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Vermont Veterinary Practitioners' Guide to DEA Record-Keeping Requirements

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Updated to include Tramadol as Schedule IV 8/18/14

According to federal regulations, all Drug Enforcement Administration (DEA) applicants and registrants shall meet the following record-keeping requirements:

- Your records must show the flow of controlled substance into and out of the practice – including any time a controlled substance is acquired, dispensed, administered, distributed, stolen, lost, disposed of and inventoried;
- You must keep two physically separate files – one for Schedule II substances (DEA-222 Order Forms), and one for Schedule III-V (invoices) substances (the files can be stored together);
- Your controlled substance records must be readily retrievable;
- You must store all copies of DEA Form 222 (the form used for ordering Schedule I and II controlled substances) in a substantially constructed, securely locked cabinet and you must immediately report to the DEA any change in a copy (or copies) of the form's status (used/unused, lost, stolen);
- You may issue prescriptions for Schedule III-V controlled substances in writing, verbally, electronically (using systems meeting DEA criteria), or by fax. A paper prescription is needed before any pharmacy can dispense a Schedule II substance. Prescriptions must include the following:
 - Date prescription is written;
 - Full name and address of animal owner;
 - Animal first name, animal owner last name;
 - Animal species;
 - Original signature of registrant;
 - Practitioner's name/address/DEA Registration number;
 - Drug name, strength, dosage form and quantity (quantity must be written in numeric and word form);
 - Directions for use (frequency and route of administration); and
 - Number (if any) of refills authorized
 - Note that Schedule II drugs cannot be refilled.
 - Note that state law may restrict the ability to refill or the number of refills. (See below for Vermont specific rules.)

Remind clients that they have to present valid photo identification to the pharmacy when they pick up the prescription.

- You may transfer controlled substances to another DEA registrant but all transfers must be recorded and cannot comprise more than 5% of all the dosage units you distribute and dispense; Schedule II controlled substances must be transferred on a DEA-222 Order Form and Schedule III through V controlled substances can be transferred on

an invoice;

- You must report thefts or significant losses immediately to:
 - The DEA. Use DEA Form 106 form found at www.deadiversion.usdoj.gov or you can contact your local DEA office*
 - The Vermont Secretary of State's Office**. Use the Drug Outlet Incident Report found at www.vtprofessionals.org/opr1/veterinarians/forms
- You must record controlled substance spills on DEA Form 41 found at www.deadiversion.usdoj.gov and keep the form on file at your facility;
- If controlled substances need to be destroyed (i.e. expired, contaminated, etc.), they must be destroyed through a DEA Registered Reverse Distributor. For a list of DEA Registered Reverse Distributors, contact your local DEA office*;
- Federal regulations require that the controlled substance records be kept for at least two years;
- Per DEA rules you must perform a biennial (every other year) inventory which must be recorded in writing. The State of Vermont follows DEA rules on inventory. The biennial inventory must be kept for at least two years. The written inventory record must include the following:
 - Date;
 - Time of day the inventory was performed (indicate if the inventory was taken at the opening of business or close of business);
 - Each finished form (e.g., 100-milligram tablet);
 - Number of dosage units for each finished form. An exact count of Schedule II drugs is required; an estimate is generally satisfactory for Schedule III-V (unless the container holds >1000 dosage units);
 - Number of bottles;
 - Disposition of the controlled substances.
 - Must bear two signatures of the persons taking the inventory

Vermont Law Spotlight

Every state can issue additional regulations to DEA prescriptions. Many states require veterinarians to comply with a prescription-monitoring system database which is quite cumbersome and the VVMA's Government Relations Committee has successfully argued to keep Vermont veterinarians out of such system thus far. In order to maintain this status, we urge VT veterinarians to stringently comply with all of the above and below guidelines and be aware of clients who may be diverting pet prescriptions and report as necessary. Additional Vermont laws to be aware of:

18 VSA §4215

- Prescriptions for Schedule II drugs written without a future fill date may be filled anytime up to 30 days after the prescription issuance date, but not thereafter.
- Prescriptions for Schedule II drugs may now be written with a future fill date and may not be filled before the fill date. Prescriptions must show the date the prescriber actually issues the prescription. In no event can a future fill date prescription be filled more than 90 days after the prescription issuance date.

This Vermont provision was added in 2008 and allows Schedule II drugs to be prescribed with a "future fill" date. All Schedule II prescriptions must be presented and filled within 30 days of the date they were written but, practitioners can write additional prescriptions that state a specific date in the future for them to be filled (date prescription was written must be the actual date it was written however—this is not postdating). This date must be within 90 days of the date written.

Of note, consistent with DEA rules, Vermont statute specifies that Schedule III and IV prescriptions can be filled up to six months from the date written and can include up to five refills. Schedule V can be filled up to one year from when it was issued and can have refills up to one year.

For more information:

Section IV – Recordkeeping requirements; Practitioner's Manual; DEA Office of Diversion Control. Available at <http://www.dea diversion.usdoj.gov/pubs/manuals/pract/section4.htm>.

To order DEA Form 222: <https://www.dea diversion.usdoj.gov/webforms/orderFormsRequest.jsp>

*** Vermont DEA Contact:**

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Schedule I Substances

The substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marijuana, LSD, MDMA, peyote, mescaline, psilocybin, N-ethylamphetamine, acetylmethadol, fenethylamine, tilidine, dihydromorphine, and methaqualone.

Schedule II Substances

The substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant and depressant drugs. Some examples of Schedule II narcotic controlled substances are opium, morphine, codeine, hydromorphone (Dilaudid), methadone, pantopon, meperidine (Demerol), cocaine, oxycodone (Percodan), and exyomorphone (Numorphan). Also in Schedule II are amphetamine (Dexedrine), methamphetamine (Desoxyn), phenmetrazine (Preludin), methylphenidate (Ritalin), amobarbital, pentobarbital, secobarbital, fentanyl (Subimaze), sufentanil, etorphine hydrochloride, phenylacetone, dronabinol and nabilone.

Schedule III Substances

The substances in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs and non-narcotic drugs such as: derivatives of barbituric acid, except those listed in another schedule, glutethimide (Doriden), nalorphine, benzphetamine, chlorphentermine, clortermine, phendimetrazine, paregoric and any compound, mixture, preparation or suppository dosage form containing amobarbital, secobarbital or pentobarbital.

Schedule IV Substances

The substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbital, phenobarbital, chloral hydrate, ethchlorvynol (Placidyl), ethnamate (Valmid), meprobamate, (Equanil, Miltown), paraldehyde, methohexital, fenfluramine, diethylpropion, phentermine, chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), clorazepate (Tranxene), flurazepam (Dalmane), clonazepam (Clonopin), prazepam (Verstran), alprazolam (Xanax), halazepam (Paxipam), temazepam (Restoril), triazolam (Halcion), lorazepam (Ativan), midazolam (Versed), Quazepam (Dormalin), mebutamate, dextropropoxyphene dosage forms (Darvon), pentazocine (Talwin-NX) and Tramadol (as of 8/18/14).

Schedule V Substances

The substances in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes. Some examples are buprenorphine and propylhexedrine.