



Washington

State-Specific Controlled Substance Requirements

Updated 6/26/23

<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>Washington follows the same biennial inventory guidelines as the DEA per WAC 246-945-420</p>
<p>CE:</p>	<p><u>Veterinarian</u>: 30 hours every 3 years</p> <ul style="list-style-type: none"> ▪ All 30 hours can be obtained via Live (interactive) online. ▪ A maximum of 10 hours can be obtained via Anytime (non-interactive) online. ▪ Of the 30 CE hours, 20 must be in scientific or clinical topics. ▪ No more than 10 CE hours can be in practice management or professional development topics. <p>See WAC 246-933-420, 246-933-425, 246-933-435, 246-933-440, 246-933-445, and 246-933-460 for board approved CE parameters.</p> <p>One-time training of no less than 3 CE hours must be in suicide prevention per WAC 246-933-435.</p> <p><u>Veterinarian Tech</u>: 30 hours every 3 years</p> <p>General medicine topics: 30 hours if approved by national, regional, and local associations</p> <p>Management topics: 10 hours allowed</p> <p>Online study: 6 hours allowed</p> <p>Washington does not currently require controlled substance CE.</p> <p>licensees shall maintain CE records for the entire two-year period preceding their license 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



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	<p><u>WA Compounding:</u> "Compounding" means the act of combining two or more ingredients in the preparation of a prescription. Reconstitution and mixing of (a) sterile products according to federal food and drug administration-approved labeling does not constitute compounding if prepared pursuant to a prescription and administered immediately or in accordance with package labeling, and (b) nonsterile products according to federal food and drug administration-approved labeling does not constitute compounding if prepared pursuant to a prescription.</p>
<p>Destruction:</p>	<p>Controlled substance waste is required to be incinerated in Washington.</p> <p>New requirements for managing dangerous pharmaceutical waste in Washington went into effect on October 31, 2020, under legislation WAC-173-303-555.</p> <p>Dangerous waste in Washington State is regulated under Chapter 173-303 WAC. The adopted standards in new WAC 173-303-555 bring Washington State into compliance with existing EPA regulations. The regulations specify requirements for managing dangerous pharmaceutical waste; prohibit disposing dangerous waste pharmaceuticals in sewer systems; and require health care facilities to follow specific labeling, shipping, and disposal instructions procedures.</p> <p><u>Controlled substance waste:</u></p> <ul style="list-style-type: none"> ▪ Controlled substances that are collected, stored, transported, and disposed in compliance with all applicable DEA regulations are conditionally exempt from most of the special requirements. ▪ Containers used to manage controlled substances must be incinerated at an allowed facility unless DEA provides you with written approval that the treatment system meets the destruction standards in the Controlled Substances Act. ▪ Ecology recommends segregating controlled substances from other dangerous waste pharmaceuticals. Controlled substances accumulated in the same container with other dangerous waste pharmaceuticals are not exempt and must be managed as dangerous waste pharmaceuticals under the special requirements. <p>Refer to WAC 173-303-555(7)(b) to see criteria for facilities that can incinerate your controlled substance treatment residue.</p> <p>Dangerous waste pharmaceuticals guide</p>
<p>Dispensing:</p>	<p>"<u>Dispense</u>" means the interpretation of a prescription or order for a legend drug and, pursuant to that prescription or order, the proper selection, measuring, compounding, labeling, or packaging necessary to prepare that prescription or order for delivery. (7) "Dispenser" means a practitioner who dispenses.</p> <p>"<u>Dispenser</u>" means a practitioner who dispenses.</p> <p><u>Dispensing practitioners:</u> (1) A practitioner authorized to prescribe or administer a legend drug including a controlled substance, other than a pharmacy, can dispense a legend drug including a controlled substance directly to an ultimate user without a prescription. (2) All practitioners authorized to prescribe legend drugs and who dispense legend drugs directly to the ultimate user shall affix a label to the prescription container that meets the requirements of RCW 69.41.050.</p> <p>Veterinarians may dispense limited amount of prescriptions prescribed by other veterinarians per RCW 18.92.012.</p> <p>Prescriptions written in Washington for delivery to the pharmacy must be on Pharmacy Quality Assurance Commission approved tamper-resistant prescription paper per RCW18.64.500.</p>



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	<p>Prescriptions written in Washington must have two signature lines at opposite ends on the bottom of the form. "DISPENSE AS WRITTEN" on the right and "SUBSTITUTION PERMITTED" on the left.</p>
<p>Diversion Reporting:</p>	<p>(c) In the event of a significant loss or theft, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the pharmacy commission. WAC 246-945-040</p>
<p>Euthanasia:</p>	<p>Euthanasia may be performed by:</p> <ul style="list-style-type: none"> ▪ Licensed veterinarians ▪ Personnel of a registered humane society or animal control agency who have been trained in handling and administering sodium pentobarbital ▪ Veterinary technicians under the indirect supervision of a veterinarian ▪ Unregistered assistant under direct supervision by a veterinarian
<p>Ownership:</p>	<p>Non-veterinarian practice ownership is restricted.</p>
<p>Power of Attorney:</p>	<p>A power of attorney must be signed and dated by the principal, and the signature must be either acknowledged before a notary public or other individual authorized by law to take acknowledgments, or attested by two or more competent witnesses</p>
<p>Prescribing:</p>	<p>"<u>Prescription</u>" means an order for controlled substances issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe controlled substances within the scope of his or her professional practice for a legitimate medical purpose.</p> <p>Veterinary prescription drugs can only be dispensed or prescribed within the context of a valid VCPR and as restricted by Federal Law 21 U.S.C. Sec. 353(f). You must have examined the animal within the prior 12 months or sooner as medically necessary. Extra label drug use is legal only under a valid VCPR.</p> <p><u>Prescriptions—Outpatient labels—Minimum requirements.</u></p> <p>(1) All licensees of the commission who dispense legend drugs to outpatients shall affix a label to the prescription container that meets the requirements of RCW 69.41.050 and 18.64.246, and shall also include:</p> <ul style="list-style-type: none"> (a) Drug quantity; (b) The number of refills remaining, if any; (c) The following statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed.", except when dispensing to an animal, when a warning sufficient to convey "for veterinary use only" may be used; (d) The name and species of the patient, if a veterinary prescription; and (e) The name of the facility or entity authorized by law to possess a legend drug, if patient is the facility or entity. <p>(2) In addition to the requirements in subsection (1) of this section, a compounded product must meet the applicable labeling requirements of USP chapters <795>, <797>, <800>, and <825>. For compounded products, the BUD shall be equivalent to the expiration date required by RCW 18.64.246.</p> <p>(3) For the purposes of determining an expiration date as required in RCW 18.64.246, the dispenser shall take the following factors into account:</p> <ul style="list-style-type: none"> (a) The nature of the drug; (b) The container in which it was packaged by the manufacturer and the expiration date;



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	<p>(c) The characteristics of the patient's container, if the drug is repackaged for dispensing;</p> <p>(d) The expected conditions to which the drug may be exposed;</p> <p>(e) The expected length of time of the course of therapy; and</p> <p>(f) Any other relevant factors.</p> <p>246-945-016</p> <p><u>E-prescribing</u>: Prescriptions issued by veterinarians are exempt from the mandated e-prescribing of all controlled substances that took effect September 30, 2021.</p>
PMP:	<p>RCW 70.225 (2007) created Washington's PMP also known as Prescription Review.</p> <p><u>Veterinarian data submission</u></p> <p>WAC 246-470-035 - Dispensing and Data Submission Requirements for Veterinarians</p> <p>Veterinarians have separate reporting requirements from pharmacies and other dispensing prescribers, which are outlined in the PMP rules and include: <i>frequency of reporting, ability to mail/fax records and different required data fields.</i></p> <p>Veterinarians are required to report the dispensing of controlled substances (Schedule II-V) and drugs identified by the board of pharmacy under WAC 246-470-020, dispensed for more than a fourteen-day supply to Washington's Prescription Monitoring Program (PMP). Veterinarians should submit reports as often as is possible to keep the data relevant, but are required to report quarterly at minimum.</p> <p>Data submission dispensing guide</p>
Recordkeeping:	<p><u>Patient records</u>: keep for 3 years following the last date of treatment.</p> <p><u>Controlled substance records</u>: keep in a readily retrievable form and location for at least two years from the date the record was created or received, whichever date is later.</p>
State-Scheduled CS's:	<p>In addition to being a DEA schedule II controlled substance, WA has classified buprenorphine as a schedule V controlled substance at the state-level.</p>
State CS License:	<p>Washington 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 Washington</p>
Supervision:	<p>"<u>Direct supervision</u>" means the veterinarian is on the premises and is quickly and easily available</p> <p>"<u>Indirect supervision</u>" means the veterinarian is not on the premises but has given written or oral instructions for the delegated task.</p> <p>Veterinary technicians may administer prescribed drugs with indirect supervision of a veterinarian. Veterinary technician (RCW 18.92.013, WAC 246-935-410 thru 440)</p> <p><u>Dispensing of drugs by registered or licensed personnel.</u></p> <ul style="list-style-type: none"> ▪ A veterinarian legally prescribing drugs may delegate to a registered veterinary medication clerk, while under the veterinarian's direct supervision, certain nondiscretionary functions defined by the board and used in the preparing of legend and nonlegend drugs (except controlled substances as defined in or under chapter 69.50 RCW) associated with the practice of veterinary medicine. ▪ A veterinarian legally prescribing drugs may delegate to a licensed veterinary technician, while under the veterinarian's indirect supervision, certain nondiscretionary functions defined by the board and used in the preparing of legend drugs, nonlegend drugs, and controlled substances associated with the practice of veterinary medicine. ▪ Upon final approval of the packaged prescription following a direct physical inspection of the packaged prescription for proper formulation, packaging, and labeling by the veterinarian, the



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	<p>veterinarian may delegate the delivery of the prescription to a registered veterinary medication clerk or licensed veterinary technician, while under the veterinarian's indirect supervision. Dispensing of drugs by veterinarians, licensed veterinary technicians, and registered veterinary medication clerks shall meet the applicable requirements of chapters 18.64, 69.40, 69.41, and 69.50 RCW and is subject to inspection by the pharmacy quality assurance commission investigators.</p> <p>A licensed veterinary technician may administer legend drugs under chapter 69.41 RCW and controlled substances under chapter 69.50 RCW under indirect supervision of a veterinarian.</p>
<p>Telemedicine:</p>	<p>No existing law. Where telemedicine occurs is not defined.</p> <p>The veterinarian shall not establish a veterinary-client-patient relationship solely by telephonic or other electronic means. However, once established, a veterinary-client-patient relationship may be maintained between medically necessary examinations via telephone or other types of consultations (WAC 246-933-200).</p>
<p>Veterinary Professional License:</p>	<p><u>Veterinarians</u> Online Application Paper Application</p> <ul style="list-style-type: none"> ▪ Fee: \$161 (initial licensure) <p><u>Renewal</u>: annually. Credentials expire on the credential holder's birthday and may be renewed within 90 days of the expiration date. Online renewal</p> <ul style="list-style-type: none"> ▪ Fee: \$201 <p><u>Veterinary Technician</u> Apply Online Paper Application</p> <ul style="list-style-type: none"> ▪ Fee: \$126 (initial licensure) <p><u>Renewal</u>: Veterinary technicians must renew their license every year. Credentials expire on the credential holder's birthday and may be renewed within 90 days of the expiration date. Online renewal</p> <ul style="list-style-type: none"> ▪ Fee: \$91
<p>VCPR:</p>	<p>VCPR must be established in-person and only applies to one veterinarian.</p> <p>A <u>veterinary-client-patient relationship</u> exists when all of the following conditions have been met:</p> <ol style="list-style-type: none"> (a) The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal(s) and need for medical treatment, and the client or key party as defined in WAC 246-934-020 has agreed to follow the instructions of the veterinarian. (b) The veterinarian has sufficient knowledge of the animal(s) to initiate, at a minimum, a general or preliminary diagnosis of the medical conditions of the animal(s). This means the veterinarian: <ol style="list-style-type: none"> (i) Has examined the animal(s) within the last year, or sooner if medically appropriate; or (ii) In cases involving operations with several animals, such as encountered at farms, laboratories, or in shelters, is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) are kept. (c) The veterinarian is readily available for follow-up evaluation or has arranged for emergency coverage and continuing care and treatment. <p>WAC 246-933-200</p> <p><u>VCPR Termination</u>: The veterinary-client-patient relationship may be terminated under these conditions:</p>



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A. Veterinarians may terminate a veterinary-client-patient relationship as long as the termination does not constitute patient abandonment; B. If there is an ongoing medical or surgical condition, the patient should be referred to another veterinarian for diagnosis, care, and treatment; C. Clients may terminate the veterinary-client-patient relationship at any time (WAC 246-933-200).
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Information and Resources

FEDERAL:

Drug Enforcement Administration, Seattle Division
300 5th Avenue
Seattle, WA 98104
Phone: (206) 553-5443

Local DEA Offices

Bellingham - (360) 676-3100
Spokane - (509) 353-2964
Tacoma - (253) 383-7901
Tri-Cities, Kennewick - (509) 374-3444
Yakima - (509) 454-4407

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:

Washington Veterinary Board of Governors website: <https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/veterinarian/veterinary-board-governors>
Washington Board of Pharmacy website: <https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/pharmacy-professions/licensing-information>