

## **FREQUENTLY ASKED QUESTIONS REGARDING HB 333 AND 201 KAR 9:260**

- Q:** How does the 3-day supply limit affect how I treat my patients receiving controlled substances for chronic pain?
- A:** The provisions of HB 333 and the changes to 201 KAR 9:260 do not apply to Schedule II controlled substances prescribed to treat chronic pain. The standards for treating patients with controlled substances with chronic pain remain the same.
- Q:** Does the 3-day supply limit of Schedule II controlled substances affect the way I treat a patient's pain with a valid cancer diagnosis or who is receiving hospice or end-of-life-care?
- A:** No. These conditions have been excluded from the standards set forth in 201 KAR 9:260.
- Q:** As an OB/GYN, am I restricted to giving my patients a 3 day supply of a Schedule II controlled substance after a delivery or surgical procedure?
- A:** The quick answer is no. According to the new language in the regulation, the 3-day limitation does not apply to a physician prescribing or administering that controlled substance immediately prior to, during, or within the fourteen (14) days following a major surgery, being any operative or invasive procedure or a delivery.
- Q:** In addition to exclusion of post-surgical pain, I see that the treatment of significant trauma is also excluded. How does the Board define significant trauma?
- A:** According to the new language in 201 KAR 9:260, "significant trauma" is defined as being any acute blunt, blast or penetrating bodily injury that has risk of death or physical disability or impairment.
- Q:** Can I prescribe more than a 3-day supply of Schedule II controlled substances to treat a patient suffering from an acute pain situation?
- A:** According to the HB 333 and the amendment to 201 KAR 9:260, the physician CAN prescribe more than the 3-day limitation if the physician in his or her professional judgment believes that more than a 3-day supply of a Schedule II controlled substance is medically necessary to treat the patient's pain as an acute medical condition and the physician adequately documents the acute

medical condition and lack of alternative treatment options which justifies the deviation from the 3-day limit in the patient's medical records.

**Q:** In follow-up to the previous question, if I choose to prescribe more than a 3-day supply of a Schedule II controlled substance to treat a patient's acute pain, how much documentation is required?

**A:** Board recognizes there are many acute conditions and situations that may necessitate a supply of Schedule II controlled substances longer than 3 days; however, the Board also recognizes that Schedule II controlled substances are highly addictive and physicians should be cautioned to prescribe the least amount possible to treat the patient's pain symptoms. As for the question on what is the appropriate amount of documentation that should be included in the patient's medical record, the Board is unable to provide specific guidance. Instead, the Board would remind all physicians the documentation should be clear enough that any of your colleagues could recognize and understand why you deviated from the 3-day supply limitation.