New Hampshire

State-Specific Controlled Substance Requirements

Updated 5/31/23

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. **NH follows DEA requirements on biennial inventory.**
CE:	Veterinarian: at least 24 hours in the 2-year period preceding the renewal date. Approved programs shall be at the discretion of the board, in accordance with rules adopted by the board. The Board of Veterinary Medicine will currently accept up to 100% of virtual online learning obtained in the present renewal cycle. **At least one hour shall be in the area of opioid use or prescribing of opioids.** Veterinarian Tech: Twelve (12) CE credits are required to re-certify. 12 CEU per year is required for renewal.
Compounding:	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 NH Compounding: "Compounding" means the preparation, mixing, assembling, packaging or labeling of a drug or device as a result of a practitioner's prescription drug order or initiative based on the pharmacist-patient-prescriber relationship in the course of professional practice or, for the purpose of, or as an incident, to research, teaching, or chemical analysis, but not selling or dispensing. "Compounding" also includes the preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns. "Compounding" shall not include the reconstitution of powdered formulations before dispensing or the addition of flavoring.

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	"Compounding" shall not include the simple addition of flavoring, nor shall it include the preparation of a single dose of a nonhazardous commercially available drug or licensed biologic for administration within 2 hours of preparation to an individual patient when done in accordance with the manufacturer's approved labeling or instructions consistent with that labeling.
Dispensing:	"Dispense" means to distribute, leave with, give away, dispose of, deliver, or sell one or more doses of a drug that will be administered or taken at a later date, time, or location and shall include the transfer of more than a single dose of a medication from one container to another and the labeling or otherwise identifying a container holding more than a single dose of a drug. "Dispenser" means a person who is lawfully authorized to deliver a schedule II, III, or IV controlled substance, but **does not include** the following: A licensed hospital pharmacy that dispenses less than a 48-hour supply of a schedule II–IV controlled substance from a hospital emergency department or that dispenses for administration in the hospital; A practitioner or other authorized person who administers such a substance; A wholesale distributor of a schedule II–IV controlled substance or its analog; A prescriber who dispenses less than a 48-hour supply of a schedule II–IV controlled substance from a hospital emergency department to a patient; or **A veterinarian who dispenses less than a 48-hour supply of a schedule II–IV controlled substance to a patient**. 318-B:16-a Controlled Drugs Containing Opiates; Warning Label Required. – Any controlled drug containing opiates dispensed by a health care provider or pharmacy shall have an orange sticker with the word "opioid" in easily legible font placed on the cap or dispenser and shall have a warning label stating "Risk of addiction and overdose." The health care provider or pharmacist shall also provide each person with a handout which shall be developed and approved by the governor's commission on alcohol and drug abuse, prevention, treatment, and recovery which shall include guidance on associated risks of opioid use and how to mitigate them. This section shall not apply to pharmacists or a pharmacy that dispenses a drug containing an opioid that is administered to a patient treated in a health care facility required to be licensed under RSA 151. A patient may remove the cap sticker or warning label.
Diversion Reporting:	NH Pharmacy Rule Ph 703.03 requires reporting of any theft or significant controlled substance loss within 1-business day to the Board of Pharmacy. Theft/Loss Form
Euthanasia:	Euthanasia may be performed by licensed veterinarians or an animal caretaker under the supervision and assistance of a licensed veterinarian (AVMA Guidelines for the Euthanasia of Animals: 2020 Edition).
New Hampshire Prescription Drug Monitoring Program (PDMP)	By law, all pharmacies in New Hampshire, including veterinarians, are required to report the controlled substances they dispense to the PDMP.
Ownership:	Non-veterinarian practice ownership is allowed but a licensed veterinarian is required to be on the clinics veterinary premise permit as the responsible licensee for the clinic.
Power of Attorney Notarization:	A POA must be signed by the principal or by another person in the principal's presence and at the principal's direction, and acknowledged by a notary

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	public. The agent is also required to sign the POA to acknowledge that they have been appointed as agent and understand their role.
Prescribing:	"Prescription" means a verbal, or written, or facsimile or electronically transmitted order for drugs, medicines and devices by a practitioner licensed in the United States, to be compounded and dispensed by licensed pharmacists in a duly registered pharmacy, and to be kept on file for a period of 4 years. A written order shall include an electronic transmission prescription received and retained in a form complying with rules adopted pursuant to RSA 318:5-a, XV. Prescriptions may also apply to the finished products dispensed or administered by the licensed pharmacist in the registered pharmacy, on order of a licensed practitioner as defined in this section. E-prescribing: New Hampshire HB143 mandates all controlled substances be electronically prescribed with an effective date of January 1st, 2022. **Veterinarians are exempt.** Sec. 1306.05 Manner of issuance of prescriptions. (a) All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner. New Hampshire's Oversight of Opioid Prescribing and Monitoring of Opioid Use
Recordkeeping:	Patient records must be kept for **5 years** from the last treatment or examination. Controlled substance records: Practitioners including physicians, podiatrists, dentists, veterinarians, optometrists, advanced practice registered nurses, manufacturers, wholesalers, pharmacies, clinics, hospitals, laboratories, and any other person required by federal law to conduct biennial controlled substance inventories, shall do so beginning May 1, 1991, and thereafter on May 1 of every odd-numbered year. NH Rev Stat § 318-B:12 (2017)
Telemedicine:	No existing laws. Where telemedicine occurs is not defined.
State Veterinary Professional License:	All licenses shall expire **biennially on December 31** of each even-numbered year for even-numbered licenses and on December 31 of each odd-numbered year for odd-numbered licenses but may automatically be renewed by filing a renewal application and paying a renewal fee established in rules adopted by the board, subject to paragraph II; except that for licenses which expire December 31, 2011, odd numbered licenses shall be issued for 2 years and even numbered licenses shall be issued for one year, and the board shall charge fees accordingly. Not later than one month prior to the expiration date, the board shall mail a notice to licensed veterinarians that their license will expire on December 31 and provide them with a license renewal application. Certified Veterinary Technicians are required to re-certify every year by December 31st (for the upcoming year).
State CS License:	New Hampshire **does not** require 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 New Hampshire.
State Scheduled CS's:	N/A

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Supervision:	"Supervision" means under the direct charge or direction and does not contemplate absence of the person responsible for providing such supervision, except where permitted by rules of the board under RSA 318:5-a, XIV.
VCPR:	VCPR must be established in-person and only applies to one veterinarian. "Veterinarian-Client-Patient relationship" (VCPR) means that all of the following are required: a. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the client has agreed to follow the veterinarian's instructions. a. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of: b. i. a timely examination of the patient by the veterinarian, or ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed. c. The veterinarian is readily available for follow-up evaluation or has arranged for the following: i. veterinary emergency coverage, and ii. continuing care and treatment. d. The veterinarian provides oversight of treatment, compliance and outcome. e. Patient records are maintained (N.H. Admin. Rules, Vet 501.01). All licensed veterinarians shall comply with the Principles of Veterinary Medical Ethics of the AVMA as revised April 2016 and available as noted in Appendix II. N.H. Code Admin. R. Vet 501.01. A licensee shall be deemed to have violated the AVMA Ethical Principals captioned "Professional Behavior" and "VCPR" if he or she engages in active patient care and does not provide for continuous emergency veterinary services for his or her clients at a level and of a nature consistent with the service ordinarily available from his or her practice (N.H. Code Admin. R. Vet 502.01).

Information and Resources

FEDERAL:

Drug Enforcement Administration, New England Division
15 New Sudbury St, Room E-400
Boston, MA 02203
Phone: (617) 557-2100

Local DEA Offices

- Manchester - (603) 628-7411

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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:
New Hampshire Board of Veterinary Medicine website: https://www.oplc.nh.gov/board-veterinary-medicine
New Hampshire Board of Pharmacy website: https://www.oplc.nh.gov/board-pharmacy