



## Michigan

### State-Specific Controlled Substance Requirements

**Updated 5/31/23**

<b>Biennial Inventory (DEA):</b>	<p>A physical inventory of all controlled substances on hand must be taken at least every <u>two years</u>. The biennial inventory may be taken on any date, which is within two years of the previous biennial or initial inventory. <a href="#">[21 CFR 1304.11]</a></p> <p>NOTE:</p> <ul style="list-style-type: none"> <li>• Separate biennial inventories must be completed for schedule II and schedule III-V controlled substances.</li> <li>• 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.</li> <li>• Biennial inventories must be conducted by the DEA registrant, or their designee who has been granted Power of Attorney, along with an authorized witness.</li> </ul> <p>Biennial inventories must indicate whether they are conducted at the start or close of business.</p>
<b>Annual Inventory (MI):</b>	<p>The State of Michigan requires a physical inventory of all controlled substances to be conducted on an annual basis. The annual inventory must be performed between April 1 and June 30 of each year per <a href="#">Michigan Public Health Code, Section 333.7321</a>.</p> <p>(2) Beginning May 1, 1989, and annually thereafter, each person licensed under this article to manufacture, distribute, prescribe, or dispense controlled substances shall inventory all schedule 2 to 5 controlled substances possessed by the person at the time of the inventory. A person described in this subsection may conduct the annual inventory required under this subsection not more than 30 days before May 1, but shall conduct the inventory not later than 60 days after May 1. A person described in this subsection shall retain the inventory required under this subsection for not less than 2 years after the date of the inventory's creation and shall make the inventory available for inspection by the department at the request of the department. <a href="#">Section 333.7321</a></p>
<b>CE:</b>	<p><a href="#">MCL 333.18813</a> requires licensees to complete continuing education hours for renewal of a Veterinarian and a Veterinary Technician license.</p> <p><u>Veterinarian:</u> Beginning with 2022 renewals, and all renewal cycles thereafter, a licensee seeking renewal of a Veterinarian license must have completed 45 hours of board approved continuing education that satisfies the requirements of R 338.4933 prior to submitting a renewal application. A licensee is required to complete the continuing education hours if he/she was licensed for the 3-year period immediately preceding the application for renewal.</p> <p><u>Veterinary Technician:</u> Beginning with 2022 renewals, and all renewal cycles thereafter, a licensee seeking renewal of a Veterinary Technician license must have completed 15 hours of board approved continuing education that satisfies the requirements of R 338.4993 prior to submitting a renewal application. A licensee is required to complete the continuing education hours if he/she was licensed for the 3-year period immediately preceding the application for renewal.</p>



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	<p>An individual who is applying for a controlled substance license or who is licensed to prescribe or dispense controlled substances pursuant to section 7303 of the code, MCL 333.7303, shall <b>complete a 1-time training in opioids and controlled substances awareness</b> that meets the following standards:</p> <p>(a) Training content must cover all of the following topics:</p> <p>(i) Use of opioids and other controlled substances.</p> <p>(ii) Integration of treatments.</p> <p>(iii) Alternative treatments for pain management.</p> <p>(iv) Counseling on the effects and risks associated with using opioids and other controlled substances.</p> <p>(v) The stigma of addiction.</p> <p>(vi) Utilizing the MAPS.</p> <p>(vii) State and federal laws regarding prescribing and dispensing controlled substances.</p> <p>(viii) Security features for opioids and other controlled substances and prescriptions, and proper disposal requirements for opioids and other controlled substances.</p> <p><a href="#">Mich. Admin. Code R. 338.3135</a></p>
<p><b>Compounding:</b></p>	<p><u>Compounding</u> 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:</p> <ul style="list-style-type: none"> <li>• Mixing two injectable drugs in the same syringe</li> <li>• Creating an oral suspension from crushed tablets or an injectable solution</li> <li>• Adding flavoring to a commercially available drug</li> <li>• Creating a transdermal gel for a drug typically taken through other routes</li> <li>• Mixing two solutions for instilling into the ear</li> </ul> <p><u>MI Compounding:</u> A pharmacist or a preparing pharmacy authorized to manufacture non-sterile or sterile medicinal products for a prescribing doctor or a healthcare establishment or authority referred to in paragraph 1 shall do the following: Please note that a 503A pharmacy is limited to the supply of medicinal products composed solely on the basis of a patient-specific prescription and not of non-patient-specific compound medicinal products to a veterinarian for use in the office.</p> <p><b><u>Michigan requires office stock compounds to be purchased from an outsourced facility.</u></b></p> <p>4. The division does not authorize a pharmacist or a preparing pharmacy to manufacture non-sterile or sterile drugs without a prescription if the pharmacist or pharmacy is under investigation, discipline or discipline status. <b><u>A veterinarian can assemble drugs in the office.</u></b> All applicable laws, rules and standards of practice must be followed during the compound interest period. <b><u>A veterinarian is not subject to the accreditation and inspection requirements of MCL 333.17748a,</u></b> which apply only to pharmacies that wish to make sterile preparations.</p> <p><a href="https://topdoor.ee/compounding-laws-in-michigan/">https://topdoor.ee/compounding-laws-in-michigan/</a></p>



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**Dispensing:**

"Dispense" means the preparation, compounding, packaging, or labeling of a drug pursuant to a prescription or other authorization issued by a prescriber or pursuant to section [17724a](#) or [17744f](#).

[333.17751](#)

(1) Except as otherwise provided in section 17744f, a pharmacist shall not dispense a drug requiring a prescription under the federal act or a law of this state except under authority of an original prescription or an equivalent record of an original prescription approved by the board. A pharmacist described in section 17742b(2) may dispense a drug pursuant to an original prescription received at a remote pharmacy if the pharmacist receives, reviews, and verifies an exact digital image of the prescription received at the remote pharmacy before the drug is dispensed at the remote pharmacy.

(2) Subject to subsections (1) and (5), a pharmacist may dispense a prescription written and signed; written or created in an electronic format, signed, and transmitted by facsimile; or transmitted electronically or by other means of communication by a physician prescriber, dentist prescriber, or veterinarian prescriber in another state, but not including a prescription for a controlled substance except under circumstances described in section 17763(e), only if the pharmacist in the exercise of his or her professional judgment determines all of the following:

(a) Except as otherwise authorized under section 5110, 17744a, or 17744b, if the prescriber is not a veterinarian, that the prescription was issued pursuant to an existing prescriber-patient relationship.

(b) That the prescription is authentic.

(c) That the prescribed drug is appropriate and necessary for the treatment of an acute, chronic, or recurrent condition.

(3) A pharmacist or a prescriber shall dispense a drug or device pursuant to a prescription only if the prescription falls within the scope of practice of the prescriber.

(4) A pharmacist shall not knowingly dispense a drug or device pursuant to a prescription after the death of the prescriber or patient.

(5) A pharmacist shall not dispense a drug or device pursuant to a prescription transmitted by facsimile or created in electronic format and printed out for use by the patient unless the document is manually signed by the prescriber. This subsection does not apply to any of the following:

(a) A prescription that is transmitted by a computer to a facsimile machine if that prescription complies with section 17754 or 17754a.

(b) A prescription that is received by a remote pharmacy and made available to a pharmacist described in section 17742b(2) for review and verification in the manner required under subsection (1).

(6) After consultation with and agreement from the prescriber, a pharmacist may add or change a patient's address, a dosage form, a drug strength, a drug quantity, a direction for use, or an issue date with regard to a prescription. A pharmacist shall note the details of the consultation and agreement required under this subsection on the prescription or, if the drug is dispensed at a remote pharmacy, on the digital image of the prescription described in subsection (1), and shall maintain that documentation with the prescription as required in section 17752. A pharmacist shall not change the patient's name, controlled substance prescribed unless authorized to dispense a lower cost generically



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	<p>equivalent drug product under section 17755, or the prescriber's signature with regard to a prescription.</p> <p>(7) A prescription that is contained within a patient's chart in a health facility or agency licensed under article 17 or other medical institution and that is transmitted to a pharmacy under section 17744 is the original prescription. If all other requirements of this part are met, a pharmacist shall dispense a drug or device pursuant to a prescription described in this subsection. A pharmacist may dispense a drug or device pursuant to a prescription described in this subsection even if the prescription does not contain the quantity ordered. If a prescription described in this subsection does not contain the quantity ordered, the pharmacist shall consult with the prescriber to determine an agreed-upon quantity. The pharmacist shall record the quantity dispensed on the prescription and shall maintain that documentation with the prescription as required in section 17752.</p> <p>(8) If, after consulting with a patient, a pharmacist determines in the exercise of his or her professional judgment that dispensing additional quantities of a prescription drug is appropriate for the patient, the pharmacist may dispense, at one time, additional quantities of the prescription drug up to the total number of dosage units authorized by the prescriber on the original prescription for the patient and any refills of the prescription. Except for a controlled substance included in schedule 5 that does not contain an opioid, this subsection does not apply to a prescription for a controlled substance.</p> <p>(9) Notwithstanding any provision of this section, a pharmacist who receives a prescription under subsection (2) from an advanced practice registered nurse prescriber or physician's assistant prescriber in another state or province of Canada may dispense the drug or device without determining whether the advanced practice registered nurse prescriber or physician's assistant prescriber is authorized under the laws of the other state or province of Canada to issue the prescription.</p>
<p><b>Diversion Reporting:</b></p>	<p>Within <u>15 days</u> of completion of an investigation regarding a suspected theft or significant loss of a controlled substance, a licensee shall notify the department of the suspected theft or significant loss of a controlled substance and submit a copy of the DEA theft and loss report form 106, or equivalent document, to the department, whether or not the controlled substance is recovered or the responsible person is identified and action is taken against him or her, and whether or not it is also reported to the DEA.</p> <p><a href="#">Mich. Admin. Code R. 338.3141</a></p> <p>Email a copy of the completed DEA Form 106 to the <b>State of Michigan</b> at <a href="mailto:bpldata@michigan.gov">bpldata@michigan.gov</a></p>
<p><b>Euthanasia:</b></p>	<p>Euthanasia may be performed by licensed veterinarians, a Class B dealer, an animal control shelter, or the employees of these entities if they have received a minimum of 16 hours of training, including at least 12 hours of content training and at least 4 hours of practical training, in the use of a commercially prepared, premixed solution of sodium pentobarbital (AVMA Guidelines for the Euthanasia of Animals: 2020 Edition).</p> <p>In speaking to a representative of the Michigan Veterinary Medical Association we were informed that, in general, when it comes to scope of practice for licensed veterinary technicians, they are a subfield of veterinary medicine in Michigan. licensed veterinary technicians are required to be supervised by</p>



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	<p>licensed veterinarians. The definition of "<u>supervision</u>" is fairly narrow. Per the VMA, FaceTime or other virtual supervision is not considered appropriate supervision. The scenario of euthanasia being conducted via virtual supervision by a non-DVM, regardless of the controlled substances being used, may not be conducive to allowing appropriate supervision of the licensed technician by a licensed veterinarian (Keep in mind that these regulations were drafted before virtual supervision was an option).</p>
<p><b>Michigan PMP:</b></p>	<p>defines "<u>dispenser</u>" as a practitioner who dispenses, including veterinarians in the definition of "practitioner" or "dispenser" but has a <u>reporting exception for a veterinarian who dispenses less than a 48-hour supply to a patient.</u></p> <p><b>veterinarians are specifically excluded from mandatory use.</b></p>
<p><b>Power of Attorney Notarization:</b></p>	<p>You must sign a durable power of attorney in front of a notary or two witnesses. Also, your agent must sign an acknowledgement of responsibilities and duties before exercising authority. The law sets forth the language that must be included in an acknowledgement of responsibilities and duties.</p> <p><a href="#">Section 700.5501</a></p>
<p><b>Ownership:</b></p>	<p>Non-veterinarian practice ownership is restricted.</p>
<p><b>Prescribing:</b></p>	<p>"<u>Prescriber</u>" means a licensed dentist; a licensed doctor of medicine; a licensed doctor of osteopathic medicine and surgery; a licensed doctor of podiatric medicine and surgery; a licensed physician's assistant; subject to part 174, a licensed optometrist; subject to section 17211a, an advanced practice registered nurse; a licensed veterinarian; subject to subsection (7), a registered professional nurse who holds a specialty certification as a nurse anesthetist under section 17210 when he or she is engaging in the practice of nursing and providing the anesthesia and analgesia services described in section 17210(3); or any other licensed health professional acting under the delegation and using, recording, or otherwise indicating the name of the delegating licensed doctor of medicine or licensed doctor of osteopathic medicine and surgery.</p> <p>"<u>Prescription</u>" means an order by a prescriber to fill, compound, or dispense a drug or device written and signed; written or created in an electronic format, signed, and transmitted by facsimile; or transmitted electronically or by other means of communication.</p> <p>An order transmitted in other than written or hard-copy form must be electronically recorded, printed, or written and immediately dated by the pharmacist, and that record is considered the original prescription. In a health facility or agency licensed under article 17 or other medical institution, an order for a drug or device in the patient's chart is considered for the purposes of this definition the original prescription. For purposes of this part, prescription also includes a standing order issued under section 17744e. Subject to section 17751(2) and (5), prescription includes, but is not limited to, an order for a drug, not including a controlled substance except under circumstances described in section 17763(e), written and signed; written or created in an electronic format, signed, and transmitted by facsimile; or transmitted electronically or by other means of communication by a prescriber in another state or province of Canada.</p> <p>(4) Subject to subsection (5), "prescription drug" means a drug to which 1 or more of the following apply:</p>



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	<p>(a) The drug is dispensed pursuant to a prescription.</p> <p>(b) The drug bears the federal legend "CAUTION: federal law prohibits dispensing without prescription" or "Rx only".</p> <p>(c) The drug is designated by the board as a drug that may only be dispensed pursuant to a prescription.</p> <p>(5) For purposes of this part, prescription drug also includes a drug dispensed pursuant to section 17744f.</p> <p>(6) "Remote pharmacy" means a pharmacy described in sections 17742a and 17742b.</p> <p>(7) The authority of a registered professional nurse who holds a specialty certification as a nurse anesthetist under section 17210 to prescribe pharmacological agents is limited to pharmacological agents for administration to patients as described in section 17210(3)(b), (c), or (d). Subsection (2) does not require new or additional third party reimbursement or mandated worker's compensation benefits for anesthesia and analgesia services provided under section 17210(3) by a registered professional nurse who holds a specialty certification as a nurse anesthetist under section 17210.</p> <p><a href="#">Sec. 17752.</a> (1) A licensee or dispensing prescriber shall preserve a prescription, or an equivalent record of the prescription approved by the board, for not less than 5 years.</p> <p>e-prescribing: <b>Veterinarians are exempt</b> from Michigan's e-Prescribing Requirement is codified at <a href="#">MCL §333.17754a</a>. Prescriptions must now be electronically transmitted in a manner that is HIPAA-compliant and meets certain other criteria specified in the above statute. It requires all prescribers to electronically transmit all controlled and non- controlled substance prescriptions unless otherwise exempt under the statute.</p>
<p><b>Recordkeeping:</b></p>	<p>Patient records: <a href="#">Sec. 16213.</a></p> <p>(1) An individual licensed under this article shall keep and maintain a record for each patient for whom he or she has provided medical services, including a full and complete record of tests and examinations performed, observations made, and treatments provided. Unless a longer retention period is otherwise required under federal or state laws or regulations or by generally accepted standards of medical practice, a licensee shall keep and retain each record for a minimum of 7 years from the date of service to which the record pertains. The records shall be maintained in such a manner as to protect their integrity, to ensure their confidentiality and proper use, and to ensure their accessibility and availability to each patient or his or her authorized representative as required by law. A licensee may destroy a record that is less than 7 years old only if both of the following are satisfied:</p> <p>(a) The licensee sends a written notice to the patient at the last known address of that patient informing the patient that the record is about to be destroyed, offering the patient the opportunity to request a copy of that record, and requesting the patient's written authorization to destroy the record.</p> <p>(b) The licensee receives written authorization from the patient or his or her authorized representative agreeing to the destruction of the record.</p> <p><u>Controlled substance records:</u> Records must be maintained for a period of <u>two years</u> from the last transaction date recorded.</p> <p><a href="#">Mich. Admin. Code R. 338.3153</a></p>



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<b>Supervision:</b>	"Supervision" includes that degree of close physical proximity necessary for the supervising veterinarian to observe and monitor the performance of a veterinary technician. ( <a href="#">M.C.L.A. 333.18802(4)</a> )
<b>Telemedicine:</b>	No existing laws. Where telemedicine occurs is not defined.
<b>State CS License:</b>	Michigan <u>does require</u> DEA registrant practitioners to obtain a second state controlled substance license, prior to a DEA registration and an active Veterinary Medical Professional License to practice in Michigan.  The controlled substance license runs concurrently with your professional license. The appropriate fee will be applied based on the next expiration date of your professional license. 0-12 months – \$91.90 13-24 months – \$173.00 25-36 months – \$254.10 <a href="#">Michigan CS License Guide</a>
<b>State Scheduled CS's:</b>	Gabapentin is a schedule V controlled substance.
<b>Veterinary Professional License:</b>	License renewals for veterinarians and veterinary technicians will occur every <u>3</u> years.
<b>VCPR:</b>	Michigan rescinded the definition of VCPR in its Practice Act in 2019. However, to be conservative, utilize the general guideline of establishing VCPR with in-person visits at least annually. <b>VCPR must be established in-person:</b> No <b>Scope of VCPR:</b> Not defined

### Information and Resources

#### **FEDERAL:**

Drug Enforcement Administration, Detroit Division  
431 Howard Street  
Detroit, MI 48226  
Phone: (313) 234-4000

#### **DEA Local Offices**

- Lansing - (571) 362-1194
- Grand Rapids - (616) 458-0616
- Flint - (810) 768-7600
- Kalamazoo, Marquette, and Traverse City - (571) 362-0443

Federal Law: [www.deadiversion.usdoj.gov](http://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](http://www.fda.gov/Drugs/DevelopmentApprovalProcess/UCM070829)

Diversion Control Division: <https://www.deadiversion.usdoj.gov/schedules/>





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**STATE:**

Michigan Board of Veterinary Medicine website: <https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/vet>

Michigan Board of Pharmacy website: <https://www.michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/pharmacy>