WV BOARD OF VETERINARY MEDICINE
QUESTIONS/ANSWERS REGARDING CONTROLLED SUBSTANCE AND OPIOID REDUCTION ACT

1. Some pharmacies fill the prescription under the name of the client/owner, so is it acceptable to look up the client's/owner's prescription history? Yes, you can look up by the patient's and/or the client's/owner's

2. Do we have to search the WV CSAPP database for all controlled substances dispensed or just opioids? Any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness.

3. How often do we have to search the WV CSAPP database for long term prescription use? Initially, and at least annually thereafter.

4. What constitutes long term controlled substance use? Long-term, or "chronic" use, is normally considered at least 90 consecutive days.

5. Is Tramadol considered an opioid? At this point, the WV Board of Veterinary Medicine has not made a determination if Tramadol is an opioid.

6. Why do veterinarians need to be concerned with monitoring this information? To be aware of all of the controlled substances being dispensed regarding a particular patient, and to prevent possible diversion.

7. Is the monitoring program for all controlled substances or just opioids? All Schedule II, III, IV and V controlled substances.

8. Is it correct that if we only use a controlled substance in hospital, do not dispense any to clients, and have a WV CSAPP account we do not have to upload the report every 24 hours? If controlled substances are administered directly to a patient, those administrations are exempt from reporting.

9. Do I have to report on the weekend or can I wait until Monday? The next business day is acceptable.

10. Do I record every day? What if there are days that I do not dispense? Normally, on days that the office is open but does not dispense any controlled substances, a report of no drugs dispensed ("zero-report") is required.

11. What happens if the person who does the reporting is out sick? The reporting can be completed as soon as possible upon their return.

12. If we are a multi doctor practice, do we have to upload a report for every doctor that dispenses medication or can we submit one form per hospital? The simplest practice would be for one practitioner to order and dispense for the entire practice, and keep the individual records in-house.

13. What is considered under "chronic use"? Typically, "chronic" is considered 90 days or more of continuous use.

14. What about a dog that's on phenobarbital for seizures? Do you have to report it to the WV CSAPP database? Phenobarbital is a C-IV substance, so these dispensing would have to be reported to the CSMP.

15. How many dosages of phenobarbital are you allowed to prescribe at one time? Phenobarbital is not an opioid, so the 7-day initial limit does not apply. Normally, a 30-day prescription is issued with 5 refills to cover 6 months of treatment.

16. What about a dog on Tramadol for arthritis? The dispensing would have to be reported.

17. What is the maximum number of fentanyl patches that can be dispensed? These patches are designed for 72 hours of treatment for humans. So a 7-day prescription would be 3 patches.

18. After the initial 7 day dispense of an opioid, can we dispense a 30-day supply or do we have to see pet again? There is no reference to the duration of subsequent prescriptions for veterinarians, and there is no specific mention of seeing the patient (it only states "consultation"). However, the following may need to be considered:
    §16-54-5. Subsequent prescriptions; limitations.

    (a) No fewer than six days after issuing the initial prescription as set forth in §16-54-4 of this code, the practitioner, after consultation with the patient, may issue a subsequent prescription for an opioid to the patient if:

    (1) The subsequent prescription would not be deemed an initial prescription pursuant to §16-54-4 of this code;

    (2) The practitioner determines the prescription is necessary and appropriate to the patient's treatment needs and documents the rationale for the issuance of the subsequent prescription; and

    (3) The practitioner determines that issuance of the subsequent prescription does not present an undue risk of abuse, addiction, or diversion and documents that determination……

19. What about patients we already have on controlled substances? This only applies to opioids, but this could fall under one of the below exceptions:

    §16-54-7. Exceptions.
    (a) This article does not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice provider or palliative care provider, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

    (b) A practitioner may prescribe an initial seven-day supply of an opioid to a post-surgery patient immediately following a surgical procedure. Based upon the medical judgment of the practitioner, a subsequent prescription may be prescribed by the practitioner pursuant to the provisions of this code. Nothing in this section authorizes a practitioner to prescribe any medication which he or she is not permitted to prescribe pursuant to their practice act.

    (c) A practitioner who acquires a patient after January 1, 2018, who is currently being prescribed an opioid from another practitioner shall be required to access the Controlled Substances Monitoring Program Database as set forth in §60A-9-1 *et seq.* of this code. Any prescription would not be deemed an initial prescription pursuant to the provisions of this section. The practitioner shall otherwise treat the patient as set forth in this code.

    (d) This article does not apply to an existing practitioner-patient relationship established before January 1, 2018, where there is an established and current opioid treatment plan which is reflected in the patient's medical records.