

**DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION**

UNIFORM CONTROLLED SUBSTANCES ACT REGULATIONS

(Adopted by the Secretary of Health and Social Services pursuant to 16 **Del.C.** §4731 effective February, 1973 amended July 8, 1974, May 27, October 30, 1975, September 27, 1976, February 1, 1983, July 1, 1985, January 28, 1987, March 5, 1992, and August 29, 1995.)

1.0 Adoption of Federal Regulations

To the extent consistent with 16 **Del.C.** Ch. 47, regulations promulgated by the Federal Government pursuant to the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, and in effect as of this date, are adopted as a part of these regulations. Readopted October 30, 1975.

2.0 Requirements

2.1 Registration shall be on a biennial basis upon forms supplied by the Secretary for that purpose. The registration fee for prescribers, dispensers, researchers and laboratories will be \$40. The registration fee for manufacturers or distributors will be \$100. A separate registration is required at each principal place of business or professional practice where controlled substances are manufactured, distributed, dispensed, or kept for research substances are manufactured, distributed, dispensed, or kept for research or analysis.

2.2 Revocation and Suspension

2.2.1 Revocation of registration by the Federal Government will result in automatic revocation of the State registration.

2.2.2 Proceedings for denying, suspending or revoking a Legislation shall be informal in nature. Persons complained against may appear personally or by counsel, and may produce any competent evidence in their behalf in answer to the alleged violation. Such proceedings shall be tape recorded.

2.2.3 Whenever a registration is denied, suspended, or revoked, the Secretary or his designee will reduce in writing his findings and rulings, and the reasons therefore, and forward them to the persons complained against within 15 days. This provision shall in no way stay any such denial, suspension, or revocation.

3.0 Records and Inventory

3.1 Requirements

3.1.1 Practitioners authorized to prescribe or dispense controlled substance shall maintain a record with the following information:

3.1.1.1 Name and address of patient

3.1.1.2 Date prescribed

3.1.1.3 Name, strength and amount of medication.

3.1.2 Other records required by 21 **CFR** 1300 to end of 1316. The information for prescribed controlled substances may be kept either in a log or on patient records provided such records or logs are made available for inspection. The information for dispensed controlled substances must be maintained in a separate log at least 8 by 11 inches in dimension. Entries must include the date dispensed, name and address of the patient, name and strength of medication, and amount dispensed.

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3.1.3 Other persons registered to manufacture, distribute, or dispense controlled substances shall maintain a record with the following information:

3.1.3.1 Amount received or distributed.

3.1.3.2 Names, addresses and dates regarding these transactions.

3.1.3.3 Other records required by 21 **CFR** 1300 to the end of 1316.

3.2 Accountability Audits

3.2.1 Pharmacies - Accountability audits in pharmacies will be accomplished through a review of invoices, prescription files, other records required by 21 **CFR** 1300 to the end of 1316.

3.2.2 Medical, dental and veterinary - Accountability audits of medical, dental and veterinary practitioners will be accomplished through a review of records to be kept by paragraph 3.2.1 of this section.

3.2.3 Manufacturers and distributors - Accountability audits of manufacturers and distributors (including wholesalers) will be accomplished through a review of invoices received and distributed and other records required by 21 **CFR** 1300 to the end of 1316.

3.3 Final inventory

3.3.1 Pharmacies. Whenever the pharmacist in charge of a pharmacy in the State of Delaware leaves his position, a complete inventory of all medication covered by 16 **Del.C.**, Ch. 47 will be taken by the present and prospective pharmacist-in-charge. A copy of such inventory will be sent to the Office of Narcotics and Dangerous Drugs and another copy retained on the premises.

For the purpose of this regulation, the "pharmacist-in-charge" is a pharmacist registered with the State Board of pharmacy and who is responsible for the prescription department of the registrant.

3.3.2 Medical, dental and veterinary. Medical, dental and veterinary practitioners who cease legal existence or discontinue business or professional practice shall notify the Office of Narcotics and Dangerous Drugs promptly of such fact, and shall provide the Office with an inventory of controlled substance on hand.

3.4 Retention of Records

3.4.1 All records required by this Regulation must be retained for a period of at least two (2) years.

4.0 Prescriptions

4.1 Definitions. As used in this section:

4.1.1 The term "**Act**" means the Controlled Substance Act, 16 **Del.C.**, Ch. 47.

4.1.2 The term "**individual practitioner**" means physician, dentist, veterinarian, or other individual, licensed, registered, or otherwise permitted, by the United States or the State of Delaware to dispense a controlled substance in the course of professional practice but does not include a pharmacist, a pharmacy, or an institutional practitioner.

4.1.3 The term "**pharmacist**" means any pharmacist licensed by the State of Delaware to dispense controlled substances and shall include any other person (e.g. pharmacist intern) authorized by the State of Delaware to dispense controlled substances under the supervision of a pharmacist licensed by this State.

4.1.4 The term “**prescription**” means an order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user. (e.g, an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription.)

4.1.5 The terms “**register**” and “**registered**” refer to registration required by 16 **Del.C.** §4732.

4.2 Persons Entitled to Issue Prescriptions

4.2.1 A Prescription for a controlled substance may be issued only by an individual practitioner who is:

4.2.1.1 Authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession; and

4.2.1.2 Either registered or exempt from registration pursuant to 16 **Del.C.** §4732.

4.2.2 A verbal prescription for a controlled substance may only be communicated to a pharmacist by the prescriber. Prescriptions for controlled substances communicated by an employee or agent of the prescriber are not valid.

4.2.3 Written prescriptions for controlled substances may be transmitted via facsimile by a practitioner or by the practitioner’s authorized agent to a pharmacy only when the transmission complies with 21 **CFR** 1306.11, 1306.21 and 1306.31.

4.3 Purposes of Issue of Prescription

4.3.1 A prescription for a controlled substance to be effective, must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription not issued in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of §4738 of the Act and the person knowingly filling such a purported prescription, as well as the person issuing it shall be subject to the penalties provided for violation of the provisions of law relating to controlled substances.

4.3.2 A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.

4.3.3 A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule to a narcotic drug dependent person for the purpose of continuing his dependence upon such drugs, unless otherwise authorized by law.

4.4 Manner of Issuance of Prescriptions. All prescriptions for controlled substances shall be dated and signed on the day when issued and shall bear the full name and address of the patient, and the name, address and registration number of the practitioner. A practitioner may sign a prescription in the same manner as he would sign a check or legal document (e.g. J.H. Smith or John H. Smith). When an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typewriter and shall be manually signed by the practitioner. The prescriptions may be prepared by a secretary or agent for the signature of a practitioner but the prescribing practitioner is responsible where the prescription does not conform in all essential respects to the law and regulations. A corresponding liability rests upon the pharmacist who fills a prescription not prepared in the form prescribed by these regulations. Each written prescription shall have the name of the practitioner stamped, typed, or hand-printed on it, as well as the signature of the practitioner.

4.5 Persons Entitled to fill Prescriptions. A prescription for controlled substances may only be filled by a pharmacist acting in the usual course of his professional practice and either registered individually or employed in a registered pharmacy or by a registered institutional practitioner.

4.6 Dispensing Narcotic Drugs for Maintenance Purposes. No person shall administer or dispense narcotic drugs listed in any schedule to a narcotic drug dependent person for the purpose of continuing his dependence except in compliance with and as authorized by Federal law and regulation.

4.7 Emergency Dispensing of Schedule II Substances. In an emergency situation a pharmacist may dispense controlled substances listed in Schedule II upon receiving oral authorization of a prescribing individual practitioner, provided that the procedures comply with Federal law and regulation.

4.8 Expiration of Prescription.

4.8.1 Prescriptions for controlled substances in Schedules II and III will become void unless dispensed within seven (7) days of the original date of the prescription or if the original prescriber authorizes the prescription past the seven (7) days period. Such prescriptions cannot be written nor dispensed for more than 100 dosage units or a 31 day supply whatever is the greater at one time. As an exception to dosage limitations set forth in this subparagraph, and in accordance with 21 **CFR**. Section 1306.1(b), prescriptions for controlled substances in Schedule II for patients either having a medically documented terminal illness or patients in Long Term Facilities (LTCF), may be filled in partial quantities, to include individual dosage units. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed and the identification of the dispensing pharmacist. The total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed.

4.8.2 Schedule II prescriptions for terminally ill or LTCF patients, shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of the medication.

4.9 Mail Order Prescription. Before dispensing prescriptions for Schedules II, III, IV, V controlled substances by mail, the registrant and/or the pharmacist-in-charge must assure that the prescription is valid and written by a prescriber properly registered with the Federal Government. Such verification may be made either in writing or orally.

4.10 Pursuant to authority granted by 16 **Del.C.** §4732 the Secretary finds that waiver of the registration requirements contained in that section as to non-resident physicians or dentists is consistent with the public health and safety subject to the conditions contained in this regulation. Pharmacists may dispense controlled substances pursuant to a prescription written by a non-resident physician or dentist (who is not registered under 16 **Del.C.** Ch. 47) provided that:

4.10.1 The pharmacist must establish that the non-resident physician or dentist is properly registered to prescribe controlled substances under Federal Law. The pharmacist may keep a record which contains the name and address of the non-resident physician or dentist, his Federal registration number, and the name and address of the source of the registration data.

4.10.2 The pharmacist must verify the identification of the bearer of

the prescription by reference to a driver's license or some other identification which contains the bearer's photograph, and must keep a record of such person.

4.10.3 The pharmacist must establish that the name of the non-resident physician or dentist does not appear on the list kept by the Office of Narcotics and Dangerous Drugs of the Division of Public Health of those non-resident physicians and dentists to whom the waiver granted by this regulation does not apply.

4.10.3.1 The waiver of the registration requirement provided by the registration shall not apply to non-resident physicians and dentists determined by the Office of Narcotics and Dangerous Drugs of the Division of Public Health to have acted in a manner inconsistent with the Public Health and Safety, and Safety, and the Office of Narcotics and Dangerous Drugs shall maintain a list of those non-resident physicians and dentists found by them to have so acted. Pharmacists shall not honor the prescriptions of non-resident physicians and dentists whose names appear on that list unless such non-resident physicians and dentists have registered pursuant to the provisions of 16 **Del.C.** §4732.

4.11 Except when dispensed directly by a practitioner other than a pharmacy to an ultimate user, no Schedule V cough preparation containing codeine, dilaudid or any other narcotic cough preparation may be dispensed without the written or oral prescription of a practitioner - effective date January 1, 1974.

4.12 The pharmacist or an employee under his/her supervision must verify the identity of the person receiving a dispensed controlled substance at the time it is transferred to that person. A driver's license or a similar document containing a photograph and the name and address of the person is an acceptable document. The name and address of the person should be recorded on either the prescription or patient's profile. The pharmacist or employee is not required to follow this procedure for each transaction if the identify of the person is clearly established by visual recognition. In those cases, the information shall be recorded at least once.

5.0 Security and Disposal

5.1 Security

5.1.1 Schedule II Substances Storage

5.1.1.1 Pharmacies and medical, dental and veterinary practitioners must store Schedule II controlled substances in a burglar resistant type safe or GSA Class 5 grade steel cabinet or their equivalent. If the safe weighs less than 750 pounds, it must be bolted, cemented, or secured to the wall or floor in such a way that it cannot be readily removed. Other types of substantially construed, securely locked cabinets or drawers are acceptable provided that the room, storage area or areas shall be provided with electronic intrusion detection equipment to all sections of the said area or areas where Schedule II controlled substances are stored, so as to detect four-step movement (as defined in Section 12.8 of U.L. Standards 681).

5.1.1.1.1 The aforementioned electronic intrusion detection equipment shall be installed using equipment that must be U.L. approved and listed. The said system must be capable of transmitting a local alarm to an outside audible device that shall comply with U.L. Standard 4.64.

5.1.1.1.2 A local alarm connection shall not be permitted if the controlled substance premise is located more than 400 feet from a public roadway. If said controlled substances premise is more than 400 feet from public roadway or found to be within a location where such an alarm would not be effective, then the alarm

system on said controlled substances premises shall transmit an alarm signal to a certified station or directly into a law enforcement agency that has 24-hour monitoring capabilities.

5.1.1.1.3 The Secretary may require additional security requirements if he deems it necessary as a result of excessive diversion of controlled substances.

5.1.1.1.4 **DEFINITIONS:** Four-step movement - 12.8 - The system shall respond to the movement of a Four-step person walking not more than four consecutive steps at a rate of one step per second. Such Four-step movement shall constitute a "trial", and a sufficient number of detection units shall be installed so that, upon test, an alarm will be initiated in at least three out of every four consecutive "trials" made moving progressively through the protective area.

5.1.1.2 Safes, cabinets or drawers containing Schedule II controlled substances must be kept locked at all times. They may be opened only by the practitioner or by the pharmacist-in charge or other designees, who must be licensed medical professionals.

5.1.1.3 Practitioners who store no more than 400 total dosage units of Schedule II substances are not required to comply with the safe or alarm requirements of the Regulation. However, their Schedule II controlled substances must be stored in securely locked, substantially constructed cabinets.

5.1.1.4 Controlled substances listed in Schedules III, IV and V shall be stored in a securely locked, substantially constructed cabinet. Pharmacies may disperse such substances in Schedule III, IV and V throughout the stock of non-controlled substances in such a manner as to obstruct the theft or diversion of the controlled substances. The immediate area in a pharmacy containing dispersed, controlled drugs must be secured in a manner approved by the Office of Narcotics and Dangerous Drugs which will prevent entry by unauthorized persons. The keys to such area shall at all times be carried by a pharmacist. The doors shall be locked whenever the area is not directly under the supervision of a pharmacist or a responsible person designated by the pharmacist.

5.1.2 Pharmacies.

5.1.2.1 Schedule II controlled substances kept in areas other than prescription areas in pharmacies must be placed in safes, cabinets or drawers of the type described above. These must be kept locked at all times and may be opened only by the pharmacist-in-charge or his designee, who must also be a registered pharmacist.

5.1.2.2 Schedule III through V controlled substances kept in areas other than prescription areas in pharmacies must be kept in adequately locked enclosures. They may be opened only by the pharmacist-in-charge, or his designees, who must be licensed pharmacists.

5.1.3 Report of Loss or Theft. Registrants shall notify the Office of Narcotics and Dangerous Drugs, Division of Public Health, of any theft or significant loss of any controlled substances, or of any prescription blanks, upon the discovery of such loss or theft. In addition, registrants shall complete the Federal forms regarding such loss or theft, one copy of which must be filed with the Office of Narcotics and Dangerous Drugs.

5.1.4 Hypodermic syringes and needles must be secured in an area only accessible to personnel authorized under 16 **Del.C.** Ch. 47 to dispense such items.

5.2 Disposal

5.2.1 Controlled Substances. Any registrant in possession of any controlled substances and desiring or required to dispose of such substance or substances shall contact the Office of Narcotics and Dangerous Drugs of the Division of Public Health for proper instructions regarding disposal.

5.2.2 Hypodermic Syringe or Needle. Hypodermic syringes or needles shall be destroyed before disposal in such a manner as will render it impossible to adapt them for the use of narcotic drugs by subcutaneous injections.

6.0 Procedures for Adoption of Regulations

6.1 Notice. Prior to the adoption, amendment or repeal of any of these controlled substances regulations, the Secretary will give at least twenty (20) days notice of the intended action.

The notice will include a statement of either the terms of substance of the intended action or a description of the subjects and issues involved, and the time when, the place where present their views thereon. The notice will be mailed to persons who have made timely request of the Office of Narcotics and Dangerous Drugs for advance notice of such rule-making proceedings and shall be published in a newspaper of general circulation in this State.

6.2 Hearing. The Secretary will afford all interested persons a reasonable opportunity to submit data, views or arguments, orally or in writing. He may appoint subordinates to preside over such hearings.

6.3 Emergency Regulations. If the Secretary finds that an imminent peril to the public health, safety or welfare requires adoption of a regulation upon fewer than twenty (20) days notice and states in writing his reasons for that finding, he may proceed without prior notice or hearing or upon any abbreviated notice and hearing he finds practicable, to adopt an emergency regulation. Such rules will be effective for a period not longer than 120 days, but the adoption of an identical rule under the procedures discussed above is not precluded.

6.4 Finding and Availability. The Secretary will file any adoption, amendment or repeal of these regulations with the Secretary of State. Regulations will become effective upon such filing. In addition, copies of these regulations will be available for public inspection at the Office of Narcotics and Dangerous Drugs of the Division of Public Health, Jesse S. Cooper Building, Dover, Delaware, 19901.

7.0 Severability

7.1 If any provision of these regulations is held invalid the invalidity does not effect other provisions of the regulations which can be given effect without the invalid provisions or application, and to this end the provisions of the regulation are severable.

7.2 Pursuant to 16 **Del.C.** §4718(f) and 16 **Del.C.** §4720(c) the Secretary finds that the compounds, mixtures or preparations listed in 21 CFR 1301.21, 21 CFR 1308.24 contain one or more active medical ingredients not having a stimulant or depressant effect on the central nervous system and that the admixtures included therein are in combinations, quantities, proportions, or concentrations that vitiate the potential for abuse of the substances which have a stimulant or depressant effect on the central nervous system, and therefore:

7.2.1 The Secretary, as authorized by 16 **Del.C.** §4718(f) and 16 **Del.C.**

§4720(c), does hereby except by rule the substances listed in 21 CFR 130.21, CFR 1308.24 and 21 CFR 1308.32 from Schedules III and IV of the Uniform Controlled Substances Act, 16 **Del.C.** Ch. 47.