Delaware

State-Specific Controlled Substance Requirements

updated 6/5/23

Biennial Inventory (DEA):	A physical inventory of all controlled substances on hand must be taken at least every two years. The biennial inventory may be taken on any date, which is within two years of the previous biennial or initial inventory. [21 CFR 1304.11] NOTE: • Separate biennial inventories must be completed for schedule II and schedule III-V controlled substances. • Biennials may be conducted more frequently than every two years. As a recommendation, conduct your DEA biennial inventory at the same time you conduct your state biennial inventory. • Biennial inventories must be conducted by the DEA registrant, or their designee who has been granted Power of Attorney, along with an authorized witness. Biennial inventories must indicate whether they are conducted at the start or close of business. **DE follows DEA biennial inventory guidelines**
CE:	25 DE Reg. 873 3.1.3: All practitioners must attest to completion of two hours of continuing education biennially in the areas of controlled substance prescribing practices, treatment of chronic pain, or other topics related to the prescribing of controlled substances. Veterinarian: CE hours: 24 hours every 2 years General medicine topics: 24 hours if approved by the AVMA, NOAH, VIN, or RACE Veterinarian Tech: 12 hours every 2 years General medicine topics: 12 hours if approved by AVMA, NAVTA, or RACE Online or home study: NAVTA online or journal study allowed. **To maintain a DE Controlled Substance registration, you must complete 2 hours of Continuing Education(CE) during each full licensure renewal period between July 1 and June 30 of the previous odd-numbered years (2019, 2021, etc.). The following are deemed acceptable CE areas:** ▪ **controlled substance prescribing practices,** ▪ **treatment of chronic pain, or** ▪ **other topics related to the prescribing of controlled substances** If you complete at least two hours of CE in the above specific areas in connection with your practitioner license, you may use the same CE to satisfy the two-hour requirement for your controlled substance registration. Continuing Education (CE) is tracked in **DELPROS**, the Delaware Professional Regulation Online Service. To enter your CE, you must first create a DELPROS user account. Go to the **DELPROS** online portal, and then click on Apply/Manage a License and Service Requests. maintain copies of the continuing education certificates of its licensees for three years after the renewal application was submitted.

Delaware

State-Specific Controlled Substance Requirements

Compounding:	"8.2.10 Compounding of a controlled substance by a practitioner is permitted as long as the United States Pharmacopoeia (USP) 795 and 797 standards and guidelines are followed." 24 Del. Admin. Code § 8.0 Compounding is any manipulation of a drug beyond that stipulated on the drug label. Veterinary drugs should only be compounded based on a licensed veterinarian's prescription, and to meet the medical needs of a specific patient. Manipulation might include mixing, diluting, concentrating, flavoring, or changing a drug's dosage form. Examples of compounding include: • Mixing two injectable drugs in the same syringe • Creating an oral suspension from crushed tablets or an injectable solution • Adding flavoring to a commercially available drug • Creating a transdermal gel for a drug typically taken through other routes • Mixing two solutions for instilling into the ear DE Compounding: "Compounding" means the art of the extemporaneous preparation and manipulation of drugs as a result of a practitioner's prescription order or initiative based on the practitioner-patient-pharmacist relationship in the course of professional practice, including the preparation of drugs in anticipation of drug orders based on routine, regularly observed prescribing patterns. 5.1.6 Compounding is the responsibility of the pharmacist. All compounding must be in compliance with FFDCA Section 503A and any regulations promulgated by FDA concerning compounding pertaining to this section. The pharmacist may utilize the assistance of a certified pharmacy technician under the direct supervision of a pharmacist if: 5.1.6.1 The formulation is developed by a pharmacist before proceeding with the compounding. 5.1.6.2 The compounding ingredients are checked by the pharmacist before proceeding with the compounding. 5.1.6.3 Every weight and measurement is checked by the pharmacist before proceeding with the compounding. 5.1.6.4 The finished product is checked by the pharmacist before dispensing. 5.1.6.5 A log is maintained showing the identity of the person actually compounding the medication and the identity of the pharmacist who has performed each of the checks indicated above for each step of the procedure. If policies and procedures are in place ensuring adequate checks by the pharmacist per regulation, the requirement for a log will be waived. 5.1.7 Compounded medications for office use. 5.1.7.1 Compounded nonsterile or sterile preparations for human use without a patient specific prescription. 5.1.7.1.1 Only an FDA-registered outsourcing facility properly licensed in Delaware may distribute to a practitioner for office use human compounded preparations without a patient-specific prescription. 5.1.7.2 Compounded nonsterile or sterile preparations for animal use without a patient specific prescription. 5.1.7.2.1 A Delaware licensed pharmacy may provide a compounded nonsterile or sterile preparation without a patient-specific prescription to a Delaware

Delaware

State-Specific Controlled Substance Requirements

	licensed veterinarian who intends to administer to the animal patient in his or her care or to dispense to the patient's owner or caretaker only if the pharmacy: 5.1.7.2.1.1 Complies with USP 795 or USP 797, or any updated versions, as applicable; 5.1.7.2.1.2 Complies with applicable federal law; and 5.1.7.2.1.3 Labels compounded nonsterile or sterile preparations with: 5.1.7.2.1.3.1 The name and strength of the preparation; or a list of the active ingredients and the strength of the active ingredients in the preparation; 5.1.7.2.1.3.2 An appropriate beyond-use date as determined by the pharmacist in accordance with USP-NF standards for pharmacy compounding; 5.1.7.2.1.3.3 The quantity of the preparation; and 5.1.7.2.1.3.4 The name, address and license number of the pharmacy. 5.1.7.2.2 A Delaware licensed pharmacy may not provide compounded nonsterile or sterile preparations without a patient-specific prescription to Delaware licensed veterinarians: 5.1.7.2.2.1 In an amount greater than 10% of the total amount of non-patient specific compounded preparations sold by the pharmacy in a rolling year; or 5.1.7.2.2.2 If the compounded nonsterile or sterile preparations are copies or close approximations to products approved by the FDA. 24 Del. Admin. Code § 2500-5.0 A proposed rule by the Delaware Board of Pharmacy has the potential to limit office stock compounding for veterinarians by 503A pharmacies. **Current Delaware regulation is confusing. It allows 503A pharmacies to compound office stock for veterinarians but is limited to 10 percent of the pharmacy's total non-patient prescriptions. But it also requires compliance with federal law, meaning that Delaware-licensed 503A pharmacies are prohibited from compounding for vet office stock. Why? Because federal law (FDCA) allows only patient-specific compounding by 503A pharmacies.** The proposed rule authorizes 503B outsourcing facilities to compound for vet office stock and exempts them from the 10 percent cap, subject to federal law. The problem is that Section 503B of the law, like Section 503A, applies only to human drugs, not animal drugs (although some outsourcing facilities are now compounding animal drugs).
Delaware Prescription Monitoring Program (PMP):	**Veterinarians are exempt** from the Delaware PMP. All practitioners who hold an active Delaware Controlled Substance Registration (with the exception of veterinarians) are required, by Delaware law, to register with the PMP. ***DE is currently deliberating on mandated reporting of gabapentin to controlled substance status.***
DE Veterinary Professional License:	Veterinarian Apply Online Fee: $190 Renewal: Veterinary licenses expire every two years on **July 31 of even years.** An active license must be renewed in DELPROS every two years before the expiration date. During renewal, you are asked to attest that you have completed the required CE. Veterinary Technician

Delaware

State-Specific Controlled Substance Requirements

	Apply Online Fee: $122 Renewal: every two years. During renewal, you are asked to attest that you have completed the required CE.
Dispensing:	"Dispense" or "dispensing" means the interpretation, evaluation, and implementation of a prescription drug or, including the preparation and delivery of a drug to a patient or patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient. "Dispenser" means a person authorized by this State to dispense or distribute to the ultimate user any controlled substance. Any registered practitioner who dispenses controlled substances for sale must adhere to all State and federal laws including but not limited to the following: 8.2.1 Must notify the Office of Controlled Substances prior to dispensing any controlled substance that they will be dispensing controlled substances for sale. 8.2.1.1 A practitioner who confines their activities to dispensing complimentary packages of controlled substances to the practitioner's own patients in the regular course of their practice without payment of a fee or remuneration of any kind, whether direct or indirect, and who dispenses the drug themselves is not required to notify the Office of Controlled Substances. "8.2.2 Before dispensing any controlled substance the patient must be advised that the prescription may be filled in the practitioner's office or any pharmacy." 8.2.3 Prior to dispensing the practitioner must conduct a medication reconciliation review and offer to counsel the patient. 8.2.4 Prior to dispensing the practitioner must inspect the prescription product to verify its accuracy in all respects and personally place his initials on the record of sale as certification of the accuracy of, and the responsibility for, the entire transaction. "8.2.11 Technicians may assist practitioners in the filling processes but only under direct supervision of the practitioner." 24 Del. Admin. Code § 8.0 24 Del. Admin. Code § 8.0 5.1.12.3 Records of Dispensing. Records of dispensing for original and refill prescriptions are to be made and kept by pharmacies for three years. Information must be immediately accessible for a period of not less than one year from the date of last entry. Information beyond one year but up to three years from the date of last entry may be maintained off-line but must be produced no later than five days upon request from proper authorities. The information shall include, but not be limited to: 5.1.12.3.1 Quantity dispensed. 5.1.12.3.2 Date of dispensing. 5.1.12.3.3 Serial Number (or equivalent if an institution). 5.1.12.3.4 The identification of the pharmacist responsible for dispensing. 5.1.12.3.5 Record of renewals to date. 5.1.12.3.6 Name and strength of medicine. 24 Del. Admin. Code § 2500-5.0
Diversion Reporting:	Follow DEA requirements.
Euthanasia:	Euthanasia may be performed by: ▪ Licensed veterinarians ▪ Certified euthanasia technician

Delaware

State-Specific Controlled Substance Requirements

	▪ Licensed veterinary technician ▪ A person certified by a licensed veterinarian, after passing both a written and practical examination, as proficient to perform euthanasia
Ownership:	Non-veterinarian practice ownership is inconclusive at this time.
Power of Attorney Notarization:	To create a POA in Delaware, you must sign in the presence of both a notary public and a witness. The witness must be: ▪ an adult ▪ not related to you by blood, marriage, or adoption, and ▪ not inheriting property under your will or trust. Del. Code § 49A-105
Prescriptions:	"Prescription" means an order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user. (e.g. an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription.) E-prescribing: **Veterinarians are exempt** from the mandated e-prescribing of all prescriptions that began on January 1, 2021. Prescription purchases from practitioner. If the patient chooses to purchase the controlled substance from the practitioner, the practitioner shall have the patient sign the prescription and return it to the practitioner as a hard copy record of the sale. If the practitioner chooses to record the sale in book form or maintain it in an automated data system, he shall mark the prescription void, file chronologically and maintain a record for at least two years. 24 Del. Admin. Code § 8.2.5 Verbal prescriptions: only the prescriber may communicate a verbal prescription for a controlled substance to a pharmacist. Prescriptions for controlled substances communicated by the prescriber's employee or agent are not valid. However, an employee or agent of the prescriber is allowed to verbally communicate prescriptions for non-controlled substances. Fax**:** A prescriber or the prescriber's authorized agent may send written prescriptions for controlled substances by fax to a pharmacy when the transmission complies with 21 CFR 1306.11, 1306.21 and 1306.31 and Delaware Controlled Substance and Pharmacy Rules and Regulations. The prescriber must ***hand-sign*** prescriptions for controlled substances transmitted by fax (Section 4.4 of the **Controlled Substance Regulations**). In addition, all other state and federal requirements must be followed when receiving and transmitting faxed prescriptions. See Section 5.0 of the **Pharmacy Regulations**. 4.1 Persons Entitled to Issue Prescriptions 4.1.1 A prescription for a controlled substance may be issued only by a practitioner who is: 4.1.1.1 Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practiced the licensed profession; and 4.1.1.2 Either registered or exempt from registration pursuant to 16 Del.C. §4732. 4.1.2 A verbal prescription for a controlled substance may only be communicated to a pharmacist, a pharmacy intern or a pharmacy student participating in an approved College of Pharmacy coordinated practical experience program

	under the direct supervision of a licensed pharmacist by the prescriber. Verbal prescriptions for schedule III-V controlled substances in a hospice or long-term care facility may be communicated by an authorized agent of the prescriber. 4.1.3 All verbal prescriptions for controlled substances must be verified and authorized by the prescriber. 4.1.4 Prescriptions for controlled substances may be transmitted via facsimile or electronic transmission by a practitioner or by the practitioner's authorized agent to a pharmacy. 4.2 Purposes of Issue of Prescription 4.2.1 A prescription for a controlled substance must be issued for a legitimate medical purpose by practitioner acting in the usual course of their professional practice. The responsibility for proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rest with the pharmacist who fills the prescription. An order purporting to be a prescription not issued in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of §4738 of the Act and the person knowingly filling such a purported prescription, as well as the person issuing it shall be subject to the penalties provided for violation of the provisions of law relating to controlled substances. 4.2.2 A prescription may not be issued in order for a practitioner to obtain controlled substances for supplying the practitioner for the purpose of general dispensing to patients. 4.2.3 A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule to a person engaged in substance abuse or misuse, as defined in subsections 9.3.11 and 9.3.12, for the purpose of continuing such person's dependence upon such drugs, unless otherwise authorized by law. 4.3 Manner of Issuance of Prescriptions. All prescriptions for controlled substances shall be dated on the day when issued and shall bear the full name and address of the patient, and the name, address, telephone number and registration number of the practitioner. A practitioner may sign a prescription in the same manner as the practitioner would sign a check or legal document (e.g., J.H. Smith or John H. Smith). When an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typewriter and shall be manually signed by the practitioner. The prescriptions may be prepared by a secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible where the prescription does not conform in all essential respects to the law and regulations. A corresponding liability rests upon the pharmacist who fills a prescription not prepared in the form prescribed by these regulations. Each written prescription shall have the name of the practitioner stamped, typed, or hand-printed on it, as well as the signature of the practitioner. 4.4 Persons Entitled to fill Prescriptions. A prescription for controlled substances may only be filled by a pharmacist acting in the usual course of his professional practice and either registered individually or employed in a registered pharmacy or by a registered institutional practitioner. 4.6 Emergency Dispensing of Schedule II Substances. In an emergency situation a pharmacist may dispense controlled substances listed in Schedule II upon receiving oral authorization of a prescribing practitioner, provided that the procedures comply with Federal law and regulation.

Delaware

State-Specific Controlled Substance Requirements

	4.7.1 Expiration 4.7.1.1 Prescriptions for controlled substances in Schedules II and III will become void unless dispensed within seven (7) days of the original date of the prescription or unless the original prescriber authorizes the prescription past the seven (7) day period. 4.7.1.2 Schedule II prescriptions for terminally ill or LTCF patients, shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of the medication. Voided Prescriptions: Prescriptions for Schedule II and III controlled substances become void if not dispensed within seven days of the original date of the prescription unless the original prescriber authorizes the prescription past the seven-day period. Amount prescribed: You cannot write prescriptions or dispense Schedule II and III controlled substances for more than 100 dosage units or a 31-day supply, whichever is greater, at a time. Multiple Schedule II prescriptions for the same patient but different dates are permitted. Each prescription must: ▪ show the issue date ▪ not exceed 90 days ▪ be prescribed for a legitimate purpose and written by a licensed, registered practitioner acting in the usual course of professional practice. 4.7.2 Partial Filling of Controlled Substance Prescriptions 4.7.2.1 Schedule II prescriptions may be dispensed up to 100 dosage units or a 31-day supply, whatever is the greater, and may be filled in partial quantities. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed and the identification of the dispensing pharmacist. The total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed and must be filled not later than 30 days after the date on which the prescription is written. In accordance with 21 CFR Section 1306.13(b), prescriptions for controlled substances in Schedule II for patients either having a medically documented terminal illness or patients in Long Term Care Facilities (LTCF), may be filled in partial quantities, to include individual dosage units, and must be filled not later than 60 days after the date on which the prescription is written. 4.7.2.2 Schedules III, IV and V prescriptions may be filled in partial quantities provided that each partial filling is recorded in the same manner as a refilling, the total quantity dispensed in all partial fillings must not exceed the total quantity prescribed and must be filled not later than 6 months after the date on which the prescription is written. 4.8 Mail Order Prescription. Before dispensing prescriptions for Schedules II, III, IV and V controlled substances by mail, the registrant or the pharmacist-in-charge must assure that the prescription is valid and written by a prescriber properly registered with the Federal Government. Such verification may be made either in writing or orally. 4.9 Pursuant to authority granted by 16 Del.C. §4732 the Secretary of State finds that waiver of the registration requirements contained in that section as to non-resident practitioners is consistent with the public health and safety subject to the conditions contained in this regulation.

Delaware

State-Specific Controlled Substance Requirements

	4.9.1 The pharmacist must establish that the name of the non-resident practitioner does not appear on the list kept by the Office of Controlled Substances of those non-resident practitioners to whom the waiver granted by this regulation does not apply. 4.9.2 The waiver of the registration requirement provided by the registration shall not apply to non-resident practitioners determined by the Office of Controlled Substances to have acted in a manner inconsistent with the Public Health and Safety. The Office of Controlled Substances shall maintain a list of those non-resident practitioners found by them to have so acted. Pharmacists shall not honor the prescriptions of non-resident practitioners whose names appear on that list unless such non-resident practitioners have registered pursuant to the provisions of 16 Del.C. §4732. 4.10 The pharmacist must establish that a practitioner is properly registered to prescribe controlled substances under Federal Law. 4.10.1 The pharmacist or an employee under the pharmacist's direct supervision must verify the identification of the receiver of the controlled substance prescription by reference to valid photographic identification. For the purposes of this section, a valid photographic identification is limited to the following: 4.10.1.1 A valid Delaware motor vehicle operator's license which contains a photograph of the person receiving the prescription - record the license number listed on the license as part of the patient record. 4.10.1.2 A valid Delaware identification card which contains the photograph of the person receiving the prescription - record the identification number listed on the card as part of the patient record. 4.10.1.3 A valid United States passport. 4.10.1.4 A valid passport or motor vehicle operator's license or state identification card of another state, territory or possession of the United States or a foreign country only if it: 4.10.1.4.1 Contains a photograph of the person receiving the prescription. 4.10.1.4.2 Is encased in tamper-resistant plastic or is otherwise tamper-resistant. 4.10.1.4.3 Identifies the date of birth of the person receiving the prescription and has an identification number assigned to the document which can be recorded as part of the patient record. 4.10.2 Identification for mail order dispensed controlled substances must comply with all federal standards. 4.10.3 No filled prescription for any Schedule II controlled substance may be received at any drive through window unless the pharmacy is authorized to do so by the Office of Controlled Substances. Written prescriptions for Schedule II controlled substances may be initially presented at a drive through if the pharmacy has not obtained authorization, but the filled prescription must be picked up inside the pharmacy. Authorization to permit the receipt of filled Scheduled II controlled substances prescriptions at a drive through window may be granted only if the pharmacy can demonstrate all of the following: 4.10.3.1 A security camera system that captures clear images of the driver's face and the license plate of the vehicle receiving any filled prescription: and 4.10.3.2 A written policy indicating that when picking up a Schedule II controlled substance at a drive through window, the driver must be recorded as the person picking up the prescription: and 4.10.3.3 A written policy requiring staff to review the identification of the driver, capture an image of the identification of the driver, and store that image in the pharmacy's records for at least three years for every filled Schedule II prescription picked up at the drive through window.

Delaware

State-Specific Controlled Substance Requirements

	4.11 Except when dispensed directly by a practitioner other than a pharmacy to an ultimate user, no Schedule V cough preparation containing codeine, dilaudid or any other narcotic cough preparation may be dispensed without the written or oral prescription of a practitioner. 20 DE Reg. 564 (01/01/17); 25 DE Reg. 873 (03/01/22) Authorization for renewal of prescriptions. A prescription written for medication which, pursuant to State and Federal law, may be sold, dispensed, or furnished only upon prescription, shall not be renewed without specific authorization of the prescriber. The pharmacist shall in his/her professional judgment refill prescriptions in keeping with the number of doses ordered and the directions for use. Refills beyond one year of the date of the original prescription shall not be dispensed without further authorization of the prescriber. 24 Del. Admin. Code § 2500-5.1.9
Power of Attorney Notarization	Sign the POA in the Presence of a Notary Public and a Witness. In Delaware, you must notarize the POA and have it witnessed by someone who fits the requirements set out in Delaware law.
Recordkeeping:	Controlled substance & patient records: **3 years** from the last entry in the medical record.
State DE CS's Registration:	Delaware **requires** DEA registrant practitioners to obtain a secondary controlled substance registration in addition to a DEA registration to practice veterinary medicine in Delaware. Once you have obtained a DE license to practice veterinary medicine you may apply for a CSR. Once you have a valid DE CSR you may then apply for a DEA registration. You must have all of the following to apply for a Delaware controlled substance registration (CSR): ▪ Delaware office or resident location ▪ Delaware professional license to practice your profession (e.g., Physician M.D. license) ▪ Prescriptive authority if you are an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) ▪ Supervising physician (if you are a PA) for *each* individual business/practice where you will practice in Delaware If you meet the above requirements, refer to these pages for instructions on applying for Delaware CSR registration and then log into DELPROS online portal to begin the process. • Physician, Dentist, Veterinarian, Podiatrist – Controlled Substances Registration – Practitioners You need only one Delaware CSR to prescribe controlled substances in Delaware even if you prescribe controlled substances at more than one Delaware business/practice or more than one location of a business/practice. However, every Delaware location where controlled substances are dispensed/stored must be covered by a CSR.
State Scheduled CS's:	Xylazine: On June 2, 2023 Delaware scheduled xylazine as a schedule III controlled substances via a temporary order for an initial 120 days, which can be extended for another 60 days and The General Assembly can also vote to make the restrictions permanent.

Delaware

State-Specific Controlled Substance Requirements

	No amnesty was provided in the order for individuals working in horse racing which puts them at risk for being arrested if possessing xylazine.
Supervision:	(24 Del.C. §3303(10) and (11)) 1.1 Supervision refers to the oversight of any person performing non-licensed support activities and/or licensed veterinary technician activities by a licensed Delaware veterinarian. Oversight includes control over the work schedule of the person performing support and/or veterinary technician activities and any remuneration the person receives for performing such activities. Oversight does not include remuneration paid directly to support personnel or veterinary technicians by the public. Supervision of veterinary technicians and support personnel is based on the following: 1.1.1 The initial examination of the animal by the veterinarian is to be performed prior to the delegation of work to be performed by support personnel. The veterinarian may, however, authorize support or veterinary technician personnel to administer emergency measures prior to the initial examination. 1.1.2 The veterinarian shall develop a treatment plan to be referenced by support and/or veterinary technician personnel. 1.1.3 The veterinarian must authorize the work to be performed by support and/or veterinary technician personnel. Whether tasks are appropriate to be delegated may differ from case to case. 1.2 At no time may support personnel perform the following activities (24 Del.C. §3303(10)): 1.2.1 Diagnosing. 1.2.2 Prognosing 1.2.3 Prescribing. 1.2.4 Inducing Anesthesia 1.2.5 Performing Surgery. 1.2.6 Administration of Rabies vaccinations. 1.2.7 Operative dentistry and oral surgery. 1.2.8 Centesis of body structures (not to include venipuncture) in other than emergency situations. 1.2.9 The placement of tubes into closed body structures, such as chest tubes, in other than emergency situations (not to include urinary or IV catheters; see subsection 1.5.1). 1.2.10 Splinting or casting of broken bones in other than emergency situations. 1.2.11 Euthanasia, subject to Section 2.0 of the Board's Rules and Regulations. 1.2.12 Issue health certificates. 1.3 At no time may licensed veterinary technicians perform the following activities (24 **Del.C.** §3303(11): 1.3.1 Diagnosing. 1.3.2 Prognosing. 1.3.3 Prescribing. 1.3.4 Performing Surgery (excluding the tacking/suturing of intravenous and urinary catheters and nasal cannulae to skin). 1.3.5 Administration of Rabies Vaccinations. 1.3.6 Operative dentistry and oral surgery. 1.3.7 Centesis of body structures (not to include venipuncture and cystocentesis) in other than emergency situations.

Delaware

State-Specific Controlled Substance Requirements

	1.3.8 The placement of tubes into closed body structures, such as chest tubes, in other than emergency situations (not to include urinary or IV catheters; see subsection 1.6.2). 1.3.9 Splinting or casting of broken bones in other than emergency situations. 1.3.10 Euthanasia, subject to Section 2.0 of the Board's Rules and Regulations. 1.3.11 Issue health certificates. 1.4 Levels of Supervision. All acts by support personnel and veterinary technicians not prohibited by subsection 1.2 and subsection 1.3 which constitute the practice of veterinary medicine under 24 Del.C. §3302(6) must be performed under the supervision of a licensed veterinarian(s). Levels of supervision are to include: 1.4.1 Immediate Supervision - A licensed veterinarian is within direct eyesight and/or hearing range. 1.4.2 Direct Supervision - A licensed veterinarian is physically present on the premises and is readily available. 1.4.3 Indirect Supervision - A licensed veterinarian is not on the premises but is able to perform the duties of a veterinarian by maintaining communication with and is accessible to support personnel, such as by electronic means. 1.5 If the veterinarian concludes based on the initial examination (required by subsection 1.1.1) that delegation is appropriate, support personnel may perform the following tasks only under the following supervision: 1.5.1 Immediate supervision: intubation, urethral catheterization (except in the case of known urinary blockage or pre-existing urethral or urinary bladder disease); dental extractions with no periosteal elevation, no sectioning of tooth and no resectioning of bone. 1.5.2 Direct supervision: anesthesia maintenance and dental procedures including, but not limited to, removal of calculus, soft deposits, plaque and stains, smoothing, filing, polishing of teeth. 1.6 If the veterinarian concludes based on the initial examination (required by subsection 1.1.1) that delegation is appropriate, veterinary technicians may perform the following tasks only under the following supervision: 1.6.1 Immediate supervision: induction of anesthesia. 1.6.2 Direct supervision: intubation, anesthesia maintenance; arterial catheterization; urethral catheterization (except in the case of known urinary blockage or pre-existing urethral or urinary bladder disease); cystocentesis; dental extractions with no periosteal elevation, no sectioning of tooth and no resectioning of bone; and dental procedures including, but not limited to, removal of calculus, soft deposits, plaque and stains, smoothing, filing, polishing of teeth. Temporary licenses: 1.7 Veterinarians (24 **Del.C.** §3315(a)) and veterinary technicians (24 Del.C. §3320(a)) who are temporarily licensed shall be under the direct supervision of a licensed veterinarian. 1.8 Activities that may be performed under emergency conditions. Under conditions of emergencies, the following activities, which would be otherwise prohibited in the absence of veterinary supervision, may be performed by veterinary technicians or support personnel prior to the veterinarian's initial examination: 1.8.1 application of tourniquets and/or pressure bandages to control hemorrhage, 1.8.2 administration of pharmacological agents, only to be performed after communication with a veterinarian authorized to practice in Delaware, and such veterinarian is either present or enroute to the distressed animal, 1.8.3 administration of parenteral fluids, 1.8.4 resuscitative procedures,

Delaware

State-Specific Controlled Substance Requirements

	1.8.5 application of temporary splints or bandages to prevent further injury to bones or soft tissues, 1.8.6 application of appropriate wound dressings and external supportive treatment in severe wound and burn cases, 1.8.7 external supportive treatment in heat prostration cases, 1.8.8 and any other reasonable treatments necessary to an animal's welfare in an emergency situation. 10 DE Reg. 884 (11/01/06), 12 DE Reg. 1233 (03/01/09), 20 DE Reg. 562 (01/01/17)
Telemedicine:	No existing laws. Where telemedicine occurs is not defined.
Veterinary Client Patient Relationship (VCPR):	Delaware does not define VCPR in its Practice Act. However, to be conservative, utilize the general guideline of establishing VCPR with in-person visits at least annually. ▪ VCPR must be established in-person: No ▪ Scope of VCPR: Not defined Unprofessional conduct in the practice of veterinary medicine shall include: • Prescribing medication without examining the animal within a period of one year (24 Del. Admin. Code 3300- 3.0).

Information and Resources

FEDERAL:

Drug Enforcement Administration, Washington D.C. Division
800 K Street, N.W, Suite 500
Washington, DC 20001
Phone: (202) 305-8500

DEA Local Offices

- Dover - (302) 672-6383.
- Wilmington - (302) 395-4600.

Federal Law: www.deadiversion.usdoj.gov
Controlled Substances Act: 21 USC 801 – 904
Code of Federal Regulations: 21 CFR Part 1300 – 1399
NDC drug: www.fda.gov/Drugs/DevelopmentApprovalProcess/UCM070829
Diversion Control Division: https://www.deadiversion.usdoj.gov/schedules/

STATE:

Delaware Veterinary Medical Board website: https://dpr.delaware.gov/boards/veterinarymedicine/
Delaware Board of Pharmacy website: https://dpr.delaware.gov/boards/pharmacy/