



Oklahoma

State-Specific Controlled Substance Requirements Checklist

Updated 6/21/23

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| <p>Biennial Inventory (DEA):</p> | <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. [21 CFR 1304.11]</p> <p>NOTE:</p> <ul style="list-style-type: none"> • 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 annual inventory for the state. • Biennial inventories must be conducted by the DEA registrant, or their designee who has been granted Power of Attorney, along with an authorized witness. <p>Biennial inventories must indicate whether they are conducted at the start or close of business.</p> <p>OK follows the same biennial inventory guidelines as the DEA.</p> |
| <p>CE:</p> | <p>Veterinarian (DVM) - 20 hours Provisional DVM - 20 hours Faculty DVM - 20 hours</p> <p>Registered Veterinary Technicians (RVT) - 10 hours Certified Animal Euthanasia Technicians (CAET) - 6 hours Non Veterinary Equine Dental Care Providers - 4 hours Non Veterinary Reproductive Services Technician - 8 hours</p> <p>DVMS must complete 1 hour CE for Opioid CE.</p> <p>You must keep your CE records for two (2) years from the date you report them for renewal.</p> |
| <p>Compounding:</p> | <p>"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</p> <p><u>Compounding</u> is <u>any manipulation</u> 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"> • 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 <p><u>OK Compounding:</u></p> <p>(a) There shall be written procedures for the compounding of drug preparations to assure that the finished products have the identity, strength, quality and purity they purport to have. These procedures should be available in either written form or electronically stored with printable documentation.</p> <p>(b) The objective of the documentation is to allow another compounder to reproduce an equivalent prescription at a future date.</p> <p>(c) Documentation shall include a listing of the components, their amounts (in weight or volume), the order of component mixing, and a description of the compounding process (e.g. log, formula</p> |



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| | <p>worksheet, original prescription, etc.) In addition, all equipment and utensils and the container/closure system, relevant to the compounding procedure shall be listed.</p> <p>(d) These written procedures shall be followed in the execution of the compounding procedure and are designed to enable a compounder, whenever necessary, to systematically trace, evaluate, and replicate the steps included throughout the preparation process of a compounded preparation.</p> <p>(e) Components shall be accurately weighed, measured, and subdivided as appropriate. These operations should be checked and rechecked by the compounding pharmacist, at each stage of the process, to ensure that each weight and measure is correct as stated in the written compounding procedures.</p> <p>(f) Written procedures shall be established and followed that describe the tests or examinations to be conducted on the preparation compounded (e.g., degree of weight variation among capsules) to assure reasonable uniformity and integrity of compounded drug preparations. Unless otherwise indicated or appropriate, compounded preparations are to be prepared to ensure that each preparation shall contain not less than 90% and not more than 110% of the theoretically calculated and labeled quantity of active ingredient per unit weight or volume and not less than 90% and not more than 110% of the theoretically calculated weight or volume per unit of the preparation.</p> <p>(1) Such control procedures shall be established to monitor the output and to validate the performance of those compounding processes that may be responsible for causing variability in the final drug preparation. These procedures shall include, but are not limited to, the following (where appropriate):</p> <ul style="list-style-type: none"> (A) Capsule weight variation to ensure that each unit shall be not less than 90% and not more than 110% of the theoretically calculated weight for each unit; (B) Adequacy of mixing to assure uniformity and homogeneity; (C) Clarity, completeness or pH of solutions. <p>(2) The compounder shall label any excess compounded preparation so as to reference them to the formula used, the assigned batch number, and beyond use date based on the compounder's appropriate testing, published data, or USP-NF standard.</p> <p>(5) Compounding includes the preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.</p> <p>(6) Reconstitution of commercial products is not considered compounding for the purposes of this subchapter.</p> <p>(7) Manipulation of commercial available products according to or beyond the manufacturer's instructions or copying commercial products for the reason of non-availability or component specifications would be considered compounding as pertaining to a practitioner / patient / compounder relationship.</p> <p>Okla. Admin. Code § 535:15-10-8</p> |
| <p>Dispensing:</p> | <p>"Dispense" or "dispensing" means the interpretation, evaluation, and implementation of a prescription drug order including the preparation and delivery of a drug or device to a patient or a patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient. Dispense includes sell, distribute, leave with, give away, dispose of, deliver or supply;</p> <p>"Dispenser" means a retail pharmacy, hospital pharmacy, a group of chain pharmacies under common ownership and control that do not act as a wholesale distributor, or any other person authorized by law to dispense or administer prescription drugs, and the affiliated warehouses or distributions of such entities under common ownership and control that do not act as a wholesale distributor. For the purposes of this paragraph, "dispenser" does not mean a person who dispenses only products to be used in animals in accordance with 21 U.S.C. 360b(a)(5)</p> <p>Okla. Stat. tit. 59 § 353.1</p> |
| <p>Diversion Reporting:</p> | <p>Upon loss or theft of a controlled dangerous substance a pharmacy must fill out a DEA form 106. Copies of the completed DEA 106 must be sent to both the Oklahoma Bureau of Narcotics (OBN) and to the Pharmacy Board.</p> |



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| Euthanasia: | <p>Euthanasia may be performed by a:</p> <ul style="list-style-type: none"> ▪ Licensed veterinarian ▪ A person trained for this purpose and approved and supervised by a licensed veterinarian ▪ Certified animal euthanasia technician registered by Oklahoma Bureau of Narcotics and Dangerous Drugs Control, Drug Enforcement Agency and who holds a valid certificate issued by OK Board of Veterinary Medical Examiners ▪ Animal control officer registered by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control |
| Ownership: | <p>Non-veterinarian ownership is allowed but a licensed veterinarian is required to be on the clinic/hospital premises permit as the licensee responsible for the clinic.</p> |
| Power of Attorney: | <p>While Oklahoma does not technically require you to get your POA notarized, notarization is strongly recommended. Under Oklahoma law, when you sign your POA in the presence of a notary public, your signature is presumed to be genuine—meaning your POA is more ironclad.</p> |
| Prescribing: | <p>"<u>Prescriber</u>" means a person licensed in this state who is authorized to prescribe dangerous drugs within the scope of practice of the person's profession;</p> <p>"<u>Prescription</u>" means and includes any order for drug or medical supplies written or signed, or transmitted by word of mouth, telephone or other means of communication:</p> <p>a. by a licensed prescriber, b. under the supervision of an Oklahoma licensed practitioner, an Oklahoma licensed advanced practice registered nurse or an Oklahoma licensed physician assistant, or Okla. Stat. tit. 59 § 353.1</p> <p>A prescription is the property of the patient for whom it is prescribed. No pharmacist shall refuse, upon request by that customer in person or through an authorized pharmacist, to transfer a prescription to another pharmacy, or to supply a reference copy in writing or by telephone. No licensed prescriber shall refuse to honor the request of his or her patient to have his or her prescription transmitted to the licensed pharmacist or licensed pharmacy of the patient's choice. 59 Okl. St. Ann. § 354</p> <p>A practitioner may not distribute, dispense, sell, give, prescribe or administer any controlled substances in Schedules I through V for the practitioner's personal use, or for an immediate family member. Provided that this paragraph shall not apply to family members outside the second degree of consanguinity or affinity. Provided further that this paragraph shall not apply to medical emergencies when no other medical doctor is available to respond to the emergency. Okla. Admin. Code § 475:30-1-3</p> <p>Any veterinarian prescribing, dispensing or administering medication to animals for which a valid VCPR does not exist is in violation of the Oklahoma Veterinary Practice Act.</p> <p><u>E-prescribing: Veterinarians are exempt.</u> As of January 1, 2020 e-prescribing was mandated. Signed into law in 2018, HB2931 requires all physicians with prescriptive authority (other than veterinarians) to send all Schedule II-V prescriptions electronically.</p> |
| PMP (PMP AWARxE): | <p>All practitioners that prescribe or dispense must be registered. All controlled substances dispensed in or into the State of Oklahoma have to be reported to the Oklahoma PMP.</p> <p>If the veterinarian dispenses narcotics/controlled substances they must report it to PMP AWARxE.</p> <p>Prescribers are required to check the PMP prior to writing prescriptions. By Oklahoma law, it is mandatory that prescribers check the PMP prior to prescribing and every 180 days prior to</p> |



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| | authorizing refills for opiates, synthetic opiates, semi-synthetic opiates, benzodiazepines, or carisoprodol |
| Recordkeeping: | <p>(b) Each registered manufacturer and distributor shall maintain inventories and records of controlled substances as follows:</p> <p>(1) Inventories and records of controlled dangerous substances listed in Schedules I and II shall be maintained separately from all other records of the registrant.</p> <p>(2) Inventories and records of controlled dangerous substances listed in Schedules III, IV, and V shall be maintained separately from all other records of the registrant as of November 1, 1990.</p> <p>Okla. Admin. Code § 475:25-1-4</p> |
| State-Scheduled CS's: | N/A at this time. |
| State CS License: | Oklahoma does not require DEA registrant practitioners to obtain a second state controlled substance license, just a DEA registration and an active Veterinary Medical Professional License to practice in Oklahoma. |
| Supervision: | <p>(a) <u>Direct supervision</u> is defined as directions given to a Veterinary Technician, nurse, laboratory technician, intern, assistant, or other employee for medical care following the examination of an animal by the veterinarian responsible for professional care of the animal.</p> <p>(b) Under conditions of an emergency a Veterinary Technician may render lifesaving aid to an animal in accordance with applicable provisions of the Veterinary Practice Act and Board rules. "Emergency" means the animal is in a life threatening condition where immediate treatment is necessary to sustain life.</p> <p>Okla. Admin. Code § 775:10-7-9</p> <p>(a) Each licensed veterinarian shall provide direct supervision of any registered veterinary technician, employed assistant or Supervised Doctor of Veterinary Medicine ("SDVM") who are involved with their practice of veterinary medicine. A licensed veterinarian may delegate only those acts within the practice of veterinary medicine that are allowed by law to be delegated and which are consistent with that person's training, experience and professional competence.</p> <p>(1) When a licensed veterinarian is not on the premises, said licensed veterinarian shall have in place written instructions or a written hospital/clinic policy for follow up treatment of the animal patient, provided that the animal has been examined by the supervising veterinarian at such time as good veterinary medical practice requires.</p> <p>(2) Reserved</p> <p>(b) A licensed veterinarian may delegate the procedures referenced by and in accordance with Subchapter 7 of Chapter 10 of these rules to any registered veterinary technician.</p> <p>(c) While the licensed veterinarian is physically on the premises they may delegate the following to any registered veterinary technician or employed assistant under direct supervision as defined in 59 O.S. Section 698.2:</p> <ol style="list-style-type: none"> (1) inducing anesthesia by inhalation or intravenous injection; (2) applying casts or splints; (3) performing dental extractions; or, (4) administering controlled dangerous substances or veterinary prescription drugs, subject to a veterinary-client-patient relationship having been previously established and if the licensed veterinarian is not on the premises, previously written orders must be in place for the administration of such drugs. <p>(d) Under direct supervision a licensed veterinarian may delegate any of the following to any SDVM;</p> <ol style="list-style-type: none"> (1) any act of diagnosis or prognosis; (2) performance of any surgical procedure; (3) inducing anesthesia by inhalation or intravenous injection; |



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| | <p>(4) applying casts or splints; (5) performing dental extraction's. (6) suturing existing skin incisions; (7) prescribing, dispensing and administering controlled dangerous substances, veterinary prescription drugs or vaccinations. The prescribing, dispensing, and administering of controlled dangerous substances may only be performed after a federal (DEA) controlled dangerous substance certificate and a state Oklahoma Bureau of Narcotics and Dangerous Drug certificate has been procured by the certificate holder (SDVM). (e) In emergency life saving situations where a licensed veterinarian is not on the premises, a SDVM, registered veterinary technician or an employed assistant who possesses the appropriate training, experience and professional competence may perform the following treatments: (1) apply tourniquets and/or pressure bandages to control hemorrhage; (2) administer pharmacological agents to prevent or control shock, including parenteral fluids, provided that the SDVM or employee has direct communication with a licensed veterinarian. When direct communication cannot be established with respect to this paragraph (e), a SDVM or competent employed assistant may provide emergency care in accordance with pre-established written instructions provided by their employer veterinarian(s); (3) initiate resuscitative oxygen procedures; (4) establish open airways including intubation appliances but excluding surgery; (5) perform external cardiac resuscitation; (6) apply temporary splints or bandages to prevent further injury to bones or soft tissues; (7) apply wound dressings and external supportive treatment for severe burns; and (8) provide external supportive treatment in thermal injury cases.</p> <p>Okla. Admin. Code § 775:25-1-4</p> |
| <p>Telemedicine:</p> | <p>Telemedicine occurs where the client/animal is.</p> <p>Oklahoma has more guidelines than most states regarding telemedicine. Although ideally VCPR is established in-person, it can be established remotely in some situations (vets should use professional judgment to determine if it is appropriate or not to establish VCPR via telemedicine). Vets cannot prescribe drugs unless the VCPR is established in-person.</p> <p>"<u>Telemedicine</u>" shall mean the transmission of diagnostic images such as, but not limited to, radiographs, ultrasound, cytology, endoscopy, photographs and case information over ordinary or cellular phone lines to a licensed veterinarian or board-certified medical specialist for the purpose of consulting regarding case management with the primary care licensed veterinarian who transmits the cases (59 Okl. St. Ann. § 698.2).</p> <p>The practice of veterinary medicine shall include, but not be limited to telemedicine. A veterinarian using telehealth technologies must take appropriate steps to establish the VCPR and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telehealth technologies as a component of, or in lieu of, hands-on medical care, while others are not...A veterinarian must be licensed, or under the jurisdiction of, the veterinary board of the jurisdiction where the patient is located. The practice of medicine occurs where the patient is located at the time telehealth technologies are used. Veterinarians who treat or prescribe through online services sites are practicing veterinary medicine and must possess appropriate licensure in all jurisdictions where patients receive care (Board's Position Statement) (59 Okl. St. Ann. § 698.11).</p> |
| <p>Veterinary Professional License:</p> | <p>Each renewal period is between July 1 and June 30 annually,</p> |



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| VCPR: | <p>Oklahoma has more guidelines than most states regarding telemedicine. Although ideally VCPR is established in-person, it can be established remotely in some situations (vets should use professional judgment to determine if it is appropriate or not to establish VCPR via telemedicine). Vets cannot prescribe drugs unless the VCPR is established in-person.</p> <p><u>"Veterinarian-client-patient relationship"</u> means:</p> <p>A. The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of an animal or animals and the need for medical treatment, and the client, owner or other caretaker has agreed to follow the instructions of the licensed veterinarian;</p> <p>B. There is sufficient knowledge of the animal or animals by the licensed veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal or animals in that:</p> <p>i. The licensed veterinarian has recently seen or is personally acquainted with the keeping and care of the animal or animals, or</p> <p>ii. Has made medically necessary and timely visits to the premises where the animal or animals are kept or both, and</p> <p>C. The licensed veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy, or has arranged for emergency medical coverage (59 Okl. St. Ann. § 698.2).</p> <p>The Board may take disciplinary action or other sanctions upon clear and convincing evidence of unprofessional or dishonorable conduct, which shall include the practice of veterinary medicine in the absence of a bona fide veterinarian-client-patient relationship (59 Okl. St. Ann. § 698.14a).</p> |
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Information and Resources

FEDERAL:

Drug Enforcement Administration, Dallas Division
10160 Technology Boulevard, East
Dallas, TX 75220
Phone: (214) 366-6900

DEA Local Offices:

- McAlester - (918) 426-5020
- Oklahoma City - (405) 475-7500
- Tulsa - (918) 459-9600

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:

Oklahoma Veterinary Board website: <https://www.okvetboard.com/home-1>

Oklahoma State Board of Pharmacy website: <http://www.ok.gov/OSBP/>



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