patient record to become a permanent part of the file.

**How to register**

There is no fee to register on the KASPER system. To register, go to [http://chfs.ky.gov/os/oig/KASPER.htm](http://chfs.ky.gov/os/oig/KASPER.htm) and click into the eKASPER Paperless Registration Process. Or go to [https://ekasper.chfs.ky.gov/accessrequest/](https://ekasper.chfs.ky.gov/accessrequest/), click on “Print Instructions”, and follow them to complete and submit the online form. Then you must print the online form and affix copies of all requested licensure information and mail to:

- Cabinet for Health and Family Services
- Office of Inspector General
- Drug Enforcement Branch
- 275 East Main Street, 5E-D
- Frankfort, KY 40621

The KASPER site also has a helpful online tutorial that explains how to use the system.

**If you spot a red flag**

If you suspect a patient has been provider shopping or receiving an inordinate amount of prescriptions, there are several things you can do.

1) Verify the information. Although rare, mistakes can be made in the KASPER system – patients with the same name or birthdate, for example. You should contact the pharmacies or providers to verify that your patient received the prescriptions.

2) Discuss the report findings with the patient.

3) If you believe the KASPER information is accurate and that your patient is abusing or diverting drugs, you can report that information to local or state law enforcement. If you aren’t sure who that is, call the Drug Enforcement and Professional Practices Branch at 502-564-7985. It is not a HIPPA violation to report suspected drug diversion to law enforcement officials.

4) Some practices choose to “dismiss” patients who are suspected of abusing or diverting drugs, but you must give the patient at least 30 days notice via registered mail. If you do dismiss the patient from your practice, you must continue to provide care during the 30-day time frame.

**KASPER also tracks APRN prescribing practices**

Remember that the law permits the Kentucky Board of Nursing to request a KASPER report that lists all the prescriptions for scheduled drugs prescribed by an APRN.

**Frequently Asked Questions**

**Where do I get an application to apply for a DEA number?**

You may call the Drug Enforcement Administration at 1-800-882-9539 to request an application (DEA Form 224) or download an application online and mail it with a check. However, it is faster and preferred by the DEA that you register online and pay by credit card. To obtain an application online or to print and mail go to: [http://www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov).

**When can I apply for a DEA number?**

Anytime. Remember, though, that the numbers are not granted immediately. The DEA first needs to verify your licensure and the schedules you are allowed to prescribe based on the statute, regulations and CAPA-CS.
What is the cost for registering with the DEA?
The cost is $731.00 for a 3-year registration and the fee is nonrefundable. However, if you are a Federal, State or Local government employee the fee can be waived.

What if I don’t want a DEA number?
APRNs are not required to obtain a DEA number. However, DEA numbers are widely used as provider identifiers by the health care industry. Without a DEA number, APRN prescriptions for non scheduled drugs are not being properly attributed to the prescriber and in some instances, prescriptions are denied at the pharmacy. Additionally, APRN services are not being credited to the APRN. It is recommended that APRNs obtain a DEA number, even if they do not prescribe scheduled drugs. APRNs now have an opportunity to be identified with each prescription they write, making them a more visible part of the health care delivery system.

How often must a DEA registration be renewed?
A renewal application must be completed every three years.

What if I already have a DEA number in another state?
DEA numbers are specific to each state. If you will be prescribing scheduled drugs in Kentucky, then you must apply for a DEA number in Kentucky. You can transfer a DEA number from one state to another. There is no charge for this as long as your DEA number in the other state is current. If you plan to prescribe scheduled drugs in two states, then you must have a separate DEA number for each state.

Can the Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS) and the Collaborative Agreement for Prescriptive Authority for Non Scheduled Drugs (CAPA-NS) be combined as one document?
No. These two agreements are separate documents. They should not be combined. You may also obtain a copy of the official Collaborative Agreement for Prescribing Non Scheduled Drugs (CAPA-NS) on the KBN website, click APRN for more information and forms. (http://kbn.ky.gov/aprn_practice/Pages/default.aspx) The APRN must keep the original CAPA-NS and CAPA-CS and keep a copy of each separate agreement at each practice site. These agreements must be readily available if the Board of Nursing requests a copy.

Do I need to notify the Kentucky Board of Nursing (KBN) of my CAPA-NS and CAPA-CS?
Yes, APRNs must notify KBN of the existence of the CAPA-NS and CAPA-CS and the name of the collaborating physician. KBN provides a form to be used for this purpose and you may not substitute another form. The form is available on the KBN web site. If not found on the APRN page, click FORMS, scroll down to Other Licensure Forms. (http://kbn.ky.gov/online-forms/Pages/onlineforms.aspx)

KBN will then notify the KBML that a CAPA-NS and CAPA-CS exists and provide the name of your collaborating physician. If you have more than one CAPA-NS and CAPA-CS, you must notify KBN of each agreement.

Are there specific forms to use for CAPA-NS and CAPA-CS agreements?
Yes. Both can be found on the KBN website, under APRN. (http://kbn.ky.gov/aprn_practice/Pages/default.aspx)

What do I need to do if my CAPA-NS or CAPA-CS changes or is rescinded by either party?
The APRN does not need to notify KBN if the conditions of the CAPA-CS change and the collaborating physician remains the same. If the APRN changes collaborating physicians, the APRN must notify KBN of the new CAPA-NS or CAPA-CS and the name of the new collaborating physician. The CAPA-NS or CAPA-CS may be rescinded by either party (APRN or physician) upon written notice via registered mail to the other party and to the Kentucky Board of Nursing and the Kentucky Board of Medical Licensure. There are special forms for this purpose on the KBN website, click APRN. (http://kbn.ky.gov/aprn_practice/Pages/default.aspx)

Do I need to send a copy of my CAPA-CS to the DEA?
Yes, you must send a copy, either by fax or mail, to the DEA office before a DEA number will be issued. If you have more than one CAPA-CS, you must send a copy of each agreement.
To fax copy of CAPA-CS,
Fax to: Debra S. DeVitis
DEA Registration Program Specialist
Detroit DEA Office
Fax # 313 226-7546

To mail copy of CAPA-CS
Mail to:
DEA
211 W. Fort St., Suite 610
Detroit, Michigan 48226
Attn: Debra S. DeVitis, Registration Program Specialist

Do I need to notify KBN of my CAPA-NS?
Yes, you must notify KBN of the CAPA-NS. A copy of the CAPA-NS notification form is available on the KBN website. Keep the original agreement and have a copy available at your practice site.

Are there different requirements regarding the prescribing of Schedule II, III, IV and V drugs?
Yes. See the At-A-Glance chart on page 8.

Do I need to check KASPER every 3 months for Schedule IV drug prescriptions?
Yes. If you have given a patient a prescription for a drug with more than a 3-month supply, you are still responsible for doing a KASPER query at 3 months. For those prescriptions, we recommend that you set up some type of tickler system to remind you when to recheck KASPER. Or, you could simply limit the prescription to a three-month supply.

Do the scheduled drug prescribing laws apply to APRNs who write orders for controlled substances in health care facilities such as hospitals and nursing homes?
Yes. APRNs who work in health care facilities such as hospitals and nursing homes may write orders for controlled substances. The same legal requirements apply to APRN prescriptions regardless of where the prescription/order is written. Therefore, if a schedule II drug is ordered by an APRN for a patient in a health care facility, that order must be rewritten every 72 hours.

What if I work at more than one location?
When applying for a DEA number, use the address of your primary site of practice.

Since the statute requires that a copy of the CAPA-CS be available at each site where the APRN is providing care, does this mean that each facility where the APRN provides care must have a copy of the CAPA-CS?
A copy of the CAPA-CS must be available at the site where the APRN is providing care. The APRN can choose to carry a copy of the CAPA-CS (for instance, a reduced copy may be carried in the wallet) or the APRN may choose to have the facility keep a copy in their files. Remember: the APRN must keep the original copy of the CAPA-CS.

If I am an APRN certified in psych/mental health but I am self-employed or work in a private practice, may I prescribe a 30 day supply of a psychostimulant?
Yes. KRS 314.011 (a) states that “…Prescriptions issued under this subsection for psychostimulants may be written for a thirty (30) day supply only by an advanced practice registered nurse certified in psychiatric-mental health nursing who is providing services in a health facility as defined in KRS Chapter 216B.” The definition of health facilities in KRS 216B:

(12) "Health facility" means any institution, place, building, agency, or portion thereof, public or private, whether organized for profit or not, used, operated, or designed to provide medical diagnosis, treatment, nursing, rehabilitative, or preventive care and includes alcohol abuse, drug abuse, and mental health services. This shall include, but shall not be limited to, health facilities and health services commonly referred to as hospitals, psychiatric hospitals, physical rehabilitation hospitals, chemical dependency programs, tuberculosis hospitals, skilled nursing facilities, nursing facilities, nursing homes, personal care homes, intermediate care facilities, family care homes, primary care centers, rural health clinics, outpatient clinics, ambulatory care facilities, ambulatory surgical centers, emergency care centers and services, ambulance providers, hospices, community mental health and mental retardation centers, home health agencies, kidney disease treatment centers and freestanding hemodialysis units, facilities and
services owned and operated by health maintenance organizations directly providing health services subject to certificate of need, and others providing similarly organized services regardless of nomenclature.

If I am not certified in psych/mental health, but I work in a hospital or mental health clinic as defined in KRS Chapter 216B, may I write a prescription for a 30-day supply of a schedule II psychostimulant?
No. Only APRNs certified in psychiatric/mental health may prescribe a 30-day supply of schedule II psychostimulants. All other APRNs may only prescribe a 72-hour supply of those drugs.

Would it be legal for an APRN certified as both an adult psych-mental health NP and a Family Nurse Practitioner (FNP), who is employed at a comp care center, to prescribe a 30-day supply of psychostimulants to children?
An APRN certified in adult psych-mental health may prescribe a 30-day supply of psychostimulants for adults but not children. An APRN certified as an FNP may prescribe a 72-hour supply of psychostimulants for children.

Does the name or DEA number of the collaborating physician need to be on the prescription?
No. The name and DEA number of the collaborating physician should not be on a prescription written by an APRN. The name and DEA number of the APRN must be on the prescription. The CAPA-CS is not intended to be a substitute for the exercise of professional judgment by the APRN, which means that the APRN is responsible for the medications he/she prescribes.

Are there requirements for what must be included on a controlled substance prescription?
Yes. See the discussion on page 5 (under the APRN Responsibilities and Scheduled Drug Prescribing) or consult the Kentucky Revised Statute KRS 218A.180 and Kentucky Administrative Regulation (902 KAR 55:105).

May prescriptions for scheduled drugs be called into or transmitted by fax to a pharmacy?
Only prescriptions for schedules III, IV or V may be transmitted to a pharmacy by fax or by phone. If a schedule III, IV or V prescription is faxed to a pharmacy, the transmitting practitioner, or the practitioner’s agent, must write or stamp FAXED prior to transmission, on the face of the original prescription along with the date and the person’s initials. The original prescription must be filed in the patient’s record. Some, but not all, EHRs are certified so that providers may e-prescribe scheduled drugs. The provider must go through a process with the HER company and there is an additional cost.

What if I don’t want to prescribe schedule II, etc.?
A DEA number does not mean that you will be required to prescribe a certain schedule. As with any drug, if you don’t feel comfortable prescribing a particular medication, you should not do so. Having a DEA number does not mean you relinquish your ability to say no.

Where can I find a list of scheduled drugs?
Remember, some drugs are exempted on the Federal list, but they may be scheduled by the state. The DEA web site provides a Federal list of scheduled drugs at www.deadiversion.usdoj.gov/schedules/schedules.htm. Drug references, as part of the description of the drug, will also provide the schedule of a drug; but remember, these lists are most likely based on the Federal scheduled list. If in doubt about the schedule of a drug, check with your local pharmacist, or the Drug Control Branch in Frankfort, at 502-564-7985.

May an APRN dispense controlled substances?
No, an APRN may not dispense controlled substances.
KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
http://kbn.ky.gov

KBN GUIDELINE TO ADVANCED PRACTICE REGISTERED NURSES (APRN)
ON CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY:
DEFINING SAME OR SIMILAR SPECIALTY

KRS 314.042(9)(d), as amended by Senate Bill (SB) 65 (2006), sets the following requirement:

The APRN who is prescribing controlled substances and the collaborating physician shall be qualified in the same or in a similar specialty.

How is “specialty” determined?
The physician’s specialty is determined by either the physician’s certification from the American Board of Medical Specialties (ABMS), or as individually established by the physician. It should be noted that certification is not required as a condition of physician licensure, nor is the physician’s scope of practice limited by certification. Concerning physician specialties, the ABMS states:

Some specialists are primary care doctors, such as family physicians, general internists, and general pediatricians. Other specialists concentrate on certain body systems, specific age groups, or complex scientific techniques developed to diagnose or treat certain types of disorders.

The requirement stated in KRS 314.042(9)(d) raises additional questions as follows:

1) How is the term “similar specialty” defined?
2) Whom may the APRN collaborate with for controlled substance prescriptive authority?
3) Based on this collaboration, what, if any, further limitations to the controlled substance prescriptive authority exist?

As a general guideline for APRNs and physicians, and for the purpose of prescribing scheduled drugs, the Board of Nursing will expect the APRN’s certification and the physician’s specialty to have an overlap in order to qualify as “a similar specialty.” This means that the populations served or the disorders treated by the APRN are similar to that of the collaborating physician’s populations served or disorders treated. For example, a Family Nurse Practitioner (FNP) who treats children has an overlap in practice with that of a pediatrician or a family physician, and thus, shares a similar specialty of practice. Similarly, a Pediatric Nurse Practitioner (PNP), who by statute already has a limited scope of advanced practice and can only treat children, has an overlap in practice with a pediatrician or a family physician.
The Board has also determined that in accordance with SB 65, the collaborating physician’s certification or specialty does not, in and of itself, limit the APRN’s controlled substance prescriptive authority. The scope of controlled substance prescriptive authority, other than what is set out in the statutes, must be written in the Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances (CAPA-CS)*. Subsequently, if an FNP treats children and collaborates with a pediatrician, and if the parties wish to limit the FNP to controlled substance prescriptions for children only, that must be set forth in the CAPA-CS. If a PNP collaborates with a family physician, then the PNP is already limited to writing controlled substance prescriptions for children only. If the parties wish to further limit the PNP’s controlled substances prescriptive authority, then the limitations must be set forth in the CAPA-CS.

If no further limitations are listed in the CAPA-CS, other than those limitations listed in KRS Chapter 314, then the APRN may prescribe the controlled substances as specified by KRS Chapter 314 that are within the APRN’s scope of practice. (201 KAR 20:057 Scope and standards of advanced registered nursing practice.)

Note that KRS 314.042(9)(c) states that the CAPA-CS shall describe the arrangement for collaboration and communication between the APRN and the physician regarding the prescribing of controlled substances.

In summary, when an APRN and physician do not have the same specialty area of practice, then the APRN is encouraged to establish the CAPA-CS with a physician who has a substantial overlap in practice with that of the APRN. By law, the APRN and physician must minimally share a similar specialty area of practice.

Prior to prescribing controlled substances, the APRN should assure that all the requirements specified in KRS 314.042 are met. Additional information on APRN prescriptive authority and a copy of the statute is on the Board’s website at www.kbn.ky.gov

Specific questions should be addressed to Bernadette Sutherland, MSN, RN, Nursing Practice Consultant, at (502) 429-3307, or by email at BSutherland@ky.gov.

*KRS 314.042(9) states:

“Before an APRN engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the APRN shall enter into a written “collaborative agreement for the APRN’s prescriptive authority for controlled substances” (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances...”

Section (a) through (h) of this same statute state further requirements for the CAPA-CS. In addition, KRS 314.042(9)(i) states:

“The CAPA-CS shall state the limits on controlled substances which may be prescribed by the APRN, as agreed to by the APRN and the collaborating physician. The limits may be more stringent than either the schedule limits on controlled substances established in subsection (8) of Section 1 of this Act, or...”

Approved: 08/2006
DEA Application Guide

The sections below are included on the paper/mail in application. If you are applying online, the sections will vary slightly, but the required information is the same.

Section 1 – Personal Information: This section requests your name, business address, phone number and social security number. You cannot use your home address. It must be your practice address. If you practice at more than one site, use the address of your primary practice site.

Section 2 – Business Activity: Check Mid-level provider (MLP) and in the box requesting professional degree, write in “NP”. The DEA uses the term NP for all APRNs. Kentucky APRNs (NP, CNM, CNS, CRNA) should write in “NP” as the professional degree.

Section 3 – Drug Schedules: Kentucky law grants APRNs authority to prescribe schedule II – V, but in some cases the CAPA-CS may limit the schedules you may prescribe beyond limitations in the statute and regulation. Check the boxes for all schedules you will be prescribing including “Schedule II Non Narcotic” and Schedule III Non Narcotic” if you will be prescribing schedule II and schedule III drugs. You may only request to prescribe the schedules for which you are legally authorized by your CAPA-CS. The DEA will need verification of the schedules you may prescribe.

Section 4 – State Licenses: Check “yes” for state license and in the blocks to the right write in your APRN registration number. Check “no” for state controlled substance license number. Kentucky does not require a separate controlled substance number.

Section 5 – Background Information: This section includes questions regarding conviction for any crimes.

Section 6 – Certification of Exemption: If you work in a federal, state or local government owned hospital or institution and are a government employee, the application fee is waived. Check the box and have the certifying official sign the form.

Section 7 – Method of Payment: Remember, the application fee is non-refundable. The fee is good for 3 years and there is no additional charge if you make changes during that 3-year period.

Section 8 – Signature: If completing the application on line, a signature is not required, but the applicant will be asked to confirm the entered information.