

WV CODE UPDATES FOR PRESCRIBING CONTROLLED SUBSTANCES FOR ACUTE AND CHRONIC NON-MALIGNANT PAIN BY PROVIDER TYPE

(WV CODE 30-3-13a: “Chronic nonmalignant pain” means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. “Chronic nonmalignant pain” does not include pain associated with a terminal condition or illness or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition or illness.) NOTE: This does not apply to RX for pain due to Terminal Diagnosis under Palliative/Hospice Care. Provider must have active DEA license in WV and evaluate patient with **in-person assessment including physical exam for non-malignant pain prior to first prescription to establish care.**

Exceptions noted 1. during PHE initially declared on Jan 21, 2020. 2. during emergencies, when providing cross coverage for another practitioner. 3. where patient care is rendered in consultation with another practitioner who has an ongoing relationship with the patient and who has agreed to supervise the patient's treatment, including the use of any prescribed medications.

*PHE: (Public Health Emergency)

Compiled by Nancy A. Lohuis, M.D. Jan 19, 2022.

| SCHEDULE | APRN | PA-C | MD/DO Acute Pain | **MD/DO Chronic Pain, With Controlled Substance Contract and referral to pain specialist. |
|---|--|--|--|---|
| I Heroin marijuana | X | X | M:7 d supply | M: 30d R:0 |
| II Hydrocodone Oxycodone Hydromorphone Morphine Fentanyl Meperidine Methadone Opium Codeine: <small>NOTE: WV Law 30-1-26 prohibits RX of any controlled substance in Schedule II VIA TELEHEALTH unless authorized by another section. Limitations do not apply to physician or member of same group practice of established patient.</small> | WV Code 30-3E-3 July 8, 2021: APRN can prescribe 3 days (2021) Schedule II Revised in Pending HB4111 DURING PHE: May refill Controlled Substances and Antineoplastics. Supervising/treating MD/DO name must be on prescription. Nurse must contact DEA office to verify: 304-347-5210 or 571-362-5667 | WV Code 30-3E-3 July 8, 2021: PA-C can prescribe 3 days (2021) Schedule II. Revised in Pending HB4111 DURING PHE: May refill RX. Supervising/treating MD/DO name must be on the prescription. | ER: 4 days for acute pain. Urgent Care: 4 days only but can be extended to 7days with reason documented. NOTE: Can't initiate RX for chronic nonmalignant pain. Outpatient practices: Potential Chronic Pain management patient M: 7 d supply RX for Minors: No more than 3 days and only with disclosure, risks vs benefits to parents/legal guardian. | M: 30d R: 0 May post-date RX for up to 2 more RX each 30 days apart with earliest date of fill no earlier than 30 days after last RX unless dosing change occurred in meantime. Provider must see and evaluate in person with physical exam pertinent to the DX for pain every 3 months. Providers who solely do telehealth cannot prescribe Schedule II to patients in WV. DURING PHE: 90 day In-person requirement suspended in PHE. Must have AV synchronous telehealth interaction when prescribing initial RX (SUD patients are exception) but can be AV or Audio only for refills. EMERGENCIES: Dual authenticated ERX preferable but may orally prescribe emergency RX with following stipulations: 1. Amount only for number needed for emergency. 2. Pharmacist to confirm identity of prescriber through another method if provider not known to pharmacist. 3. Pharmacist must immediately translate prescription to written with exception of physician signature. 4. Within 7 days (15 Days during PHE) copy of actual written prescription must be delivered to pharmacy or can be scanned or photographed and faxed to pharmacy. |
| III Codeine <90mg Suboxone | M:30 d supply NO REFILLS | M: 30 d NO REFILLS | M: 90d R: 1 M:30 Day R:5 | M: 90d R: 1 M:30 Day R:5 |
| IV Tramadol Lyrica | M: up to 90 d R:1 must be used within 6months. | M: 90 d R: 1 | M:90 d R:1 M: 30 d R: 5 | M:90 d R:1 M: 30 d R: 5 |
| V Gabapentin | M: Up to 90 d R: 1 Must be used within 6 months. | M:90 R: 1 | M: 90 d R:1 M: 30 d R: 5 | M: 90 d R:1 M: 30 d R: 5 |
| VI | No Restriction | No Restriction | No restriction | No restriction |