

July 9, 2019
Board Room 4
9:00 a.m.

Call to Order – Steve Karras, DVM

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Karras

Public Comment – Dr. Karras

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Karras

Pages 3-8

- March 7, 2019 – Full Board Meeting
- June 4, 2019 – Formal Hearing (Case Nos. 171134 & 170749)

Agency Director’s Report - David Brown, D.C.

Legislative/Regulatory Report – Elaine Yeatts

Pages 9-21

- Legislative Update
- Adoption of Exempt Regulatory Action (SB1653 and 18VAC150-20-190)

Discussion Items

Pages 22-41

- Veterinary Establishment Inspection Update – **Ms. Knachel/Melody Morton**
- Guidance Document Update: 150-13: Controlled Substances (Schedule II-VI) in Veterinary Practice – **Ms. Knachel**
- PMP Frequently Asked Questions – **Ms. Knachel**
- USP800 – **Ms. Knachel**
- Enforcement Presentation – **Michelle Schmitz**

Board Member Training – Kelli Moss

Use of electronic equipment in the discipline process

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Karras

Board of Health Professions’ Report – Mark A. Johnson, DVM

Staff Reports

Pages 42-48

- Executive Director’s Report – **Ms. Knachel**
 - Statistics
 - AAVSB 2019 Annual meeting
 - Outreach
 - Presentation to Veterinary Students
 - Mass Emails
- Discipline Report – **Ms. Moss**

New Business – Dr. Karras

Next Meeting – October 31, 2019

Meeting Adjournment – Dr. Karras

This information is in **DRAFT** form and is subject to change.

**VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 3
HENRICO, VA
March 7, 2019**

TIME AND PLACE: The Board of Veterinary Medicine (Board) was called to order at 9:00 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia.

PRESIDING OFFICER: Steven B. Karras, D.V.M., President

MEMBERS PRESENT: Tregel M. Cockburn, D.V.M.
Autumn N. Halsey, L.V.T.
Mark A. Johnson, D.V.M.
Bayard A. Rucker, III, D.V.M.
Mary Yancey Spencer, J.D., Citizen Member

MEMBERS NOT PRESENT: Ellen G. Hillyer, D.V.M. joined the meeting during the Agency Director's Report.

QUORUM: With six members of the Board present, a quorum was established. Following the Agency Director's Report, seven members of the Board were present.

STAFF PRESENT: David E. Brown, D.C., Director
Barbara Allison-Bryan, M.D., Chief Deputy Director
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Kelli Moss, Deputy Executive Director
Anthony C. Morales, Licensing Operations Manager
Melody Morton, Inspections Manager, Enforcement Division
Elizabeth Carter, Executive Director, Healthcare Workforce Data Center

OTHERS PRESENT: John Dascanio, Executive Associate Dean, Lincoln Memorial University
College of Veterinary Medicine
Susan Seward, Virginia Medical Association of Virginia (VVMA)
Taryn Singleton, Virginia Association of Licensed Veterinary Technicians

ORDERING OF AGENDA: No changes were made to the agenda.

PUBLIC COMMENT: Mr. Dascanio provided public comment about Lincoln Memorial University College of Veterinary Medicine's program structure and satellite location in the Commonwealth.

APPROVAL OF MINUTES: Ms. Spencer moved to approve the meeting minutes for the following meetings as presented:

- November 6, 2018 – Full Board Meeting
- December 3, 2018 – Conference Call (Case No. 189570)
- December 12, 2018 – Conference Call (Case Nos. 170370 & 170371)
- December 28, 2018 – Conference Call (Case No. 183697)
- January 17, 2019 – Formal Hearing (Case No. 189570)

The motion was seconded and carried.

DIRECTOR'S REPORT: Dr. Brown provided an update on agency activities.

**LEGISLATIVE/REGULATORY
UPDATE:**

Ms. Yeatts was unable to attend the meeting. Dr. Karras asked Dr. Brown to provide the legislative update from the 2019 General Assembly Session. He summarized the bills that were of interest to the Board.

DISCUSSION ITEMS:

Discussion of §§ 54.1-3801(3) and 54.1-3804(4)

Ms. Knachel reviewed the statutory requirements related to veterinarians engaged in the practice of veterinary medicine as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education and located in the Commonwealth. She explained that the Board was being asked to make a policy decision about whether an accredited school located in another state operating a satellite educational program in Virginia is considered located in the Commonwealth. Ms. Mitchell and Dr. Brown provided additional comments to further clarify the policy decision that was presented for the Board's consideration.

Dr. Rucker moved to affirm that an a veterinary medical education program located in another state which is accredited by the American Veterinary Medical Association Council on Education and operating a satellite educational program in Virginia is considered located in the Commonwealth.

The motion was seconded and carried.

Healthcare Workforce Data Center (HWDC) Survey

Dr. Carter presented the results of the HWDC's 2018 survey of Virginia's Veterinarian Workforce and Virginia's Veterinary Technician Workforce to the Board. She indicated that this survey established a baseline for future surveys.

Veterinary Establishment Inspection Update

Ms. Morton and Ms. Knachel presented information to the Board about the current work being done to update the inspection form and the virtual inspection pilot for initial inspections of new veterinary establishments.

Guidance Document Update

Ms. Knachel presented the following guidance document updates:

- 150-1: Disposition of Cases Involving Applicants Practicing Veterinary Technology Prior to Licensure is new. Ms. Knachel explained the need to consider alternate sanctions against a veterinary technician applicant who has practiced as a licensed veterinary technician prior to licensure. She identified a typo under the "Cause" columns in that "Practice" needed to be changed to "First Offense" for both charts. The Board discussed possible alternate language, but did not request any changes.

Dr. Johnson moved to adopt Guidance Document 150-1 as presented with the correction identified by Ms. Knachel.

The motion was seconded and carried by a vote of six to one.

- 150-7: Disposition of Cases Involving Failure of Veterinarian-in-Charge (VIC) to Notify Board of Veterinary Establishment Closure is new. The draft from the agenda package was replaced by a handout provided at the meeting. Ms. Knachel explained the need to consider sanctions against a VIC who fails to notify the Board ten days prior to the closing of a veterinary establishment, as required by the regulations.

Dr. Rucker moved to accept Guidance Document 150-7 as presented in the handout.

The motion was seconded and was carried unanimously.

- 150-11: Guidance for Continuing Education Audits and Sanctioning for Failure to Complete CE is an update. Ms. Knachel explained that there are incidences when a licensee identified for an audit fails to respond to the Board until action is taken. The changes allow the Board to take action against a licensee who has completed the required CE but failed to respond to the Board. She commented that the licensees are contacted multiple times via email and mail prior to initiating action. The Board discussed the monetary penalty for a second offense.

Dr. Cockburn moved to accept Guidance Document 150-11 as presented with the following monetary penalties:

- Second offense for Veterinarians, \$500 penalty.
- Second offense for Licensed Veterinary Technicians (LVT), \$200 penalty.

The motion was seconded and was carried unanimously.

- 150-18: Bylaws is an update. Ms. Knachel explained the recommended changes. She commented that Article IV, Q., captured the delegated authority granted by the Board during the last board meeting for the Veterinary Review Coordinator (VRC) with the addition of "continuing education" and "drug theft and loss." The Board discussed concerns about the inclusion probable of cause decisions by the VRC for "drug theft and loss" cases. Ms. Knachel suggested alternative language.

Ms. Spencer moved to accept the changes to the Bylaws as presented, which was duly seconded. Following a discussion, Ms. Spencer amended her motion to include changes to Article IV, Q. so that it reads "The Board delegates authority to the Executive Director to assign cases to the Veterinary Review Coordinator to make probable cause decisions in consultation with board staff for cases involving impairment, inspections, compliance with Orders, PMP reporting and continuing education and make investigation decisions regarding drug theft and loss."

The motion was seconded was carried unanimously.

Request from Licensee to Review LVT Dental Regulations

Ms. Knachel presented the Board with email correspondence from a veterinarian who requested the Board review its scope of practice for LVTs to include closure of gingival flaps. She identified the actions the Board could take regarding the request.

After discussion, Dr. Hillyer moved to have Ms. Knachel send a thank you to the licensee for his comments and request that he submit an official petition for rulemaking.

The motion was seconded was carried unanimously.

PRESIDENT'S REPORT:

Dr. Karras reported that he presented the board update prepared by Ms. Knachel to the VVMA at its annual meeting.

BOARD OF HEALTH

Dr. Johnson reported the Board of Health Professions (BHP) elected a new chair

PROFESSIONS' REPORT:

and vice-chair. He commented that when his second term on Board of Veterinary Medicine expires in June 2019, another board member will need to volunteer to serve on the BHP.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reported on the following:

- Three board member terms expire on June 30, 2019: Dr. Johnson is completing his second term and is not eligible for reappointment; and Ms. Halsey's and Ms. Spencer's are completing their first terms and are eligible for reappointment.
- The current licensure numbers and cash balance.
- The annual AAVSB meeting will be September 26-28, 2019, in St. Louis, MO. She requested that anyone who wishes to attend to let her know.
- The 2019 and 2020 board calendars.
- Outreach efforts include a presentation at the annual VVMA meeting, a presentation at Virginia Tech on March 21, and an email to the licensees.

Discipline Report – Ms. Moss

Ms. Moss provided an overview of the caseload statistics.

NEW BUSINESS:

Dr. Johnson asked the Board to give a more specific definition of IV catheters. The Board discussed the issue and declined to further define IV catheters at this time.

BOARD MEMBER TRAINING:

Ms. Knachel stated that an abbreviated training would be provided at this meeting and a more in-depth training would be provided at the next meeting. She and Ms. Moss provided a few reminders about administrative hearings.

NEXT MEETING:

Dr. Karras announced that the next full board meeting is scheduled for July 9, 2019.

ADJOURNMENT:

Dr. Karras thanked Dr. Johnson, Ms. Spencer and Ms. Halsey, the Board members whose terms are expiring, for their service.

The meeting adjourned at 1:57 p.m.

Steven B. Karras, D.V.M
Chair

Leslie L. Knachel, M.P.H
Executive Director

Date

Date

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
JUNE 4, 2019

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 10:24 a.m., on June 4, 2019, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

PRESIDING OFFICER: Tregel Cockburn, DVM, Vice President

MEMBERS PRESENT: Mark A. Johnson, DVM
Mary Yancey Spencer, Esquire
Bayard A. Rucker, III, DVM

QUORUM: With four members of the Board present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, MPH, Executive Director
Kelli Moss, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Marie Whisenand, Farnsworth and Taylor Reporting.

PARTIES ON BEHALF OF THE COMMONWEALTH: James Schliessmann, Sr. Assistant Attorney General
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

OTHERS PRESENT: Sean Murphy, Assistant Attorney General

COMMONWEALTH'S WITNESSES: Barbara Harris
Terry Harris
Edward Fallon, DVM

MATTER SCHEDULED: Mike C. Kaski, DVM
Case Nos.: 170749 & 171134

Dr. Kaski appeared before the Board in accordance with a Notice of Formal Hearing dated March 4, 2019. Dr. Kaski was represented by legal counsel, John A. Conrad, Esquire. The Board received evidence from the Commonwealth and Dr. Kaski regarding the allegations in the Notice.

CLOSED SESSION:

Ms. Spencer moved that the Board convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of **Mike C. Kaski, DVM**. Additionally, she moved that Ms. Knachel, Ms. Moss and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENE:

Ms. Spencer moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

The Board reconvened in open session pursuant to Virginia Code § 2.2-3712(D).

DECISION:

Dr. Johnson moved to issue an Order to reprimand Dr. Kaski and require that he obtain five hours of continuing education in the subject of Feline Internal Medicine. The motion was seconded and carried unanimously.

ADJOURNMENT:

The Formal Hearing adjourned at 4:26 p.m.

Tregel Cockburn, DVM, Vice President, Chairperson

Leslie L. Knachel, MPH, Executive Director

**Department of Health Professions
Board of Veterinary Medicine
Regulatory/Policy Actions – 2019 General Assembly**

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB2559	Waiver for electronic prescribing NOTE: Vet Med is exempt from electronic prescribing requirement	Medicine Nursing Dentistry Optometry	6/13/19 or 8/2/19 7/16/19 6/21/19 6/28/19 (signed 3/21)	12/24/19

EXEMPT REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1653	Recordkeeping for 2 drugs exempted from reporting to PMP	Vet Med	7/9/19	

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1971	Department – APD	Revision of procedures & policy for mandatory suspensions	
HB2556	Department – Enforcement	Revision of procedures & policy for disclosure of investigative information Revision of designation form for Boards	
SB1289	Department/Enforcement	Procedures for putting drugs under seal or seizure	
SB1653	Vet Med/PMP	Revision to inspection form to ck. prescribing/reporting to PMP Notification to licensees Revision in PMP reporting	

Other legislation from 2019 Session

2019 SESSION

CHAPTER 214

An Act to amend and reenact §§ 54.1-3454 and 54.1-3456.1 of the Code of Virginia, relating to Drug Control Act; Schedule V; gabapentin.

[H 2557]

Approved March 5, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3454 and 54.1-3456.1 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3454. Schedule V.

The controlled substances listed in this section are included in Schedule V:

1. Any compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, which also contains one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

Not more than 200 milligrams of codeine, or any of its salts, per 100 milliliters or per 100 grams;

Not more than 100 milligrams of dihydrocodeine, or any of its salts, per 100 milliliters or per 100 grams;

Not more than 100 milligrams of ethylmorphine, or any of its salts, per 100 milliliters or per 100 grams;

Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

Not more than 100 milligrams of opium per 100 milliliters or per 100 grams;

Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

The Board may except by regulation any compound, mixture, or preparation containing any depressant substance listed in subdivision 1 from the application of all or any part of this chapter and such substances so excepted may be dispensed pursuant to § 54.1-3416.

2. Unless specifically excepted or listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

Pyrovalerone.

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts:

Brivaracetam ((2S)-2-[(4R)-2-oxo-4-propylpyrrolidin-1-yl] butanamide) (also referred to as BRV; UCB-34714; Briviact);

Ezogabine [N-[2-amino-4-(4-fluorobenzylamino)-phenyl]-carbamic acid ethyl ester]-2779;

→ Gabapentin [1-(aminomethyl)cyclohexaneacetic acid];

Lacosamide [(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide];

Pregabalin [(S)-3-(aminomethyl)-5-methylhexanoic acid].

§ 54.1-3456.1. Drugs of concern.

~~A.~~The Board may promulgate regulations designating specific drugs and substances, including any controlled substance or other drug or substance where there has been or there is the actual or relative potential for abuse, as drugs of concern. Drugs or substances designated as drugs of concern shall be reported to the Department of Health Professions and shall be subject to reporting requirements for the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.).

~~B. Drugs and substances designated as drugs of concern shall include any material, compound, mixture, or preparation that contains any quantity of the substance tramadol or gabapentin, including its salts. Drugs and substances designated as drugs of concern shall not include any nonnarcotic drug that may be lawfully sold over the counter or behind the counter without a prescription.~~

2. That notwithstanding the provisions of this act or any other provision of law, any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within 6 months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with the storage requirements for Schedule V controlled substances containing gabapentin.

2019 SESSION

CHAPTER 169

An Act to amend and reenact §§ 54.1-3002 and 54.1-3603 of the Code of Virginia, relating to composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms.

[H 2228]

Approved February 27, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3002 and 54.1-3603 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3002. Board of Nursing; membership; terms; meetings; quorum; administrative officer.

The Board of Nursing shall consist of 14 members as follows: eight registered nurses, at least two of whom are licensed nurse practitioners; ~~three~~ *two* licensed practical nurses; ~~and three citizen members; and one member who shall be a registered nurse or a licensed practical nurse.~~ The terms of office of the Board shall be four years.

The Board shall ~~meet each January~~ *at least annually* and shall elect *officers* from its membership ~~a president, a vice president, and a secretary.~~ It may hold such other meetings as may be necessary to perform its duties. A majority of the Board including one of its officers shall constitute a quorum for the conduct of business at any meeting. Special meetings of the Board shall be called by the administrative officer upon written request of two members.

The Board shall have an administrative officer who shall be a registered nurse.

§ 54.1-3603. Board of Psychology; membership.

The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one person licensed ~~as an applied psychologist in any category of psychology,~~ and two citizen members. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited institution of higher education in the Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

2. That for appointments to the Board of Nursing pursuant to § 54.1-3002 of the Code of Virginia, as amended by this act, that are set to begin July 1, 2021, one registered nurse and one licensed practical nurse shall be appointed for a term of one year, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Nursing shall be for a term of four years, as provided in § 54.1-3002 of the Code of Virginia, as amended by this act.

3. That for appointments to the Board of Psychology pursuant to § 54.1-3603 of the Code of Virginia, as amended by this act, that are set to begin July 1, 2020, one member shall be appointed for a term of one year, one member shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Psychology shall be for a term of four years, as provided in § 54.1-3603 of the Code of Virginia, as amended by this act.

4. That for appointments to the Board of Dentistry pursuant to § 54.1-2702 of the Code of Virginia that are set to begin July 1, 2020, one member shall be appointed for a term of one year, one member shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Dentistry shall be for a term of four years, as provided in § 54.1-2702 of the Code of Virginia.

5. That for appointments to the Board of Long-Term Care Administrators pursuant to § 54.1-3101 of the Code of Virginia that are set to begin July 1, 2019, one licensed nursing home administrator and one assisted living facility administrator shall be appointed for a term of one year, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Long-Term Care Administrators shall be for a term of four years, as provided in § 54.1-3101 of the Code of Virginia.

6. That for appointments to the Board of Medicine pursuant to § 54.1-2911 of the Code of Virginia that are set to begin July 1, 2020, three members shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Medicine shall be for a term of four years, as provided in § 54.1-2911 of the Code of Virginia.

→ 7. That for appointments to the Board of Veterinary Medicine pursuant to § 54.1-3802 of the Code of Virginia that are set to begin July 1, 2019, the citizen member shall be appointed for a term of three years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Veterinary Medicine shall be for a term of four years, as provided in § 54.1-3802 of the Code of Virginia.

8. That for appointments to the Board of Audiology and Speech-Language Pathology pursuant to § 54.1-2602 of the Code of Virginia that are set to begin July 1, 2022, one speech-language pathologist shall be appointed for a term of two years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Audiology and Speech-Language Pathology shall be for a term of four years, as provided in § 54.1-2602 of the Code of Virginia.

9. That for appointments to the Board of Pharmacy pursuant to § 54.1-3305 of the Code of Virginia that are set to begin July 1, 2022, one citizen member and one pharmacist shall be appointed for a term of three years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Pharmacy shall be for a term of four years, as provided in § 54.1-3305 of the Code of Virginia.

10. That for appointments to the Board of Counseling pursuant to § 54.1-3503 of the Code of Virginia that are set to begin July 1, 2021, one member shall be appointed for a term of two years, two members shall be appointed for a term of three years, and any remaining appointments shall be for a term of four years. Thereafter, all appointments to the Board of Counseling shall be for a term of four years, as provided in § 54.1-3503 of the Code of Virginia.

Agenda Item: Adoption of change to drug records

Included in agenda package:

Copy of SB1653

Copy of amended section 18VAC150-20-190

Board action:

Adoption of final regulations as an exempt action to conform regulation to 2nd enactment of SB1653 on maintenance of drug records and reconciliation.

2019 SESSION

CHAPTER 686

An Act to amend and reenact § 54.1-2522 of the Code of Virginia, relating to the Prescription Monitoring Program; veterinarians.

[S 1653]

Approved March 21, 2019

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2522 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:

1. Dispensing of manufacturers' samples of such covered substances or of covered substances dispensed pursuant to an indigent patient program offered by a pharmaceutical manufacturer.
 2. Dispensing of covered substances by a practitioner of the healing arts to his patient in a bona fide medical emergency or when pharmaceutical services are not available.
 3. Administering of covered substances.
 4. Dispensing of covered substances within an appropriately licensed narcotic maintenance treatment program.
 5. Dispensing of covered substances to inpatients in hospitals or nursing facilities licensed by the Board of Health or facilities that are otherwise authorized by law to operate as hospitals or nursing homes in the Commonwealth.
 6. Dispensing of covered substances to inpatients in hospices licensed by the Board of Health.
 7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less *or if such covered substance is feline buprenorphine or canine butorphanol.*
 8. Dispensing of covered substances as otherwise provided in the Department's regulations.
2. That every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

Project 6065 – exempt action

BOARD OF VETERINARY MEDICINE

Reconciliation of drugs

18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments.

A. All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 USC § 801 et seq.), as well as applicable portions of Title 21 of the Code of Federal Regulations.

B. All repackaged tablets and capsules dispensed for companion animals shall be in approved safety closure containers, except safety caps shall not be required when any person who requests that the medication not have a safety cap, or in such cases in which the medication is of such form or size that it cannot be reasonably dispensed in such containers (e.g., topical medications, ophthalmic, or otic). An owner request for nonsafety packaging shall be documented in the patient record.

C. All drugs dispensed for companion animals shall be labeled with the following:

1. Name and address of the facility;
2. First and last name of owner;
3. Animal identification and species;
4. Date dispensed;

5. Directions for use;

6. Name, strength (if more than one dosage form exists), and quantity of the drug; and

7. Name of the prescribing veterinarian.

D. All veterinary establishments shall maintain drugs in a secure manner with precaution taken to prevent theft or diversion. Only the veterinarian, veterinary technician, pharmacist, or pharmacy technician shall have access to Schedules II through V drugs, with the exception provided in subdivision 6 of this subsection.

1. In a stationary establishment, the general stock of Schedules II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.

2. The establishment may also have a working stock of Schedules II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.

3. Whenever the establishment is closed, all general and working stock of Schedules II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.

4. Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and may be delivered to an owner by an unlicensed person, as designated by the veterinarian.

5. Whenever a theft or any unusual loss of Schedules II through V drugs is discovered, the veterinarian-in-charge, or in his absence, his designee, shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the DEA. The report to the boards shall be in writing and sent electronically or by regular mail.

The report to the DEA shall be in accordance with 21 CFR 1301.76(b). If the veterinarian-in-charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedules II through V drugs.

6. Access to drugs by unlicensed persons shall be allowed only under the following conditions:

- a. An animal is being kept at the establishment outside of the normal hours of operation, and a licensed practitioner is not present in the facility;
- b. The drugs are limited to those dispensed to a specific patient; and
- c. The drugs are maintained separately from the establishment's general drug stock and kept in such a manner so they are not readily available to the public.

E. Schedules II through V drugs shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs in compliance with applicable local, state, and federal laws and regulations. If Schedules II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinarian practice site with other inventory records.

F. The drug storage area shall have appropriate provision for temperature control for all drugs and biologics. If drugs requiring refrigeration are maintained at the facility, they shall be kept in a refrigerator with the interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedules II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature shall be maintained between 59°F and 86°F.

G. The stock of drugs shall be reviewed frequently, and expired drugs shall be removed from the working stock of drugs at the expiration date and shall not be administered or dispensed.

H. A distribution record shall be maintained in addition to the patient's record, in chronological order, for the administration and dispensing of all Schedules II through V drugs.

This record is to be maintained for a period of three years from the date of transaction. This record shall include the following:

1. Date of transaction;
2. Drug name, strength, and the amount dispensed, administered, and wasted;
3. Owner and animal identification; and
4. Identification of the veterinarian authorizing the administration or dispensing of the drug.

I. Original invoices for all Schedules II through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held, and the actual date of receipt shall be noted. All drug records shall be maintained for a period of three years from the date of transaction.

J. A complete and accurate inventory of all Schedules II through V drugs shall be taken, dated, and signed on any date that is within two years of the previous biennial inventory. Drug strength must be specified. This inventory shall indicate if it was made at the opening or closing of business and shall be maintained on the premises where the drugs are held for three years from the date of taking the inventory.

K. Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution record. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.

L. Veterinary establishments shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

~~L.~~ M. Veterinary establishments in which bulk reconstitution of injectable, bulk compounding, or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater. The records shall show the name of the drugs used; strength, if any; date repackaged; quantity prepared; initials of the veterinarian verifying the process; the assigned lot or control number; the manufacturer's or distributor's name and lot or control number; and an expiration date.

~~M.~~ N. If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedules II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.

Virginia Board of Veterinary Medicine

Controlled Substances (Schedule II-VI) in Veterinary Practice

Veterinarians are allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the Virginia Drug Control Act, specifically § 54.1-3409 of the *Code of Virginia*, and the statutes and regulations governing the practice of veterinary medicine. A bona fide veterinarian-client-patient relationship (VCPR) as set forth in § 54.1-3303 of the Code of Virginia, must first exist before drugs may be prescribed by a veterinarian.

Veterinary prescriptions

The Board of Veterinary Medicine often receives questions regarding what is required of a veterinarian in prescribing or dispensing a prescription for controlled substances. In Virginia, the term “controlled substances” is defined as any prescription drug including Schedule VI drugs. The most frequently asked questions are the following:

1. What authority does a veterinarian have to prescribe?
2. Does a veterinarian have a right to refuse to provide a prescription?
3. May a veterinarian charge a fee for writing the prescription?
4. What information is required on a prescription and in what format?
5. Are there any prescription requirements specific to a Schedule II drug?
6. Does a veterinarian have to honor a prescription request by a pharmacy sent via telephone or fax?
7. What is required of a pharmacist in filling a prescription?
8. May one veterinary establishment “fill a prescription” for a patient seen by a veterinarian at another establishment?
9. May a veterinarian purchase controlled substances for the purpose of reselling?
10. May a veterinarian or veterinary establishment donate an expired or unexpired controlled substance (Schedule II – VI)?
11. May an owner return or donate an unused Schedule II – V drug to a veterinarian that was dispensed to an animal or a human?
12. May an owner return or donate an unused Schedule VI drug to a veterinarian that was dispensed to an animal or a human?
13. May a veterinarian provide a general stock of controlled drugs (Schedule II – VI) for administering or dispensing by a pet store establishment or boarding kennel?
14. May a veterinarian prescribe cannabidiol (CBD) oil?
15. May a veterinarian prescribe opioids?
16. Does a veterinarian have a requirement to report to the Prescription Monitoring Program (PMP) when controlled substances are dispensed from a veterinary establishment?
17. What schedule is gabapentin?
18. Are there special recordkeeping requirements for feline buprenorphine and canine butorphanol?

1. What authority does a veterinarian have to prescribe?

Veterinarians are authorized to prescribe Schedule II through VI drugs by federal and state law. While not a comprehensive listing of all relevant federal and state law, the Virginia Drug Control Act provides:

§ 54.1-3409. Professional use by veterinarians.

A veterinarian may not prescribe controlled substances for human use and shall only prescribe, dispense or administer a controlled substance in good faith for use by animals within the course of his professional practice. He may prescribe, on a written prescription or on oral prescription as authorized by § 54.1-3410. . . Such a prescription shall be dated and signed by the person prescribing on the day when issued, and shall bear the full name and address of the owner of the animal, and the species of the animal for which the drug is prescribed and the full name, address and registry number, under the federal laws of the person prescribing, if he is required by those laws to be so registered.

However, the following portions of §§54.1-3408 and 54.1-3303 also apply, and they detail what is required to render a valid prescription.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of ... veterinary medicine... shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter...

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of . . . veterinary medicine who is authorized to prescribe controlled substances...

B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § 3.2-6500 other than an equine as defined in § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500 or bees as defined in § 3.2-4400 and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.

It should be noted that the pharmacist who fills the prescription must determine if the prescription is valid, and part of this determination involves establishing that a bona fide practitioner-patient-client-pharmacist relationship exists as provided in § 54.1-3303.

2. Does the veterinarian have the right to refuse to provide a prescription?

The *Regulations Governing the Practice of Veterinary Medicine*, 18VAC150-20-140(6) and (12), provide that it is unprofessional conduct to violate any state law, federal law, or board regulation pertaining to the practice of veterinary medicine and to refuse to release a copy of a valid prescription upon request from a client. **The Board has held consistently that it is unprofessional conduct for a veterinarian to refuse to provide a prescription to a client if he would have dispensed the medication for the patient from his own animal facility.** This does not mean that the veterinarian is compelled to release a prescription when requested if there are medical reasons for not releasing it and he would not dispense the medication from his own practice.

Prior to issuance of a refill authorization of a prescription, the decision to require an examination of the animal is at the discretion of the professional judgment of the treating veterinarian.

3. May a veterinarian charge a fee for writing the prescription?

There is nothing in statute or regulation to prohibit a practitioner from charging a reasonable fee for writing the prescription if he so chooses.

4. What information is required on a prescription and in what format?

§ 54.1-3408.01. Requirements for prescriptions.

A. The written prescription referred to in § 54.1-3408 shall be written with ink or individually typed or printed. The prescription shall contain the name, address, and telephone number of the prescriber. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, electronically printed, typewritten, rubber stamped, or printed by hand.

The written prescription shall contain the first and last name of the patient for whom the drug is prescribed. The address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. Each written prescription shall be dated as of, and signed by the prescriber on, the day when issued. The prescription may be prepared by an agent for the prescriber's signature.

This section shall not prohibit a prescriber from using preprinted prescriptions for drugs classified in Schedule VI if all requirements concerning dates, signatures, and other information specified above are otherwise fulfilled.

No written prescription order form shall include more than one prescription.

C. The oral prescription referred to in §54.1-3408 shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.

§ 54.1-3409. Professional use by veterinarians.

He may prescribe, on a written prescription or on oral prescription as authorized by § 54.1-3410...Such a prescription shall be dated and signed by the person prescribing on the day when issued, and shall bear the full name and address of the owner of the animal, and the species of the animal for which the drug is prescribed and the full name, address and registry number, under the federal laws of the person prescribing, if he is required by those laws to be so registered.

5. Are there any prescription requirements specific to a Schedule II drug?

In addition to the prescription requirements found in the response to Question 4 above, the following information is provided for writing prescriptions for Schedule II drugs:

§ 54.1-3411. When prescriptions may be refilled.

Prescriptions may be refilled as follows:

1. A prescription for a drug in Schedule II may not be refilled.

In addition, answers to the following questions related to multiple prescriptions may be found on the DEA's website located at https://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm:

DEA Questions & Answers - Issuance of Multiple Prescriptions for Schedule II Controlled Substances

What does this rule allow a practitioner to do?

What are the requirements for the issuance of multiple prescriptions for schedule II controlled substances?

Does this rule require or mandate a practitioner to issue multiple prescriptions for schedule II controlled substances?

What is the effective date of the rule change?

Is there a limit on the number of schedule II dosage units a practitioner can prescribe to a patient?

Is there a limit on the number of separate prescriptions per schedule II substance that may be issued during the 90-day time period?

How is the issuance of multiple schedule II prescriptions different than issuing a refill of a schedule II prescription?

Is post-dating of multiple prescriptions allowed?

What is expected of the pharmacist?

6. Does a veterinarian have to honor a prescription request by a pharmacy sent via telephone or fax?

A veterinarian may honor such a request if a valid veterinarian-client-patient relationship exists as described previously and the veterinarian is sure that the client has requested it. However, the veterinarian is not compelled to do so. Section §54.1-3408.02 allows the transmission of faxed prescriptions.

§ 54.1-3408.02. Transmission of prescriptions.

Consistent with federal law and in accordance with regulations promulgated by the Board [of Pharmacy], prescriptions may be transmitted to a pharmacy by electronic transmission or by facsimile machine and shall be treated as valid original prescriptions.

7. What is required of a pharmacist in filling a prescription?**§ 54.1-3410. When pharmacist may sell and dispense drugs.**

A. A pharmacist, acting in good faith, may sell and dispense drugs and devices to any person pursuant to a prescription of a prescriber as follows:

1. A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription that is properly executed, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed;

2. In emergency situations, Schedule II drugs may be dispensed pursuant to an oral prescription in accordance with the Board's [of Pharmacy] regulations;

3. Whenever a pharmacist dispenses any drug listed within Schedule II on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing the prescription serial number or name of the drug; the date of initial filling; his name and address, or the name and address of the pharmacy; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the prescriber by whom the prescription was written; ... and such directions as may be stated on the prescription.

B. A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription as follows:

1. If the prescription is written, it shall be properly executed, dated and signed by the person prescribing on the day when issued and bear the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. If the prescription is oral, the prescriber shall furnish the pharmacist with the same information as is required by law in the case of a written prescription for drugs and devices, except for the signature of the prescriber.

A pharmacist who dispenses a Schedule III through VI drug or device shall label the drug or device as required in subdivision A 3 of this section.

C. A drug controlled by Schedule VI may be refilled without authorization from the prescriber if, after reasonable effort has been made to contact him, the pharmacist ascertains that he is not available and the patient's health would be in imminent danger without the benefits of the drug. The refill shall be made in compliance with the provisions of § 54.1-3411.

If the written or oral prescription is for a Schedule VI drug or device and does not contain the address or registry number of the prescriber, or the address of the patient, the pharmacist need not reduce such information to writing if such information is readily retrievable within the pharmacy.

D. Pursuant to authorization of the prescriber, an agent of the prescriber on his behalf may orally transmit a prescription for a drug classified in Schedules III through VI if, in such cases, the written

record of the prescription required by this subsection specifies the full name of the agent of the prescriber transmitting the prescription.

8. May one veterinary establishment “fill a prescription” for a patient seen by a veterinarian at another establishment?

No. There is no provision in Virginia law that allows for veterinary establishments or any other establishment not duly licensed permitted by the Board of Pharmacy to dispense controlled substances to fill a prescription.

9. May a veterinarian purchase controlled substances (including Schedule VI drugs and devices) for the purpose of reselling?

No. A veterinarian does not have statutory authority to purchase controlled drugs for the purpose of wholesaling to a pharmacy, another practitioner, a veterinary establishment or commercial entity.

10. May a veterinarian or veterinary establishment donate an expired or unexpired controlled substance (Schedule II – VI)?

The meaning of “donation” in this context refers to the transferring of controlled substances without a prescription. A veterinarian may opt to not charge for a properly dispensed controlled substance. **Expired Schedule II – VI Controlled Substances.** There is no authority to donate expired substances because they may be considered adulterated and must be destroyed in accordance with federal and state laws and regulations.

Unexpired Schedule II-VI Controlled Substances

The Drug Enforcement Agency (DEA) only permits the transfer of a Schedule II-V drug from one DEA registrant to another DEA registrant regardless of payment method.

11. May an owner return or donate an unused Schedule II – V drug to a veterinarian that was dispensed to a pet or human?

The Drug Enforcement Agency Administration (DEA) only permits the transfer of Schedule II-V drug from one DEA registrant to another DEA registrant. Because the patient/client is not a DEA registrant, he may not transfer a Schedule II-V drug to anyone except during a drug take-back event wherein law enforcement receives the drug from the patient/client for destruction purposes only. Violations of this requirement can result in DEA imposing on the veterinarian a \$10,000 fine per incident.

§ 54.1-3411.1. Prohibition on returns, exchanges, or re-dispensing of drugs; exceptions.

A. Drugs dispensed to persons pursuant to a prescription shall not be accepted for return or exchange for the purpose of re-dispensing by any pharmacist or pharmacy after such drugs have been removed from the pharmacy premises from which they were dispensed except:

1. In a hospital with an on-site hospital pharmacy wherein drugs may be returned to the pharmacy in accordance with practice standards;

2. In such cases where official compendium storage requirements are assured and the drugs are in manufacturers' original sealed containers or in sealed individual dose or unit dose packaging that meets official compendium class A or B container requirements, or better, and such return or exchange is consistent with federal law; or

3. *When a dispensed drug has not been out of the possession of a delivery agent of the pharmacy.*

B. The Board of Pharmacy shall promulgate regulations to establish a Prescription Drug Donation Program for accepting unused previously dispensed prescription drugs that meet the criteria set forth in subdivision A 2, for the purpose of re-dispensing such drugs to indigent patients, either through hospitals, or through clinics organized in whole or in part for the delivery of health care services to the indigent. Such program shall not authorize the donation of Schedule II-V controlled substances if so prohibited by federal law. No drugs shall be re-dispensed unless the integrity of the drug can be assured.

C. Unused prescription drugs dispensed for use by persons eligible for coverage under Title XIX or Title XXI of the Social Security Act, as amended, may be donated pursuant to this section unless such donation is prohibited.

D. A pharmaceutical manufacturer shall not be liable for any claim or injury arising from the storage, donation, acceptance, transfer, or dispensing of any drug provided to a patient, or any other activity undertaken in accordance with a drug distribution program established pursuant to this section.

E. Nothing in this section shall be construed to create any new or additional liability, or to abrogate any liability that may exist, applicable to a pharmaceutical manufacturer for its products separately from the storage, donation, acceptance, transfer, or dispensing of any drug provided to a patient in accordance with a drug distribution program established pursuant to this section.

12. May an owner return or donate an unused Schedule VI drug to a veterinarian that was dispensed to a pet or a human?

While state law does not prohibit a veterinarian from receiving back an already dispensed Scheduled VI drug for destruction purposes, there is no provision in law for a veterinarian to re-dispense this returned drug.

13. May a veterinarian provide a general stock of controlled drugs (Schedule II – VI) for administering or dispensing by a pet store establishment or boarding kennel?

There is no allowance in law for a veterinarian to provide a pet store establishment or boarding kennel with a general stock of controlled substances to be given to animals, either by donation or for a fee. In Virginia, the term “controlled substances” is defined as any prescription drug including Schedule VI drugs. The meaning of “donation” in this context refers to the transferring of controlled substances without a prescription. However, a veterinarian may opt to not charge for a properly dispensed controlled substance. A veterinarian is allowed to prescribe, administer, and dispense controlled substances in keeping with the requirements of the Virginia Drug Control Act, specifically § 54.1-3409 of the *Code of Virginia*, and the statutes and regulations governing the practice of veterinary medicine. A veterinarian may prescribe, label and dispense a drug for the treatment of a specific animal after establishing a bona fide veterinarian-client-patient relationship.

14. May a veterinarian issue a written certification for cannabidiol oil or THC-A oil?

Pursuant to the Code of Virginia, a veterinarian is not included in the definition of a “practitioner” who is authorized to issue written certification for possession and use of cannabidiol oil or THC-A oil.

In 2018, legislation was passed amending §§ 54.1-3408.3 and 18.2-250.1, relating to cannabidiol oil or THC-A oil and possession of marijuana.

§ 54.1-3408.3. Certification for use of cannabidiol oil or THC-A oil for treatment.

A. As used in this section:

"Cannabidiol oil" means a processed Cannabis plant extract that contains at least 15 percent cannabidiol but no more than five percent tetrahydrocannabinol, or a dilution of the resin of the Cannabis plant that contains at least five milligrams of cannabidiol per milliliter but not more than five percent tetrahydrocannabinol.

"Practitioner" means a practitioner of medicine or osteopathy licensed by the Board of Medicine.

"THC-A oil" means a processed Cannabis plant extract that contains at least 15 percent tetrahydrocannabinol acid but not more than five percent tetrahydrocannabinol, or a dilution of the resin of the Cannabis plant that contains at least five milligrams of tetrahydrocannabinol acid per milliliter but not more than five percent tetrahydrocannabinol.

B. A practitioner in the course of his professional practice may issue a written certification for the use of cannabidiol oil or THC-A oil for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use.

D. No practitioner shall be prosecuted under § 18.2-248 or ~~18.2-248.1~~ for dispensing or distributing cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of a patient's diagnosed condition or disease pursuant to a written certification issued pursuant to subsection B. Nothing in this section shall preclude the Board of Medicine from sanctioning a practitioner for failing to properly evaluate or treat a patient's medical condition or otherwise violating the applicable standard of care for evaluating or treating medical conditions.

§ 18.2-250.1. Possession of marijuana unlawful.

A. It is unlawful for any person knowingly or intentionally to possess marijuana unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his professional practice, or except as otherwise authorized by the Drug Control Act (§ 54.1-3400 et seq.).

Upon the prosecution of a person for violation of this section, ownership or occupancy of the premises or vehicle upon or in which marijuana was found shall not create a presumption that such person either knowingly or intentionally possessed such marijuana.

Any person who violates this section is guilty of a misdemeanor and shall be confined in jail not more than 30 days and fined not more than \$500, either or both; any person, upon a second or subsequent conviction of a violation of this section, is guilty of a Class 1 misdemeanor.

B. The provisions of this section shall not apply to members of state, federal, county, city, or town law-enforcement agencies, jail officers, or correctional officers, as defined in § 53.1-1, certified as handlers of dogs trained in the detection of controlled substances when possession of marijuana is necessary for the performance of their duties.

C. In any prosecution under this section involving marijuana in the form of cannabidiol oil or THC-A oil as those terms are defined in § 54.1-3408.3, it shall be an affirmative defense that the individual

possessed such oil pursuant to a valid written certification issued by a practitioner in the course of his professional practice pursuant to § 54.1-3408.3 for treatment or to alleviate the symptoms of (i) the individual's diagnosed condition or disease or (ii) if such individual is the parent or legal guardian of a minor or of an incapacitated adult as defined in § 18.2-369, such minor's or incapacitated adult's diagnosed condition or disease. If the individual files the valid written certification with the court at least 10 days prior to trial and causes a copy of such written certification to be delivered to the attorney for the Commonwealth, such written certification shall be prima facie evidence that such oil was possessed pursuant to a valid written certification.

15. May a veterinarian prescribe opioids?

Pursuant to 18VAC150-20-180 of the *Regulations Governing the Practice of Veterinary Medicine*, a veterinarian may prescribe Schedule II-V drugs that contains an opioid, to include tramadol and buprenorphine.

18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions:

A. Evaluation of the patient and need for prescribing a controlled substance for pain.

1. For the purposes of this section, a controlled substance shall be a Schedules II through V drug, as set forth in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), which contains an opioid, to include tramadol and buprenorphine.

2. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. Prior to initiating treatment with a controlled substance, as defined, the prescriber shall perform a history and physical examination appropriate to the complaint and conduct an assessment of the patient's history as part of the initial evaluation.

3. If a controlled substance is necessary for treatment of acute pain, the veterinarian shall prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The initial dose shall not exceed a 14-day supply.

B. If the prescribing is within the accepted standard of care, a veterinarian may prescribe a controlled substance containing an opioid for management of chronic pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions.

1. For prescribing a controlled substance for management of pain after the initial 14-day prescription referenced in subsection A of this section, the patient shall be seen and evaluated for the continued need for an opioid. For the prescribing of a controlled substance for terminal illnesses or certain chronic conditions, it is not required to see and reevaluate the patient for prescribing beyond 14 days.

2. For any prescribing of a controlled substance beyond 14 days, the veterinarian shall develop a treatment plan for the patient, which shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with physical impairment.

3. For continued prescribing of a controlled substance, the patient shall be seen and reevaluated at least every six months, and the justification for such prescribing documented in the patient record.

C. Prior to prescribing or dispensing a controlled substance, the veterinarian shall document a discussion with the owner about the known risks and benefits of opioid therapy, the responsibility for the security of the drug and proper disposal of any unused drug.

D. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

E. The medical record for prescribing controlled substances shall include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribed.

16. Does a veterinarian have a requirement to report to the Prescription Monitoring Program (PMP) when controlled substance are dispensed from a veterinary establishment?

The 2018 General Assembly passed SB226 requiring all veterinarians to report the dispensing of covered substances for a course of treatment to last more than seven days. Please review the FAQs on Mandatory PMP Reporting Requirements for Veterinarians for more information on this requirement.

17. What schedule is gabapentin?

The 2019 Virginia General Assembly passed HB2557 which classifies gabapentin as a Schedule V controlled substance as of July 1, 2019.

As of July 1, 2019, veterinary establishments that possess gabapentin must 18VAC150-20-190 for a Schedule V controlled substance.

As of July 1, 2019, pharmacies dispensing and refilling gabapentin are required to comply with the requirements of the Regulations Governing the Practice of Pharmacy, 18VAC110-20-320, in that a Schedule V controlled substance shall not be dispensed or refilled more than six months after the date on which such prescription was issued, nor may it be refilled more than five times. Dispensers with active prescriptions on file with a date of issuance greater than six months or that have been refilled five times or more will be considered expired. While a prescriber should authorize no more than five refills of gabapentin beginning July 1, 2019, should a pharmacist receive a prescription authorizing more than five refills, the prescription will still expire six months after the date of issuance or after five refills, whichever occurs first.

While this scheduling action occurred under State law, the Drug Enforcement Administration (DEA) has not yet scheduled gabapentin. Therefore, a prescriber is not required to hold a DEA registration in order to possess or prescribe gabapentin.

18. Are there special recordkeeping requirements for feline buprenorphine and canine butorphanol?

The 2019 Virginia General Assembly passed SB1653 which amends the Prescription Monitoring Program (PMP) exemption for reporting the dispensing of covered substances by veterinarians as of July 1, 2019. The PMP reporting exemption for dispensing of covered substances by veterinarians for a course of treatment to last seven days or less now includes feline buprenorphine and canine butorphanol. As of July 1, 2019, § 54.1-2522 states the following (the amendment is highlighted):

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less or if such covered substance is feline buprenorphine or canine butorphanol.

NOTE : The legislation includes an enactment clause that states the following:

2. That every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

The enactment clause requires each veterinary establishment to maintain records of the dispensing of feline buprenorphine (Schedule III) and canine butorphanol (Schedule IV) and reconcile such records monthly as of July 1, 2019. The Regulations Governing the Practice of Veterinary Medicine has a similar requirement for Schedule II controlled substances which states the following:

18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments.

K. Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution record. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.

Although the requirements are similar, the regulations state that Schedule II records shall be maintained separately. Therefore, the reconciliation records for feline buprenorphine (Schedule III) and canine butorphanol (Schedule IV) cannot be combined with the Schedule II records.

Board of Veterinary Medicine
Frequently Asked Questions
Prescription Monitoring Program

Mandatory PMP Reporting Requirements for Veterinarians

1. **What is the Prescription Monitoring Program (PMP)?**
2. **What are the PMP reporting requirements for an individual veterinarian?**
3. **May a veterinary establishment report on behalf of some or all of the veterinarians in a group practice?**
4. **Are the PMP reporting requirements mandatory for veterinarians?**
5. **What controlled substances have to be reported to the PMP?**
6. **Does every veterinarian need a DEA registration to comply with the PMP reporting requirements?**
7. **How does a veterinarian obtain a DEA registration?**
8. **What is the contact information for PMP and DEA questions?**
9. **What amendments to the *Code of Virginia* were made to require veterinarians to report to the PMP?**
10. **Do the PMP requirements apply to a veterinarian practicing as an employee of the Department of Defense (United States Army, Navy, Coast Guard, Air Force), another federal agency or state government?**
11. **May a veterinarian dispense seven days of a covered substance for a course of treatment and subsequently write a prescription for the same substance to be filled at a pharmacy?**
12. **Are there any special dispensing or prescribing considerations for gabapentin?**
13. **If reporting dispensed prescriptions to the PMP, how are vacations or extended leave handled?**
14. **If a veterinarian is waived and not dispensing more than seven days of a covered substance, what is the required length of time between another seven days?**
15. **Must a veterinarian reporting dispensed covered substances, report all dispensing regardless of the length of time?**
16. **Is a veterinarian required to declare waiver or reporting status annually?**
17. **What is a National Drug Code (NDC) number?**
18. **Are veterinarians that report to the PMP required to have a prescription number for dispensed covered substances?**
19. **For an animal owned by a company such as pet store or a public or private shelter, what information should be submitted for the owner's name and date of birth?**
20. **Are pharmacies located outside of Virginia required to report to the PMP?**
21. **When prescribing a covered substance to be filled in a commercial pharmacy, is the veterinarian required to provide the owner's date of birth on the written prescription?**
22. **What is the process for updating a waiver or account development form?**
23. **Is there a tutorial on helping the veterinarian understand new reporting requirements?**
24. **Why is it important for all of a pet's dispensed prescriptions to be linked to the same owner?**

1. What is the Prescription Monitoring Program (PMP)?

Virginia's Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed covered substances (see FAQ #5 and #9 for information on covered substances). The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. Law enforcement and health profession licensing boards use the PMP to support investigations related to doctor shopping, diversion, and inappropriate prescribing and dispensing.

Note: The PMP reporting requirements and regulations for prescribing opioids (see Regulations Governing the Practice of Veterinary Medicine, 18VAC150-20-174) are two separate actions. Please ensure compliance with both actions.

2. What are the PMP reporting requirements for an individual veterinarian?

There are two legislative actions that affect PMP reporting requirements for veterinarians. The links to the legislative actions are provided below or see FAQ #9:

- SB226 (effective July 1, 2018)
- SB1653 (effective July 1, 2019)

All individual veterinarians must decide which option provided below best fits his/her dispensing and/or prescribing practices, as requirements are specific, and complete the required PMP paperwork.

Option 1:

IF

Veterinarian only writes prescriptions for reportable covered substances to be filled at a pharmacy; **OR** veterinarian does not dispense any reportable covered substances

THEN

Submit a waiver request: Request for a Waiver or an Exemption from Reporting for Veterinarians

Option 2:

IF

Veterinarian only dispenses reportable covered substances for a course of treatment to last seven days or less (Note: A veterinarian may not dispense multiple seven-day prescriptions of reportable covered substances for the same course of treatment to circumvent the law)

THEN

Submit a waiver request: Request for a Waiver or an Exemption from Reporting for Veterinarians

Option 3:**IF**

Veterinarian dispenses reportable covered substances for a course of treatment to last more than seven days

THEN

Complete and submit an Account Development Form: Dispenser Registration Form for PMP Reporting Account (NOTE: For Option 3, the reporting of covered substances dispensed must occur within 24 hours or next business day, whichever comes later AND a Zero Report must be submitted if no dispensing takes place within a 24-hour period. The link to the reporting guidelines is provided below under Helpful Hints.)

Helpful Hints for Option 3:

- **Links to Important Reporting Guidance:**
 - Link to the reporting guidance information at Virginia Prescription Monitoring Program Reporting Requirements.
 - Prior to creating an account in the PMP Clearinghouse, the first step is to complete the Account Development Form located on the PMP Homepage. You may send the completed form to the PMP via email or fax. Once received further instructions regarding set-up and use of the PMP Clearinghouse will be provided.
 - Link to the Virginia Data Submission Dispenser Guide at Virginia Data Submission Dispenser Guide.
- The Account Development Form contains information to set up the dispenser's account. Be sure to answer questions on this form with detailed information about business hours to set up your account accurately. Information in your account is used for PMP reports and for compliance tracking.
- Most veterinarians will use a web-based form to report prescription information. *See Dispenser Guide for more information.*
- **Reminder:** Reporting of dispensed covered substances must occur within 24 hours or next business day, whichever comes later.
- **Reminder:** If no dispensing or dispensing of a covered substance for 7-days or less takes place within a 24-hour period, a Zero Report is required.

3. May a veterinary establishment report on behalf of some or all of the veterinarians in a group practice?

Yes. Please contact the PMP directly for additional instructions if the registered veterinary establishment will report dispensing on your behalf. The email address is pmp@dhp.virginia.gov.

4. Are the PMP reporting requirements mandatory for veterinarians?

Yes. The *Code of Virginia* states the following:

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

5. What controlled substances have to be reported to the PMP?

The *Code of Virginia* states the following:

§ 54.1-2519. Definitions.

"Covered substance" means all controlled substances included in Schedules II, III, and IV; controlled substances included in Schedule V for which a prescription is required; naloxone; and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. "Covered substance" also includes cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia.

Exemption Note: The dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less is not required to be reported to the PMP. In addition, feline buprenorphine and canine butorphanol are exempt from the reporting requirement. However, every veterinary establishment licensed by the Board of Veterinary Medicine must maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

6. Does every veterinarian need a DEA registration to comply with the PMP reporting requirements?

A majority of the licensed veterinarians in Virginia will need a DEA registration to comply with the PMP reporting requirements. The purpose of the PMP is to capture an individual veterinarian's prescribing habits for identified covered substances. The DEA registration number is the unique identifier for a veterinarian when reporting to the PMP.

7. How does a veterinarian obtain a DEA registration?

To obtain a DEA registration go to <https://www.deadiversion.usdoj.gov/>; locate on the upper right-hand side of the screen "Registration Support"; click on "New Applications"; select "Practitioner" as your "Business Category."

Note: The registration process utilizes "DVM" as the broad category to identify all veterinarians.

8. What is the contact information for PMP and DEA questions?

Questions related to the PMP should be directed to pmp@dhp.virginia.gov
Questions related to DEA registration support is the following:
Call: 1-800-882-9539 (8:30 a.m. – 5:50 p.m. ET)
Email: DEA.Registration.Help@usdoj.gov
Locate Field Registration Specialists

9. What amendments to the *Code of Virginia* were made to require veterinarians to report to the PMP?

2018 VIRGINIA ACTS OF ASSEMBLY:

§ 54.1-2519. Definitions.

"Dispense" means to deliver a controlled substance to an ultimate user, research subject, *or owner of an animal patient* by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

"Recipient" means a person who receives a covered substance from a dispenser *and includes the owner of an animal patient*.

"Relevant health regulatory board" means any such board that licenses persons or entities with the authority to prescribe or dispense covered substances, including the Board of Dentistry, the Board of Medicine, *the Board of Veterinary Medicine*, and the Board of Pharmacy.

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.
2. The recipient's date of birth.
3. The covered substance that was dispensed to the recipient.
4. The quantity of the covered substance that was dispensed.
5. The date of the dispensing.
6. The prescriber's identifier number.
7. The dispenser's identifier number.

8. The method of payment for the prescription.

9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.

10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. Except as provided in subdivision 7 of § 54.1-2522, in cases where the ultimate user of a covered substance is an animal, the dispenser shall report the relevant information required by subsection B for the owner of the animal.

D. The reports required herein shall be made to the Department or its agent within 24 hours or the dispenser's next business day, whichever comes later, and shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:...

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less...

2019 VIRGINIA ACTS OF ASSEMBLY

§ 54.1-2522. Reporting exemptions

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:...

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or ~~less~~ less or if such covered substance is feline buprenorphine or canine butorphanol...

2. That every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

10. Do the PMP requirements apply to a veterinarian holding a Virginia license practicing as an employee of the Department of Defense (United States Army, Navy, Coast Guard, Air Force), another federal agency or state government?

Yes. PMP requirements apply to all veterinarians that hold a current active license from the Virginia Board of Veterinary Medicine. However, a licensee who does not dispense to citizens of the Commonwealth of Virginia outside of his/her official duties is eligible for a

waiver. To submit a waiver request, go to Request for a Waiver or an Exemption from Reporting for Veterinarians.

11. May a veterinarian dispense seven days of a covered substance for a course of treatment and subsequently write a prescription for the same substance to be filled at a commercial pharmacy?

The statute explicitly creates an exemption for veterinarians dispensing a covered substance for seven days or less for a course of treatment and does not address an additional prescription that would be dispensed by a commercial pharmacy.

12. Are there any special dispensing or prescribing considerations for gabapentin?

As of July 1, 2019, gabapentin is a Schedule V controlled substance in Virginia. The Drug Enforcement Administration (DEA) has not yet scheduled gabapentin. Therefore, a prescriber is not required to hold a DEA registration in order to possess or prescribe gabapentin.

13. If reporting dispensed prescriptions to the PMP, how are vacations or extended leave handled?

If you have completed an Account Development Form and are required to report, you may not submit future zero reports to accommodate vacations or extended leave. For extended leave, you may assign an individual to report on your behalf. However, this would not apply if you have relief veterinarians practicing and dispensing to patients in your absence.

14. If a veterinarian is waived and not dispensing more than seven days of a covered substance, what is the required length of time between dispensing another seven days?

The *Code of Virginia* does not address how long the wait period is before you may dispense another seven days of a covered controlled substance. However, the *Code of Virginia* does state that the dispensing is exempt for a course of treatment to last seven days or less as provided below:

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less or if such covered substance is feline buprenorphine or canine butorphanol.

In addition, FAQ#2 (<https://www.dhp.virginia.gov/vet/docs/FAQonPMP.docx>) states the following:

(Note: A veterinarian may not dispense multiple seven-day prescriptions of reportable covered substances for the same course of treatment to circumvent the law.)

15. Must a veterinarian reporting dispensed covered substances, report all dispensing regardless of the length of time?

If a veterinarian is required to report dispensed covered substances, he or she is not required to report the dispensing of covered substances for a course of treatment to last seven days or less; however, he or she may choose to report all dispensed covered substances.

16. Is a veterinarian required to declare waiver or reporting status annually?

Waiver status is intended to be permanent. However, if you experience a change in waiver/reporting status please notify PMP staff in order for those changes to be accommodated. The PMP program does not send notices of approval of waiver requests; however you may request a confirmation at the time you send your waiver. Relief veterinarians may only file one waiver form; therefore, it is the relief veterinarian's responsibility to determine if the hospital they are considering working for can accommodate his/her waiver status.

17. What is a National Drug Code (NDC) number?

A National Drug Code number is a universal product identifier and is present on all nonprescription and prescription medication packages. The NDC number can be found on the medication/tablet package, if not please contact your distributor. NDC's will always be 11 numbers and will be formatted in a 5-4-2 grouping (12345-1234-12). However, some labelers will sometimes drop a leading zero in one of the groupings creating a 10-digit number. These occurrences must be "normalized". To normalize an NDC number add a leading zero to whichever section is missing a digit; 1234-123-1 becomes 01234-0123-01. The NDC number must be entered without dashes or spaces for it to be accepted.

18. Are veterinarians that report to the PMP required to have a prescription number for dispensed covered substances?

A prescription number is required for covered substances reported to the PMP as indicated in the Data Submission Dispenser Guide. The prescription number is also a required element in the American Society for Automation in Pharmacy (ASAP) reporting standard. Veterinarians must establish a numbering system to report dispensing to the PMP.

19. For an animal owned by a company such as a pet store or a public or private shelter, what information should be submitted for the owner's name and date of birth?

The dispensing entity must report the dispensing of the covered substance to the PMP. When reporting these prescriptions, please use the following data elements:

1. first name: the animal name

2. last name: the pet store/shelter name
3. date of birth: 1/1/1900

The remaining required reporting elements should not be affected.

20. Are pharmacies located outside of Virginia required to report to the PMP?

Out-of-state pharmacies, including compounding pharmacies, that ship into Virginia are required to be registered by the Virginia Board of Pharmacy as a non-resident pharmacy. Holding such a registration requires the pharmacy to comply with the laws related to Virginia's PMP reporting requirements for dispensed covered substances.

21. When prescribing a covered substance to be filled in a commercial pharmacy, is the veterinarian required to provide the owner's date of birth on the written prescription?

Either the veterinarian or the pharmacist filling the prescription may obtain or record an owner's date of birth on the prescription.

22. What is the process for updating a waiver or account development form?

If your waiver and/or reporting status has changed, please contact the Virginia PMP staff at pmp@dhp.virginia.gov. If you have previously been waived but need to begin reporting, you can begin the process by completing an Account Development Form. If you have previously been reporting but have decided to discontinue dispensing covered substances that are not exempt from reporting, please contact the Virginia PMP and complete a Waiver Form.

23. Is there a tutorial on helping the veterinarian understand new reporting requirements?

Please review the tutorial on *Understanding the Veterinarian's Role in Safe Prescribing* to learn more.

24. Why is it important for all of a pet's dispensed prescriptions to be linked to the same owner?

When querying the PMP regarding a human patient, an authorized user must be able to review all dispensed covered substances for that human and all of his/her pets. Therefore, it is important to report the same owner's information for the same pet. For example, if different family members pick up a prescription on different occasions and the dispensed covered substance is reported using different names and dates of birth, the pet's prescriptions will show up on multiple human patient profiles.

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Veterinary Medicine

Board	Occupation	State	License Status	License Count
Veterinary Medicine				
Equine Dental Technician				
	Equine Dental Technician	Virginia	Current Active	15
	Equine Dental Technician	Out of state	Current Active	9
	Total for Equine Dental Technician			24
Veterinarian				
	Veterinarian	Virginia	Current Active	3,271
	Veterinarian	Virginia	Current Inactive	47
	Veterinarian	Out of state	Current Active	899
	Veterinarian	Out of state	Current Inactive	214
	Total for Veterinarian			4,431
Veterinary Establishment - Ambulatory				
	Veterinary Establishment - Ambulatory	Virginia	Current Active	276
	Veterinary Establishment - Ambulatory	Out of state	Current Active	15
	Total for Veterinary Establishment - Ambulatory			291
Veterinary Establishment - Stationary				
	Veterinary Establishment - Stationary	Virginia	Current Active	818
	Veterinary Establishment - Stationary	Out of state	Current Active	48
	Total for Veterinary Establishment - Stationary			866
Veterinary Faculty				
	Veterinary Faculty	Virginia	Current Active	55
	Veterinary Faculty	Out of state	Current Active	22
	Total for Veterinary Faculty			77
Veterinary Intern/Resident				
	Veterinary Intern/Resident	Virginia	Current Active	47
	Veterinary Intern/Resident	Out of state	Current Active	11
	Total for Veterinary Intern/Resident			58
Veterinary Technician				
	Veterinary Technician	Virginia	Current Active	2,013
	Veterinary Technician	Virginia	Current Inactive	40
	Veterinary Technician	Out of state	Current Active	245
	Veterinary Technician	Out of state	Current Inactive	30
	Total for Veterinary Technician			2,328
Total for Veterinary Medicine				8,075

CURRENT ACTIVE & INACTIVE LICENSES						
License Type	FY2012	FY2013	FY2014	FY2015	FY2017	FY2019
Veterinarian	3530	3960	4038	4,145	4,310	4,431
Veterinary Faculty	N/A	N/A	N/A	N/A	N/A	77
Veterinary Intern/Resident	N/A	N/A	N/A	N/A	N/A	58
Veterinary Technician	1579	1689	1788	1,917	2,135	2,328
Equine Dental Technician	24	23	23	24	25	24
Stationary Veterinary Establishment	735	744	750	768	773	866
Ambulatory Veterinary Establishment	270	287	298	315	341	291
Total	6138	6703	6897	7,169	7,584	8,075

Virginia Department of Health Professions
Cash Balance
As of May 31, 2019

	106- Veterinary Medicine
Board Cash Balance as June 30, 2018	\$ 956,976
YTD FY19 Revenue	1,189,415
Less: YTD FY19 Direct and Allocated Expenditures	1,081,298
Board Cash Balance as May 31, 2019	1,065,093



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Annual Meeting & Conference

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An AAVSB representative specialized in your question will get back to you

September 26-28, 2019 St. Louis,
Missouri

From: Virginia Board of Veterinary Medicine
Date: Thu, May 16, 2019 at 7:00 PM
Subject: New Standards for hazardous waste pharmaceuticals



Virginia Department of Health Professions

Board of Veterinary
Medicine

Board of Veterinary Medicine


The Virginia Department of Environmental Quality has asked the Board of Veterinary Medicine to send out the following information:

ATTENTION HEALTHCARE FACILITIES, REVERSE DISTRIBUTORS AND OTHER IMPACTED FACILITIES**

The Environmental Protection Agency's (EPA) Hazardous Waste (HW) Pharmaceuticals Rule was published in the Federal Register on February 22, 2019. Parts of this rule will become **effective on August 21, 2019**. Among other requirements, the rule will mandate that all healthcare facilities and reverse distributors must stop flushing down the drain or placing into any sewer system all hazardous waste pharmaceuticals. Prior to this cut-off date, all healthcare facilities and reverse distributors must develop an alternate plan for the management of hazardous waste pharmaceuticals.

Under the HW Pharmaceuticals Rule, alternate management standards have been developed for all hazardous waste pharmaceuticals. These standards will become effective in Virginia after August 21, 2019. Statewide training will be conducted prior to the effective date in Virginia. Please stay tuned to the DEQ [hazardous waste webpage](#) for more information and training opportunities.

****Healthcare facility (HF) means any person that is lawfully authorized to (1) provide preventative, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, and counseling, service, assessment or procedure with respect to the physical or mental condition, or functional status, of a human or animal or that affects the structure or function of the human or animal body; or (2) distribute, sell, or dispense pharmaceuticals, including over-the-counter pharmaceuticals, dietary supplements, homeopathic drugs, or prescription pharmaceuticals.**

- 
- Includes, but is not limited to: wholesale distributors, third-party logistics providers that serve as forward distributors, military medical logistics facilities, hospitals, psychiatric hospitals, ambulatory surgical centers, health clinics, physicians' offices, optical and dental providers, chiropractors, long-term care facilities, ambulance services, pharmacies, long-term care pharmacies, mail-order pharmacies, retailers of pharmaceuticals, **veterinary clinics, and veterinary hospitals**
 - This definition does not include pharmaceutical manufacturers, reverse distributors, or reverse logistics centers

Questions may be directed to Lisa A. Ellis, Hazardous Waste Compliance Coordinator at lisa.ellis@deg.virginia.gov.

From: Virginia Board of Veterinary Medicine
Date: Fri, Jun 21, 2019 at 7:00 PM
Subject: Code Changes



Virginia Department of Health Professions

Board of Veterinary
Medicine

Board of Veterinary Medicine

Changes to the Code of Virginia Effective July 1, 2019

The 2019 Virginia General Assembly passed [HB2557](#) which classifies gabapentin as a **Schedule V** controlled substance as of July 1, 2019. For more information [click here](#).

The 2019 Virginia General Assembly passed [SB1653](#) which amends the Prescription Monitoring Program (PMP) exemption for reporting the dispensing of covered substances by veterinarians as of July 1, 2019. For more information [click here](#).

Questions may be directed to vetbd@dhp.virginia.gov
Website: [Board of Veterinary Medicine](#)

From: **Virginia Board of Veterinary Medicine**
Date: Thu, Jun 27, 2019 at 7:00 PM
Subject: Code Changes



Virginia Department of **Health Professions**

Board of Veterinary
Medicine

Board of Veterinary Medicine

ADDITIONAL INFORMATION FOR PMP EXEMPTION

Changes to the Code of Virginia

The 2019 Virginia General Assembly passed SB1653 which amends the Prescription Monitoring Program (PMP) exemption for reporting the dispensing of covered substances by veterinarians as of July 1, 2019. To review the additional information click here.

Questions may be directed to vetbd@dhp.virginia.gov
Website: Board of Veterinary Medicine