

State-Specific Controlled Substance Requirements

Updated 5/31/23

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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.
	Vermont follows DEA biennial inventory guidelines
CE:	Veterinarian: 24 hours every 2 years General medicine topics: 24 hours if approved by national, state, and local associations Online or home study: 24 hours allowed
	Veterinarian Tech: Not required by the state, however, if certified by the VVTA, 6 hours are required every year.
	General medicine topics: 6 hours if approved by national, state, and local associations
	Vermont does not currently require controlled substance CE but it is recommended. Recommendations - Continuing Education
	 Veterinarians prescribing, dispensing and handling controlled substances should follow best practices and safe prescribing guidelines. In order to ensure veterinarians have the most up-to- date information, the Health Department recommends that all veterinarians complete a total of not less than one hour of continuing education as part of their statutorily-required continuing education for each license renewal pursuant to 26 V.S.A. § 2426(c). The continuing education should include information on the abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; and
	relevant state and federal laws and regulations concerning the prescription of opioid controlled substances.
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



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	VT Compounding: No person shall manufacture, compound, mix, cultivate, grow, or by any other process produce, prepare, prescribe, dispense, or compound any regulated drug, without having first obtained a license from the respective professional board having jurisdiction. Chapter 84: Possession And Control Of Regulated Drugs
Dispensing:	"Dispenser" means any person who "dispenses" or engages in "dispensing" as those terms are defined in 26 V.S.A. § 2022(5).
	§ 4289. Standards and guidelines for health care providers and dispensers
	(d)(1) Each dispenser who dispenses any Schedule II, III, or IV controlled substances shall register with the VPMS. https://legislature.vermont.gov/statutes/fullchapter/18/084g
	(b) As required by the Department, every dispenser who is licensed by the Vermont Board of Pharmacy shall report to the Department in a timely manner data for each controlled substance in Schedules II, III, and IV, as amended and as may be amended, dispensed to a patient within Vermont. Reporting shall not be required for: (1) a drug administered directly to a patient; or
	(2) a drug dispensed by a health care provider at a facility licensed by the Department, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours.
	 (c) Data for each controlled substance that is dispensed shall include the following: (1) patient identifier, which may include the patient's name and date of birth; (2) drug dispensed; (3) date of dispensing; (4) quantity and dosage dispensed;
	(5) the number of days' supply;(6) health care provider; and(7) dispenser.
	Pharmacies and other dispensers shall report each dispensed prescription for a Schedule II, III, or IV controlled substance to the VPMS within 24 hours or one business day after dispensing. § 4283
Diversion Reporting:	Reports of drug diversion shall be made to the Investigation Division of the Office of Professional Regulation pursuant to 18 V.S.A. § 4218,. Enforcement. Reports shall be forwarded to the following: sos.opr.complaints@vermont.gov <u>Diversion Reporting Form</u>
Euthanasia:	 Who may administer euthanasia: 1. No person shall administer euthanasia drugs to an animal in a registered animal shelter in Vermont unless that person is a certified euthanasia technician or a Vermont licensed veterinarian.
	Exception: A person in training as a CET who is employed by a registered animal shelter, may administer a lethal drug or chemical restraint drug under the direct supervision of a certified euthanasia technician or Vermont licensed veterinarian.
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.



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Power of Attorney Notarization:	A power of attorney shall be signed by the principal in the presence of at least one witness and shall be acknowledged before a notary public, who shall be a person other than the witness. § 3502. Creation of a power of attorney
Prescribing:	" <u>Prescriber</u> " means an individual allowed by law to prescribe and administer prescription drugs in the course of professional practice.
	"Prescription" means an order for a regulated drug made by a physician, physician assistant, advanced practice registered nurse, dentist, or veterinarian licensed under this chapter to prescribe such a drug which shall be in writing except as otherwise specified in this subdivision. Prescriptions for such drugs shall be made to the order of an individual patient, dated as of the day of issue and signed by the prescriber.
	The prescription shall bear the full name, address, and date of birth of the patient, or if the patient is an animal, the name and address of the owner of the animal and the species of the animal. Such prescription shall also bear the full name, address, and registry number of the prescriber and, unless electronically prescribed, shall be written with ink, indelible pencil, or typewriter; if typewritten, it shall be signed by the prescriber.
	A written or typewritten prescription for a controlled substance, as defined in 21 C.F.R. Part 1308, shall contain the quantity of the drug written both in numeric and word form. If a prescription is communicated orally, it shall be reduced promptly to writing by the pharmacist. Nothing in this subdivision is meant to authorize the oral communication of a prescription when a written prescription is otherwise required. Vt. Stat. tit. 18 § 4201(26)
	(d) Prescriptions from veterinarians are subject to Vermont prescription drug cost containment statutes set forth in 18 V.S.A. chapter 91.
Recordkeeping:	Controlled substance and Inventory records must be kept at least two years after the final disposition of the controlled substance.
	A veterinarian shall retain patient records for not fewer than seven years from last contact with an animal, or in contexts where other law requires longer retention, for the longer period. Failure to keep appropriate records may constitute unprofessional conduct.
State Scheduled CS's:	Section 04 030 320 Part 8 Practice Rules & Standards N/A
State CS License:	Vermont 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 Vermont.
Supervision:	" <u>Direct Supervision</u> " means oversight by a licensed veterinarian available to physically intervene in the care of an animal. <u>VT Code of Rules 04 030 320</u>
Telemedicine:	No existing laws. Where telemedicine occurs is not defined.
VPMS Reporting:	The Vermont prescription Monitoring System (VPMS) law <u>requires all physicians who</u> <u>prescribe controlled substances</u> to enroll in VPMS and expands required querying prior to prescribing opioids (Act 75, Section 11).



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	Pharmacies and other dispensers shall report each dispensed prescription for a Schedule II, III, or IV controlled substance to the VPMS within 24 hours or one business day after dispensing. § 4283
VT Veterinary Professional License:	Biennial Licensing Period. Licenses are valid for fixed, two-year periods. Expiration dates are printed on licenses. A license expires if not renewed by midnight on the date of expiry. Practice under an expired license is prohibited. An initial license issued fewer than 90 days prior to the beginning of the fixed biennial period shall be valid through the end of full biennial licensing period following initial licensure. A lookup tool on the Office website may be considered a primary source verification as to license status and expiration. 5-2 License Renewal. Online license renewal applications must be completed through the Office website. The Office transmits email reminders to licensees at the end of each biennial licensing period; however, non-receipt of such reminders shall not excuse a licensee from the obligation to maintain continuous licensure or the consequences of failing to do so. Practicing while a license is lapsed is a violation of 3 V.S.A. § 127. 5-3 Late Renewal Penalties. Late renewal applications are subject to reinstatement fees, which may be waived in certain circumstances. See 3 V.S.A. § 127(d). Reinstatement waivers may be requested through the online licensing system. Must renew every two years.
VCPR:	VT Code of Rules 04 030 320 Part 5 "Veterinarian-Client-Patient Relationship" or "VCPR" is defined at 26 V.S.A. § 2433. See Rule 8-3, infra.
	VCPR must be established in-person and only applies to one veterinarian. § 2433. Veterinarian-client-patient relationship; veterinarian of record (a) The veterinarian-client-patient relationship (VCPR) exists when all of the following conditions have been met: (1) The veterinarian has assumed the responsibility for making clinical judgments regarding the health of one or more animals and the need for medical treatment, and the client, who is the owner of the animals or their caretaker, has agreed to follow the veterinarian's instructions; (2) The veterinarian has sufficient knowledge of those animals to initiate at least a general or preliminary diagnosis of the medical condition of the animals. This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animals by virtue of an examination of the animals or by medically appropriate and timely visits to the premises where the animals are kept; and (3) The veterinarian is readily available or has arranged for emergency coverage for follow-up evaluation of those animals in the event of adverse reactions or failure of the treatment regimen. (b) Only a licensed veterinarian with a valid VCPR may: (1) authorize the dispensing of veterinary prescription drugs; (2) issue a valid veterinary feed directive; (3) authorize drug distributors to deliver veterinary prescription drugs to a specific client;



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- (4) prescribe, order, or otherwise authorize a pharmacist to dispense veterinary prescription drugs to a specific client.
- (c)(1) The veterinarian of record (VOR) is the food animal veterinarian responsible for providing appropriate oversight of drug use on a farm premises for specific animals or group of animals.
- (2) If more than one veterinarian or veterinary practice has a working relationship on a farm premises, then the VCPR agreement shall establish which veterinarian has the responsibility for specific animals or animal groups.
- (3) A veterinarian who is not the VOR, when providing professional services, is responsible for making provisions for emergency follow-up care and must notify the VOR of his or her findings and recommendations.
- (d) Prescriptions from veterinarians are subject to Vermont prescription drug cost containment statutes set forth in 18 V.S.A. chapter 91.
- (e) Establishment of a VCPR for the sole purpose of the sale of drugs or increased sales of a particular brand of drug product is not a valid or ethical reason for having a VCPR. (Added 2017, No. 48, § 17.)

Only a licensed veterinarian with a valid VCPR may:

- 1. Authorize the dispensing of veterinary prescription drugs;
- 2. Issue a valid veterinary feed directive;
- 3. Authorize drug distributors to deliver veterinary prescription drugs to a specific client; or
- 4. Prescribe, order, or otherwise authorize a pharmacist to dispense veterinary prescription drugs to a specific client.

26 V.S.A. § 2433). Statute

Information and Resources

FEDERAL:

Drug Enforcement Administration, New England Division 15 New Sudbury Street Room E-400 Boston, MA 02203

Phone: (617) 557-

Local DEA Offices

Burlington - (802) 951-2900

Federal Law: <u>www.deadiversion.usdoj.gov</u> Controlled Substances Act: <u>21 USC 801 – 904</u>

Code of Federal Regulations: 21 CFR Part 1300 – 1399

NDC drug: www.fda.gov/Drugs/DevelopmentApprovalProcess/UCM070829 Diversion Control Division: https://www.deadiversion.usdoi.gov/schedules/



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STATE:

Vermont Board of Veterinary Medicine website: https://sos.vermont.gov/veterinary-medicine/ Vermont Board of Pharmacy website: https://sos.vermont.gov/pharmacy/