

# OKLAHOMA STATE BOARD OF PHARMACY (OSBP) CONTROLLED SUBSTANCE INVENTORY

(Inventory must be taken at **Start** or **Close** of business)

Pharmacy \_\_\_\_\_ Date of Inventory \_\_\_\_\_  
Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ OSBP Lic # \_\_\_\_\_  
Pharmacy Manager / Pharmacist-In-Charge: \_\_\_\_\_  
*(PRINT name and certificate #)*

**NOTE:** A signed and dated controlled substance inventory **MUST** accompany all **Pharmacy Renewal Applications** and notice of **change of Pharmacist-In-Charge**.

## INVENTORY WAS CONDUCTED AT (✓ check one)

Close       Start of Business       24-Hour Pharmacy (Time: \_\_\_\_\_ )

## REASON FOR INVENTORY (✓ check one)

Change of Pharmacist-In-Charge \*       Ownership Change       Pharmacy Closing  
 Annual Inventory for Renewal ***(May 1st thru June 30th)***

**NO CONTROLLED SUBSTANCES** are stocked.

(Please **COMPLETE THIS PAGE AND RETURN** it with your renewal application)

## \* CHANGE of Manager / Pharmacist-in-Charge (PIC)

Effective Date \_\_\_\_\_

INcoming PIC \_\_\_\_\_  
(print name and number)

OUTgoing PIC \_\_\_\_\_  
(print name and number)

Does this end employment at this location for the **OUTGOING PIC**?  Yes  No

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. § 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma, that all information I have supplied herein is true and complete to the best of my knowledge and belief.

*(Signature and Certificate # of pharmacist responsible for taking inventory)*

**MUST BE SIGNED AND DATED**

Use blank lines to insert strength and dose form and list generic drugs. If additional lines are needed, attach to this form.

<b>C-II</b>	
Actiq	
Adderall	
Adderall XR	
Alfenta	
Amphetamine Salt Combo	
Amphetamine Salt Combo XR	
Avinza	
Cesamet	
Cocaine	
Codeine	
Combunox	
Concerta	
Daytrana	

Demerol	
Desoxyn	
Dexedrine	
Dextroamphetamine Sulfate	
Dilaudid	
Dolophine	
Duragesic Patches	
Embeda	
Fentanyl	

Fentora	
Focalin	
Focalin XR	
Hydromorphone HCL	
Innovar Inj	
Kadian	
LevoDromoran	
MS Contin	



Use blank lines to insert strength and dose form and list generic drugs. If additional lines are needed, attach to this form.

Alprazolam	
Alprazolam ER	
Ambien	
Ambien CR	
Anexsia	
Ativan	
Bontril	
Brevital	
Buprenex	
Butalbital/ASA/Caffeine Caps	
Butalbital/ASA/Caffeine Tabs	
Butalbital/ASA/Caffeine/ Codeine	
Butorphanol	
Butrans (buprenorphine) Transdermal System	
Carisoprodol	
Carisoprodol Compound	
Carisoprodol Compound w/Codeine	
Chloral Hydrate	
Chlordiazepoxide	

Clonazepam	
Clorazepate	
Dalmane	
Diazepam	
Didrex	
Diethylpropion	
Dronabinol	
Edluar	
Ephedrine	
Equagesic	
Estazolam	
Fioricet with Codeine	
Fiorinal	
Fiorinal with Codeine	
Flurazepam	
Halcion	
Hycodan	
Hycotuss	
Hydrocodone	

Ionamin	
Ketamine HCL	
Klonopin	
Kwelcof	
Levall	
Librium	
Limbitrol	
Lomotil	
Lorazepam	
Lorcet	
Lorcet Plus	
Lorcet 10/650	
Lortab	
Lunesta	
Lyrica	

Use blank lines to insert strength and dose form and list generic drugs. If additional lines are needed, attach to this form.

Marinol	
Mebaral	
Meprobamate	
Meridia	
Midrin	
Niravam	
Noctec	
Norco	
Nucofed	
Nuvigil	
Oxazepam	
Panlor	
Paregoric	
Pentazocine	
Pentothal	

Phendimetrazine	
Phenergan with Codeine	
Phenobarbital	
Phentermine	
Placidyl	
Promethazine with Codeine	
Promethazine VC with Codeine	
Prosom	
Provigil	
Re-Pb Hyos Elixir	
Restoril	
Robitussin AC	
Robitussin DAC	
Serax	
Soma	
Soma Compound	
Soma Compound with Codeine	
Sonata	
Stadol	
Suboxone	
Subutex	
Synalgos DC	

Talacen	
Talwin	
Temazepam	
Tenuate	
Tranxene	
Tussend	
Tussi-Organidin	
Tussionex	
Tylenol with Codeine	
Valium	
Versed	
Vicodin	
Vicodin ES	
Vicodin HP	
Vicodin Tuss Exp	
Vicoprofen	
Vimpat	
Wygesic	
Xanax	

