

Controlled Substances Prescribing Council Annual Report 2025



CABINET FOR HEALTH
AND FAMILY SERVICES

2025 Annual Report

The Controlled Substances Prescribing Council (CSPC), created under KRS 218A, respectfully submits this annual report to the Governor and the Legislative Research Commission.



Tricia Steward, Inspector General (Chair)

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Advisory Council Members

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Van Ingram – Office of Drug Control Policy

Jill Lee, Pharmacist – Board of Pharmacy

Wendy Fletcher, Advanced Practice Registered Nurse – Kentucky Board of Nursing

Jennifer Ramsey, Advanced Practice Registered Nurse – Kentucky Board of Nursing

Jessica Estes, Advanced Practice Registered Nurse – Kentucky Board of Nursing

Kara Henshaw, Advanced Practice Registered Nurse – Kentucky Board of Nursing

Paul Krestik, Doctor of Podiatric Medicine – Board of Podiatry

Keith Slayden, Doctor of Optometry – Board of Optometric Examiners

Justin Kolasa, Doctor of Medicine in Dentistry – Board of Dentistry

Rebecca Bishop Green, Doctor of Medicine in Dentistry – Board of Dentistry

Michael Harned, Medical Doctor – Kentucky Board of Medical Licensure

Ryan Stanton, Medical Doctor – Kentucky Board of Medical Licensure

Rick Miles, Medical Doctor – Kentucky Board of Medical Licensure

Colleen Ryan, Medical Doctor – Kentucky Board of Medical Licensure

Advisory Council Support Staff

Susan Harris, Director – Division of Audits & Investigations

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Background

KRS 218A.025 (4) requires the Controlled Substance Prescribing Council (the council) in the Cabinet for Health and Family Services Office of the Inspector General to submit this annual report to the Governor and the Legislative Review Commission. In accordance with KRS 218A.025:

“The council shall meet at least quarterly to discuss matters relating to the safe and appropriate prescribing and dispensing of controlled substances, including:

- The review of quarterly reports issued by the Office of the Inspector General pursuant to KRS 218A.202(9) to identify potential improper, inappropriate, or illegal prescribing or dispensing of controlled substances by examining aggregate patterns of prescribing by profession of the prescriber and county where the medication was prescribed and dispensed.
- Recommendations for improvements in data collection and reporting by the electronic system for monitoring controlled substances pursuant to KRS 218A.202.
- Recommendations for best prescribing practices based on up-to-date research.
- Recommendations to professional licensing boards for actions to aid in enforcing current law, reviewing prescribing and dispensing data, and correcting improper, inappropriate, or illegal prescribing or dispensing of a controlled substance; and
- Development and communication of any recommendations, based on review of data or research, to each licensure board. The licensure boards shall respond in writing to the panel within ninety (90) days of receiving the recommendations with an explanation of their response to the recommendation. Review charter applications and make recommendations to the Kentucky Board of Education for final approval of charter applications.

The council may request information from the licensure boards regarding their procedures for conducting investigations and taking actions regarding the possible improper, inappropriate, or illegal prescribing or dispensing of controlled substances.”

Quarterly Reviews 2025

C-III Stimulant Medication Prescriptive Authority (Q1 2025)

In the first quarter of 2025, the Office of Inspector General, in accordance with KRS 218A.025(2)(a), conducted an analysis focusing on Schedule III stimulant medications prescribed in quantities greater than a 30-day supply. This analysis was driven by the ongoing rise in the prescribing/dispensing of stimulant medications across the Commonwealth of Kentucky.

Prescriptive authority in the commonwealth, as set forth by KRS 314.011(8), 201 KAR 20:057, and 201 KAR 20:063, restricts the prescribing of Schedule III controlled substances to a 30-day supply with no refills for advanced practice registered nurses (APRNs) and physician assistants (PAs). To ensure data integrity and

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reduce bias, a few data exclusions were applied. These included prescriptions dispensed out of state, prescriptions not written by APRNs or PAs, and those with a days' supply of less than 30.

During the 2024 calendar year, a total of 73 prescriptions were dispensed outside of the prescriptive authority. These prescriptions were prescribed to 62 unique patients by 13 unique prescriber Drug Enforcement Administration (DEA) numbers (2 PAs and 11 APRNs) and were dispensed across nine Kentucky counties at 16 unique pharmacies. Every prescription was written for Phendimetrazine Tartrate, a medication primarily used for weight management and appetite suppression in overweight/obese patients¹. Most patients who received these prescriptions were females (57) over the age of 45 (Figure 1). Nearly all prescription records were associated with long-term treatment (>90 days) and were coupled with Phentermine, a medication with similar indications. County-level geospatial analysis presented a wide dispersion of prescriptions across the Commonwealth, with most prescriptions dispensed in Jefferson County (Figure 2).

Figure 1. Distribution of Patients Dispensed C-III Stimulants >30 Day Supply (CY 2024)

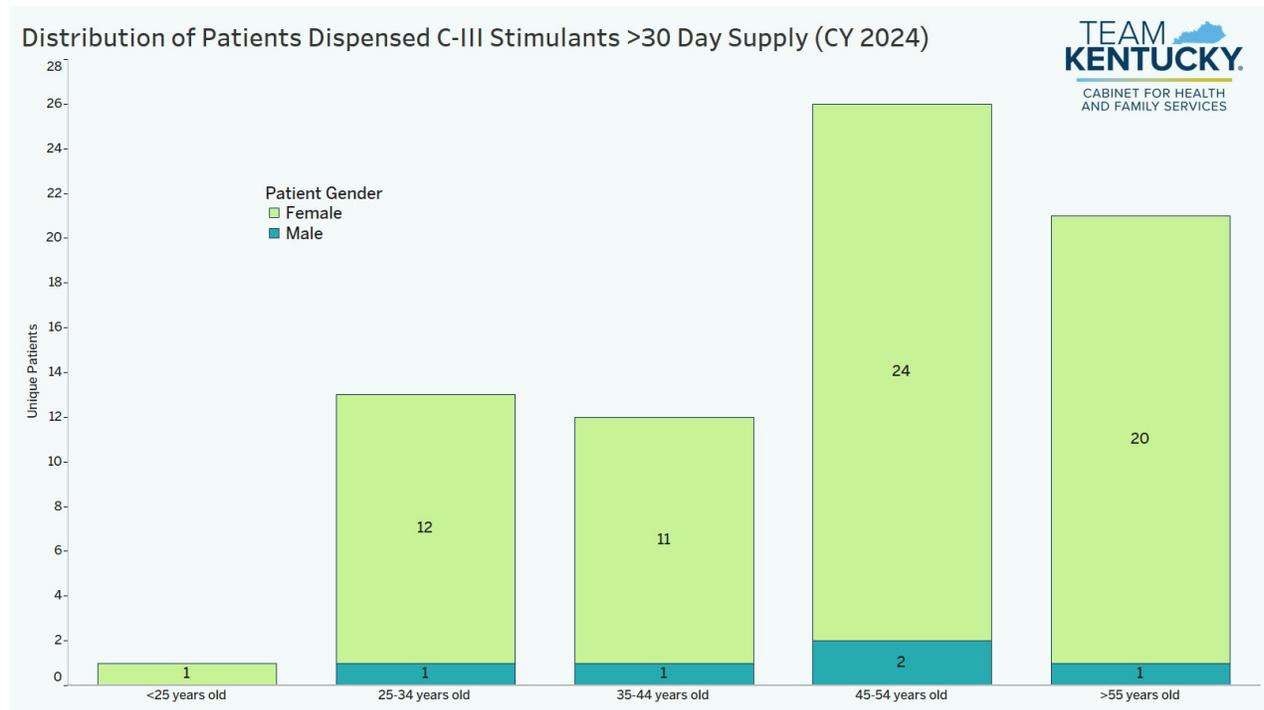
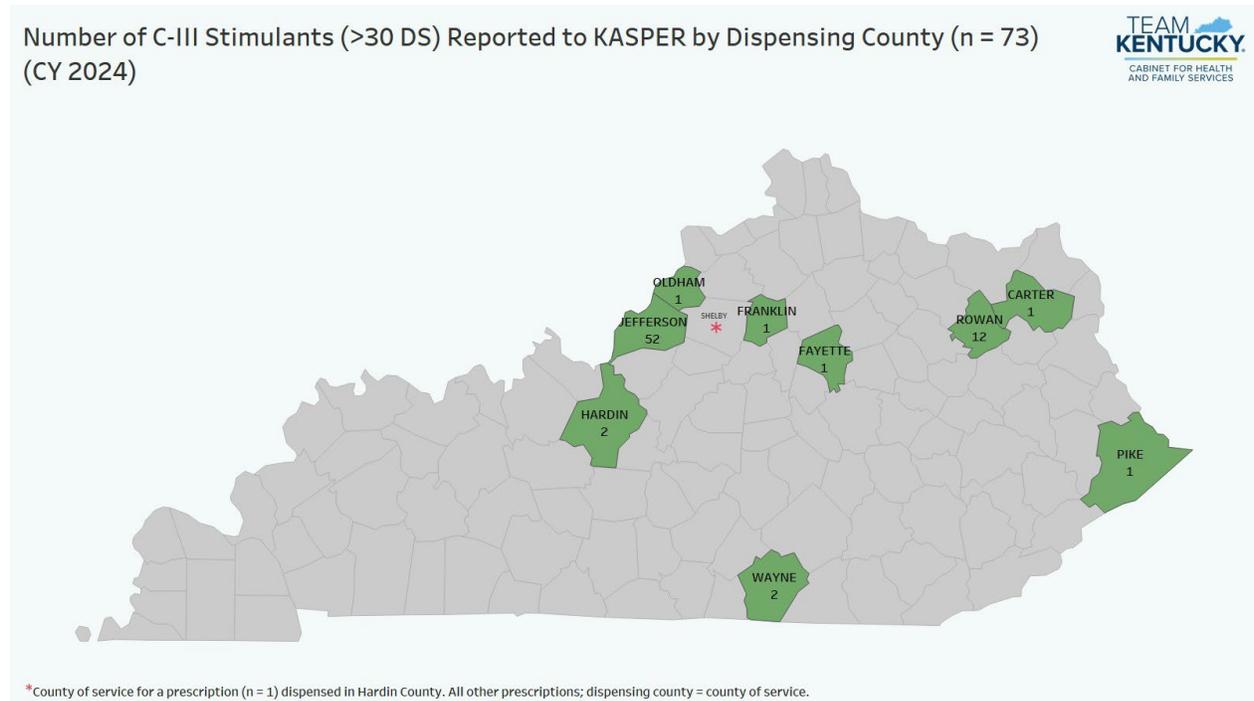


Figure 2. Number of C-III Stimulants (>30 DS) Reported to KASPER by Dispensing County (73)



Controlled Substance Prescribing Among Veterinarians (Q2 2025)

In the second quarter of 2025, the Office of Inspector General, in accordance with KRS 218A.025(2)(a), conducted its first analysis of controlled substance prescribing among veterinarians. This analysis was prompted by growing concerns sparked by ongoing diversion investigations within the veterinary community, an area that has not been a focus in Kentucky. With limited data available, the findings from this quarterly review aimed to establish a baseline for understanding veterinary prescribing trends and to guide potential monitoring improvements using KASPER. Prescriptions dispensed out-of-state and those written by prescribers without a Doctor of Veterinary Medicine (DVM) degree were excluded.

A total of 50,465 all-schedule prescriptions written by veterinarians and reported to KASPER during the 2024 calendar year. Of the 120 counties in Kentucky only two (Trimble & Robertson) reported zero prescriptions by veterinarians. The highest volume of prescriptions dispensed was found in Jefferson County (11,621) while the highest prevalence was found in Boone County (4.2 per 100 persons) (see figures 3 & 4). Among all controlled substances reported to KASPER, the top three drugs were Phenobarbital, Gabapentin, and Tramadol.

Given the public health implications associated with opioid use, a closer review of opioid prescribing among veterinarians was conducted to better understand its scope, trends, and distribution across the Commonwealth. During the 2024 calendar year, a total of 7,021 opioids prescribed by veterinarians were reported to KASPER, accounting for roughly 14% of all veterinary prescriptions in KASPER. The highest volume of opioids dispensed was from Jefferson County (1,906), while the highest prevalence was in Floyd County (0.62 per 100 person) (see figures 5 & 6).

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Figure 3. Number of Veterinary-Prescribed Controlled Substances by County (CY 2024)

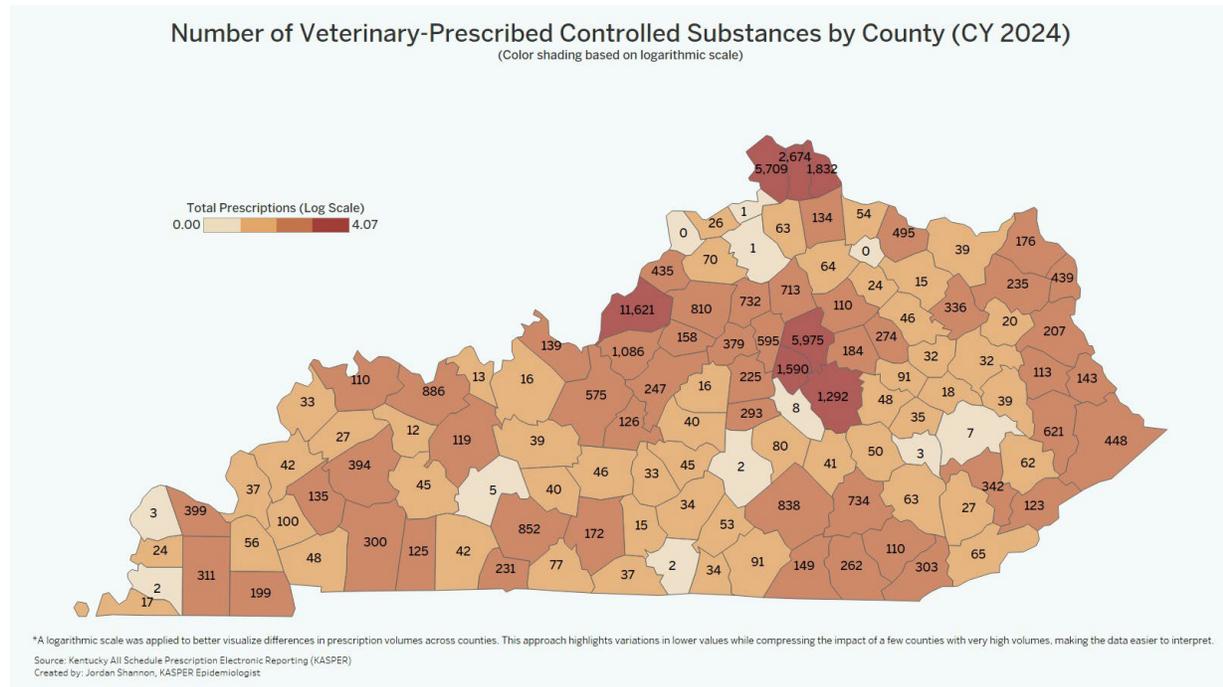
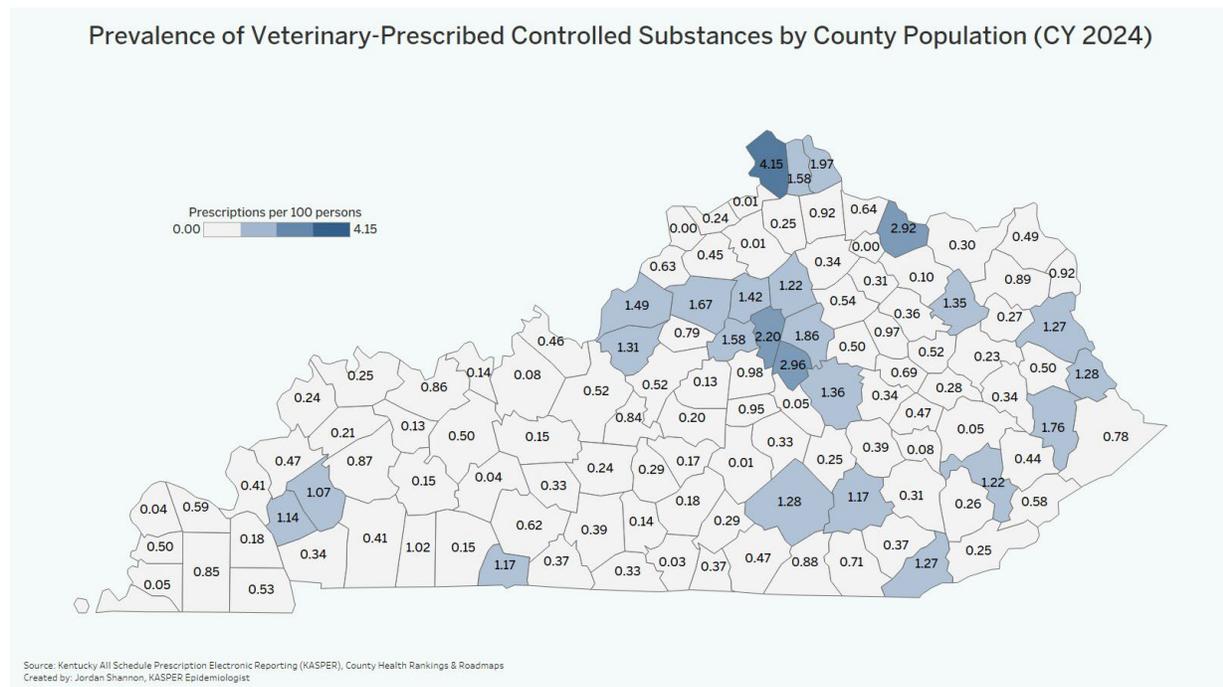


Figure 4. Prevalence of Veterinary-Prescribed Controlled Substances by County Population (CY 2024)



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Figure 5. Number of Veterinary-Prescribed Opioids by County (CY 2024)

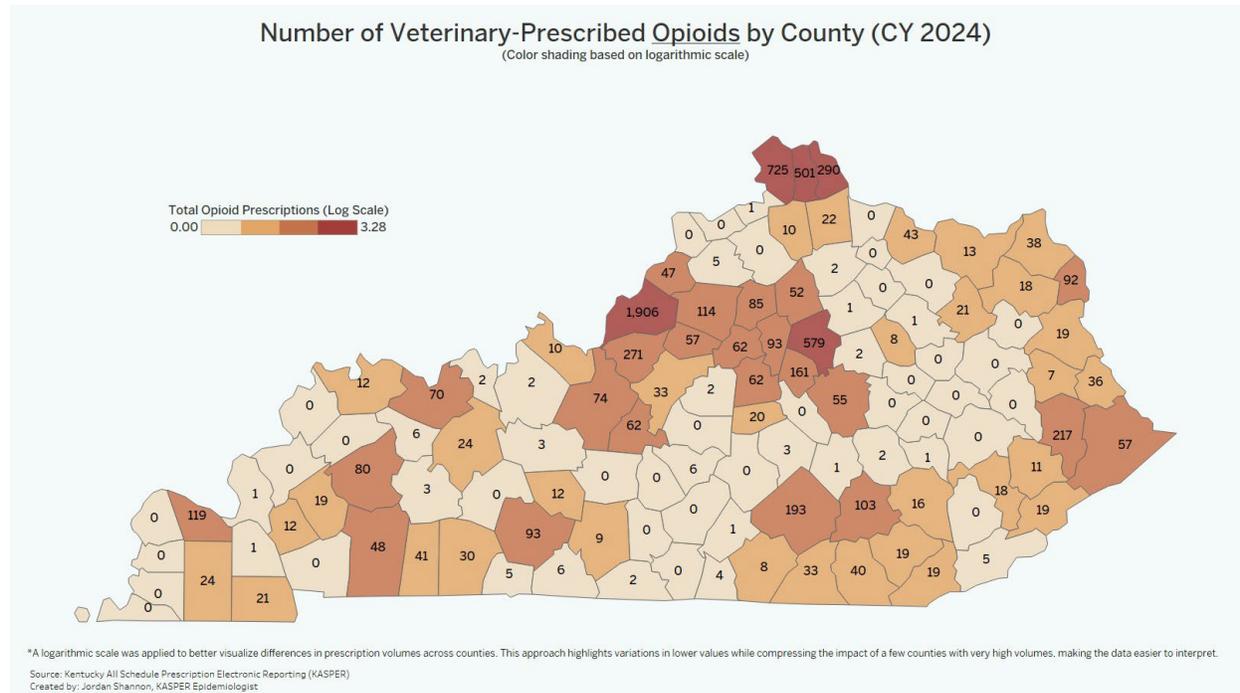
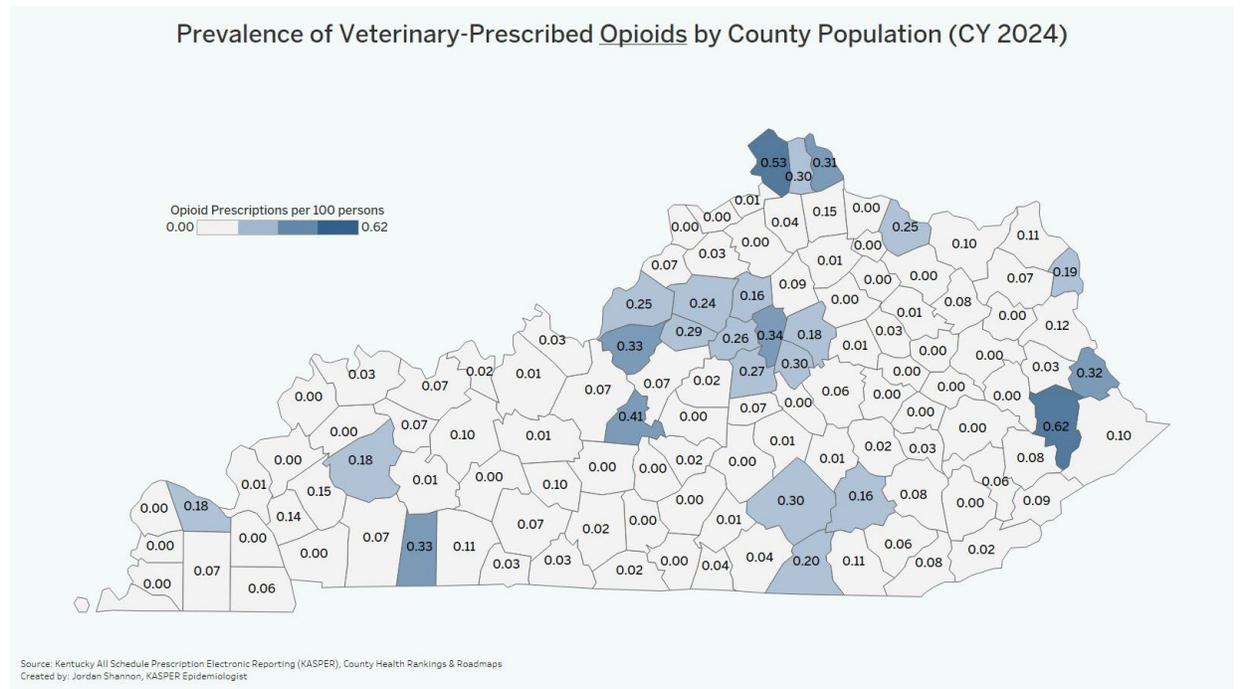


Figure 6. Prevalence of Veterinary-Prescribed Opioids by County Population (CY 2024)



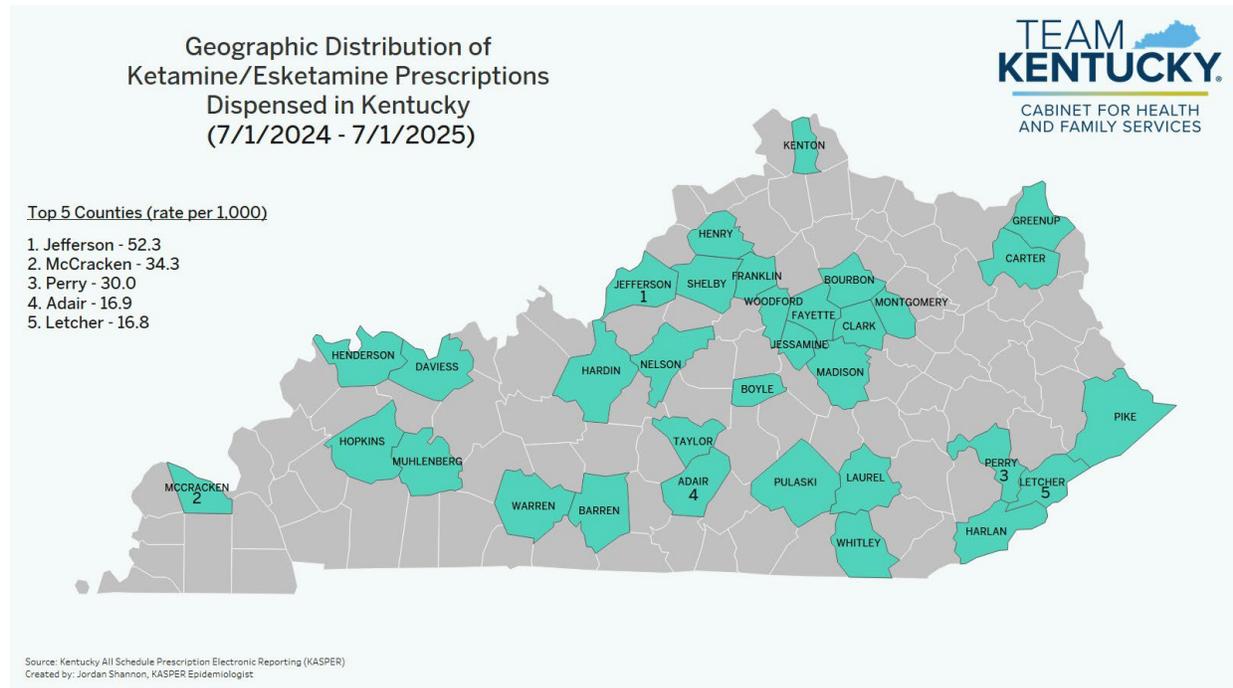
Emerging Ketamine Prescribing Trends (Q3 2025)

In the third quarter of 2025, the Office of Inspector General, in accordance with KRS 218A.025(2)(a), conducted an analysis exploring prescriptions for Ketamine products reported to KASPER. This analysis was driven by an emerging rise in both medical and non-medical use across the United States. Findings contributed to a broader understanding of prescribing trends for Ketamine and its derivatives, supporting potential enhancements in monitoring efforts using KASPER. Prescriptions written and dispensed out of state were excluded.

The Q3 analysis focused on prescriptions for Ketamine Hydrochloride (HCl) a dissociative anesthetic developed in the 1960’s and its derivative, Esketamine, a nasal spray approved by the FDA in 2019 for treatment-resistant depression (TRD)^{2,3}. Overall prescribing trends showed that Ketamine prescriptions filled in Kentucky increased by approximately 62% since 2023. Reporting of these medications in KASPER varies widely for several reasons. Ketamine HCl is most reported to KASPER as a bulk powder ingredient for compounding, not as a finished dosage form. As a result, metric quantities and days’ supply values are largely inconsistent. In contrast, Esketamine is dispensed as a two- or three-unit 28mg dose pack, leading to more standardized and consistent metric quantities and days’ supply values.

A total of 48,251 Ketamine products were filled and reported to KASPER between 7/1/2024 – 7/1/2025. Most of these records represented unfinished Ketamine bulk powder (41,638) prescribed primarily by pain management physicians. Prescriptions were filled across 33 Kentucky counties and prescribed by 1,420 unique prescriber DEA numbers (all licensed in KY). Geographic distribution showed a wide range of dispensing trends with the highest county-level prevalence rates observed in Jefferson (52.3 per 1,000), McCracken (34.3 per 1,000), Perry (30.0 per 1,000), Adair (16.9 per 1,000), and Letcher (16.8 per 1,000) (See figure 7).

Figure 7. Geographic Distribution of Ketamine/Esketamine Prescriptions Dispensed in Kentucky



Prevalence of Benzodiazepine/Z-drugs in patients ≥65 years old (Q4 2025)

In the fourth quarter of 2025, the Office of Inspector General, in accordance with KRS 218A.025(2)(a), conducted an analysis exploring the prevalence of benzodiazepine/Z-drug therapy in individuals over the age of 65. This analysis was driven by widespread consensus related to the de-prescribing of benzodiazepines (BZD) and Z-drugs among older patients across the United States. Due to data quality concerns, prescriptions written by veterinarians and all prescriptions written or dispensed out-of-state were excluded.

From October 1, 2024, through October 1, 2025, a total of 705,436 prescriptions for benzodiazepines/Z-drugs were dispensed in Kentucky to patients ≥ 65 years of age, accounting for 39% of all BZD/Z-drugs dispensed during this period. The overall average days’ supply was 29.1 days, with an average metric quantity of 49.5 units among prescriptions dispensed in solid form. Nearly all prescriptions (98.8%) were dispensed as solid oral dosage forms. These prescriptions represented 115,445 unique patients and 9,250 unique prescriber DEA numbers. Across all age groups, prescriptions for females were nearly twice as prevalent compared to males (see Figure 8). The top five drugs overall were Alprazolam (183,838), Lorazepam, (126,414), Zolpidem Tartrate (121,977), Clonazepam (117,623), and Diazepam (73,810). These five drugs accounted for 88% of all benzodiazepine/Z-drug prescriptions among the study population.

County-level analysis showed the highest prevalence rates (per 1,000 population) in Perry (3,072.7), Clay (2,168.9), Whitley (2,151.6), Bell (1,775.2), and Owsley (1,688.8) counties, which reflects concentrated prescribing trends in the eastern Kentucky region (see Figure 9). Prescriber-level trends show that physicians accounted for many prescriptions, with an average days’ supply of 29.7 and an average metric quantity of 49.6 units per prescription. Advanced practice registered nurses/nurse practitioners (APRN/NPs) reported an average days’ supply of 28.8 and an average metric quantity of 50.1 units, while dentists prescribed significantly shorter supplies, averaging 3.2 days’ supply and 5.2 metric units per prescription.

Figure 8. Age- & Gender-Specific Prevalence of Benzodiazepines Dispensed in Kentucky

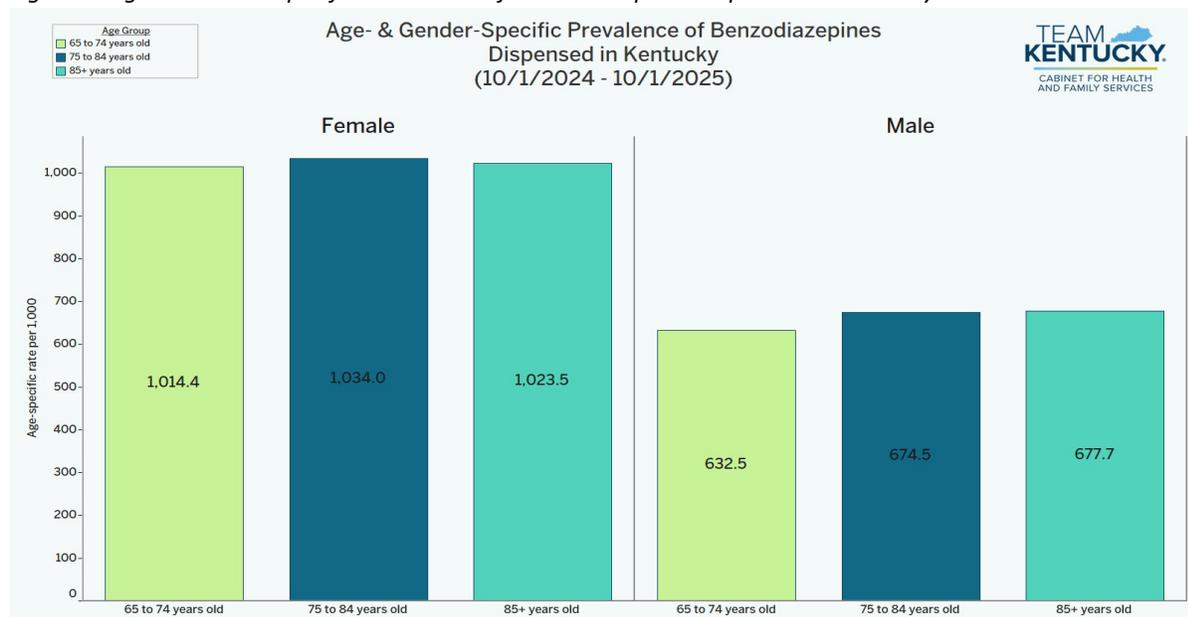
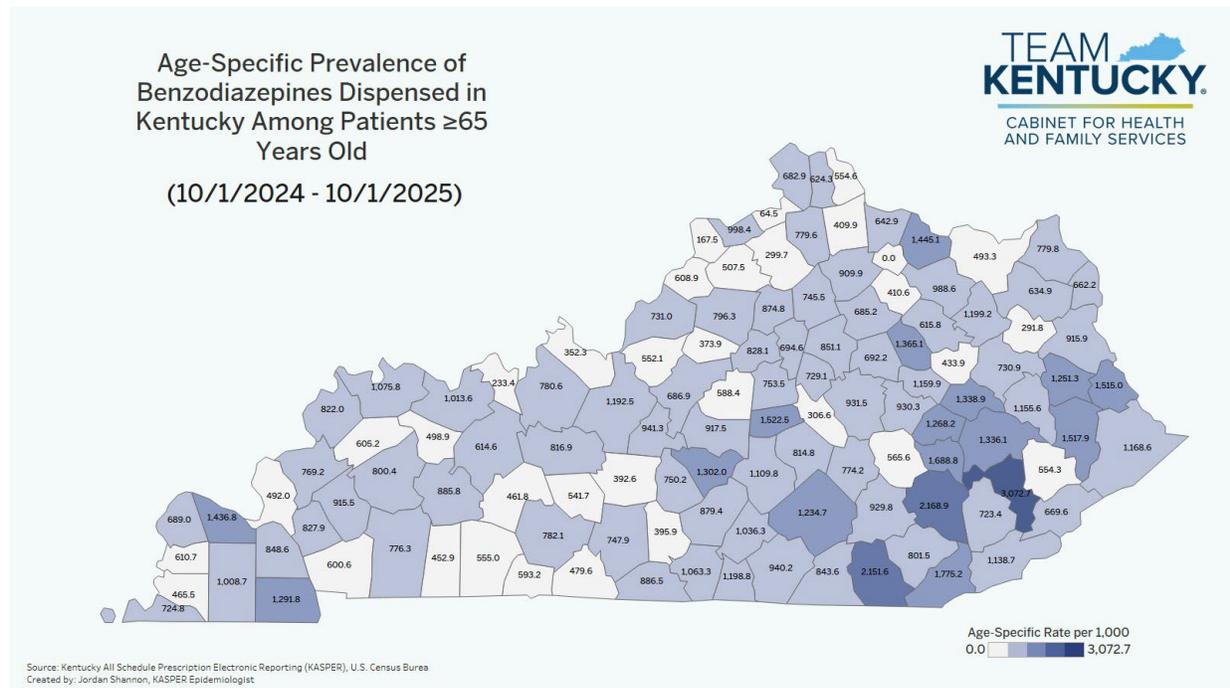


Figure 9. Age-Specific Prevalence of Benzodiazepines Dispensed in Kentucky Among Patients ≥65 Years Old



Data Limitations

Throughout the 2025 calendar year, several data limitations were identified during each quarterly analysis of controlled substances reported to KASPER.

In the first quarter, certain insurance-related requirements, such as quantity or days’ supply, were not available in KASPER. Additionally, potential reporting errors may have impacted data quality. Variations in how days’ supply calculations, whether manual or automated data entry, could have also introduced inconsistencies. Incomplete reporting and in-house dispensing by some facilities may have also contributed to data gaps within KASPER.

The assessment of veterinary data in the second quarter presented several limitations. More than 95% of prescription records originated from retail pharmacies such as Kroger, Walgreens, or Walmart, suggesting substantial underreporting from other veterinary care providers. Patient-level data also presented challenges, including missing animal species information, unknown animal population sizes, and inconsistent demographic details (e.g., name, age, gender), often due to data entry errors.

Limitations related to medication administration were most prevalent in the third quarter. Specifically, data on the route of administration for compounded ketamine products and the setting of administration (e.g., facility vs. at-home) were not available in KASPER. Additionally, assessing all compounded ingredients within a finished prescription proved challenging due to the time available for this analysis.

In the fourth quarter of calendar year 2024, limited the ability to assess patterns of chronic or long-term use. The absence of the broader clinical context also made it difficult to assess the rationale behind prescribing decisions. Furthermore, certain dispensing sources such as hospitals and inpatient settings are not included in KASPER’s database. Data entry errors may have further impacted data quality. Veterinary

records were excluded from this quarter due to inconsistent demographic information, and there were no available patient health outcomes data to evaluate the impact of prescribing these medications. Lastly, prescribing patterns related to pre- or post-operative care could not be identified within the KASPER data.

Implications for Public Health

During each quarterly review in 2025, several key implications for public health emerged. The findings from these analyses reinforce the need for targeted interventions to enhance public health safety and improve health outcomes for Kentuckians.

The first quarter review presented an increase in prescribing of Phendimetrazine, a medication approved by the FDA only for short-term use (< 12 weeks)⁴. Given the known risks of abuse, dependence, waning efficacy, and the elevated cardiovascular risks among older adults, this may be a public health concern^{5,6}. Disproportionate prescribing to older women highlighted a potential need for improved education and monitoring that target both prescribers and patients. Although these medications play a role in the broader scope of weight loss and/or lifestyle interventions, it is critical for prescribers to be aware of cardiovascular contraindications, to carefully assess risk in older adults and reinforce short-term use as the approved indication⁷.

Quarter two revealed significant gaps in veterinary reporting to KASPER, with more than 95% of records originating from retail pharmacies and little to no data reported directly from veterinary clinics. Considering the broader landscape of controlled substance prescribing in Kentucky, this suggests a limited representation from many veterinary care settings. It is important to understand that veterinarians are the only category of prescribers in the state who are not required to report controlled substance prescriptions to KASPER, highlighting a key area for policy improvement⁸⁻¹¹. Many medications prescribed in veterinary settings also carry known risks to humans, highlighting the need for increased oversight. Regulatory strategies should consider integrating external data sources, such as the DEA's Automated Reports and Consolidated Orders System (ARCOS) and establishing greater accountability for veterinary prescribers. Public health actions should prioritize expanding reporting requirements, leveraging ARCOS to fill existing data gaps, and engaging the veterinary community about the risks of diversion. Fully integrating veterinary prescribing into Kentucky's PDMP infrastructure is critical for enhancing surveillance and reducing the potential for misuse, abuse, and diversion. Third-quarter findings surrounding the utilization of Ketamine products emphasized potential improvements to public health and prescription drug monitoring. This was made clear after aggregate data trends revealed the use of Ketamine products has increased in the Commonwealth of Kentucky over the last two years by more than 60%¹². Ketamine HCl is currently only FDA-approved as a general anesthetic, however it is increasingly being used for various off-label indications, including mental health conditions such as treatment-resistant depression (TRD)^{2,13-15}. In contrast, Esketamine, a derivative specifically approved by the FDA in 2019 for TRD, causes fewer psychotomimetic effects, greater analgesic effects, and is intended to provide fast-acting relief of depression symptoms^{3,16,17}. Esketamine is supported by stronger clinical evidence although KASPER data suggest Esketamine is underrepresented in prescribing trends compared to Ketamine^{18,19}. This may indicate a discrepancy between clinical evidence and real-world practice within the Commonwealth.

In the fourth quarter, the prevalence of benzodiazepines (BZD) and z-drugs prescribed to older adults (≥65 yrs) emphasized the importance of shared-decision making, patient-centered care, and ongoing risk-to-

benefit assessments. From a public health perspective, this shows the essential role of effective communication, patient education, and documentation of patient preferences/goals²⁰. These types of drugs present a number of clinical considerations, including risks of tapering (withdrawal, return of symptoms), risks of continuation (falls, motor vehicle accidents, cognitive dysfunction, overdose when combined with other substances), and the evaluation of alternative treatments²⁰. Public health initiatives should promote alignment with clinical guidelines and support communication efforts to ensure patient goals, values, and risk factors are appropriately addressed.

Efforts to Share Information with Licensure Boards

There are several research studies currently in progress. Results of these studies will be provided to the licensure boards upon conclusion. No information was completed and available to share during the 2025 calendar year.

Board Responses to Council

Summaries provided from various licensure boards highlighted new educational offerings, collaboration with schools, and promotion of voluntary continuing education in response to council inquiries.

Policy, Statutory & Regulatory Recommendations

The Controlled Substances Prescribing Council continued discussions dedicated to improving the quality, accuracy, and transparency of prescription data reported through KASPER. Members emphasized aligning system enhancements with clinical and regulatory needs to reinforce oversight and promote responsible prescribing and dispensing practices. Important areas of focus included exploring new data fields such as diagnosis codes, evaluating opportunities to improve practitioner accountability, addressing reporting gaps within veterinary practices, and advancing KASPER's technical abilities to capture more complete prescription details. The following summary outlines the council's recommendations and considerations for continued policy and system improvement.

1. Practitioner Certification and Regulatory Updates

- Annual Certification Review: The council discussed potential regulatory updates to KASPER, requiring annual practitioner certification updates. This would allow for verification of credentials and the inclusion of secondary practice focus areas to enhance data accuracy and system oversight.
- Alignment with Board Requirements: Members emphasized the importance of aligning these updates with existing licensure board processes to reduce redundancy and improve compliance monitoring.

2. Integration of Diagnosis Codes (ICD-10)

- Linking Prescriptions to Diagnoses: A proposal was presented to track diagnosis codes within KASPER to align prescriptions with specific medical diagnoses. This addition would improve patient safety, allow for more targeted interventions, and support analysis of prescribing trends.

- Enhancing Data Transparency: Including ICD-10 codes could facilitate better oversight of prescribing patterns and assist in identifying cases of overprescribing or inappropriate medication use.

3. Data Verification, Referrals, and Board Accountability

- Internal Data Review: The Office of Inspector General continues internal data verification processes to identify findings warranting referral to the appropriate licensure boards.
- Pharmacist Accountability: Members discussed involving pharmacists in monitoring self-prescribing behavior and increasing data transparency. A motion was introduced recommending pharmacist accountability measures when dispensing to known self-prescribers.

4. Policy and Procedure Recommendations

- Diagnosis Code Requirements: The council revisited the idea of requiring diagnosis codes on all prescriptions to improve data tracking, ensure appropriate medication use, and support early intervention in cases of concern.
- Self-Prescribing Policies: Members encouraged licensure boards to develop clear policies and procedures for addressing self-prescribing, including defined referral and disciplinary processes.

5. Year-End Reporting and Legislative Focus Areas

The council identified several key areas for inclusion in the annual report and potential legislative consideration:

- a) Promoting consistent review of prescriber report cards across all professional boards.
- b) Enhancing prescriber education to improve adherence to best prescribing practices.
- c) Securing additional resources to strengthen data analysis and monitoring capabilities.
- d) Exploring statutory and regulatory pathways to improve veterinary reporting compliance.

6. Veterinary Reporting and Legislative Considerations

- Addressing Reporting Gaps: The council discussed current legislative gaps related to veterinary reporting to KASPER. Members suggested consulting a veterinary expert and reviewing how other states manage veterinary prescription monitoring.
- Future Coordination: The council recommended seeking a legal opinion on current statutory language regarding veterinary reporting and inviting a representative from the Veterinary Board to participate in future discussions.

7. KASPER System Enhancements

- Identified Data Limitations: Members emphasized existing limitations in KASPER, including the inability to capture dose form, route of administration, and compounded medications.
- System Improvement Recommendations: The council suggested researching updates to the American Society for Automation in Pharmacy (ASAP) standards to allow for more structured

and detailed data collection, ensuring comprehensive monitoring of topicals, liquids, and compounded prescriptions.

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Addendum

Council Meeting Dates and Topics

Date: February 10, 2025

Topics:

- 1st Quarter Data Review by Jordan Shannon; Schedule 3 Stimulant Medications Prescribed in Quantities Exceeding a 30-day Supply.
- **Concerns:** Importance of monitoring and education to address the over-prescription in targeted areas, potential abuse of stimulant medications, the need for stricter controls.
- Statute Review by Tim Anderson, Potential Abuse of Stimulant Medications.
- **Council Recommendations:** Improving data collection and reporting, enhancing prescribing practices based on the latest research, and developing recommendations for legislative or administrative changes to improve drug prescribing and dispensing practices.

2025 Controlled Substance Prescribing Council Report

Date: May 5, 2025

Topics:

- 2nd Quarter Data Review by Jordan Shannon; Veterinary-Controlled Substance Prescribing in Kentucky.
- **Concerns:** Data quality improvements, the legislative gap in veterinary reporting, and the need to engage veterinary professionals, consulting a veterinary expert and reviewing how other states handle veterinary prescriptions within PMPs, legislative action to require reporting was supported.
- **Review of Board Responses:** Summaries from various licensure boards were shared highlighting current education efforts, collaboration with schools, and voluntary CE promotion).
- **KASPER System Enhancement:** Ticket has been submitted to add percentage metrics to provider report cards.
- **Council Recommendations:** Proposal to seek a legal opinion on the current statutory language related to veterinary reporting and inviting a representative from the Veterinary Board to the next meeting to provide perspective.

Date: August 4, 2025

Topics:

- 3rd Quarter Data Review by Jordan Shannon; Ketamine Data Overview.
- **Questions:** Is ketamine used topically in pain management? Yes, often in combination with gabapentin and lidocaine for neuropathic pain in compounded creams.
- **Veterinary Reporting Update:** Ongoing conflict between regulation (902 KAR 55:110) and statute regarding reporting requirements for veterinarians, KBVE and CHFS OIG are in dialogue to resolve discrepancies, Legal and Secretary's offices are reviewing.
- **Concerns and Clarifications:** Only dispensed prescriptions to humans [e.g., pet owners] require reporting and not directly administered medications, KBVE raised concerns about rural vet practices lacking tech infrastructure to comply, Council stressed the importance of gradual implementation and balancing public safety with access to veterinary care.
- **Motion & Vote:** Motion passed to recommend revising regulation to match statute, requiring veterinarians to report dispensed controlled substances to KASPER, majority approved; two members opposed.

Date: October 20, 2025

Topics:

- 4th Quarter Data Review by Jordan Shannon; *Prevalence of Benzodiazepine and Z-Drug Therapy in Adults 65+ (Oct 2024–Oct 2025)* focused on the prevalence of benzodiazepine and Z-drug therapy among adults aged 65 and older. More than 700,000 prescriptions were dispensed statewide, accounting for 39% of all such prescriptions. The most frequently prescribed drugs were Alprazolam, Lorazepam, Zolpidem, Clonazepam, and Diazepam, with Perry, Clay, Whitley, Bell, and Owsley counties showing the highest prescribing rates. Female patients were prescribed nearly twice as often as males. Dr. Stanton recommended overlaying benzodiazepine and opioid

data to identify overlapping risk areas, while Dr. Miles and Dr. Ryan emphasized the importance of prescriber education and the challenges of tapering long-term patients.

- **Veterinary Reporting Update:** Continued discussion regarding aligning regulation (902 KAR 55:110) and statute related to veterinary reporting requirements. KBVE and CHFS OIG remain in dialogue to resolve discrepancies, with Legal and Secretary's offices currently reviewing.
- **Concerns and Clarifications:** The Council clarified that only prescriptions dispensed to humans, such as pet owners, require reporting and that medications directly administered to animals are exempt. KBVE raised concerns about rural veterinary practices lacking adequate technology infrastructure to comply. Members emphasized the need for gradual implementation that balances public safety with the realities of veterinary practice. CHFS OLS confirmed that statutory language under KRS 218A supports mandatory reporting and noted that KASPER system updates under ASAP 5.0 will add animal-type fields to support compliance.
- **Motion & Vote:** Members reaffirmed the prior motion to align regulations with statute, requiring veterinarians to report dispensed controlled substances to KASPER. Dr. Miles introduced a motion recommending veterinary representation on the Council for both small- and large-animal practitioners. The motion was seconded and approved, with both recommendations to be included in the 2025 Annual Report to the Legislative Research Commission and the Governor's Office. Two members opposed the reporting alignment motion.