

DRUG ENFORCEMENT ADMINISTRATION Questionnaire - (Open Book Examination)

OREGON MEDICAL BOARD, 1500 SW 1st AVENUE, #620, PORTLAND, OREGON 97201-5847
(971) 673-2700

COMPLETE AND RETURN TO THE BOARD

Applicant Name (Please Print)

By signing below, I attest that I, as the applicant for licensure, am the individual who completed this questionnaire.

Applicant Signature

Date

Enclosed is a questionnaire on the proper (and improper) way to handle Controlled Substances. Before an applicant engages in the practice of medicine in the State of Oregon, he or she should be familiar with the rules governing the use of Controlled Substances. Mishandling of these drugs could cause a violation of Federal and/or State Laws. These rules are rarely covered in medical school, so the Board feels it important to orient new licensees before the licensee gets into trouble by inadvertently violating the law. Most of the answers for the following questions will be found in the Practitioner's Manual published by the Drug Enforcement Administration (DEA). Some answers can be found in the excerpt from the DEA Pharmacist's Manual on the Board's website.

Successfully completing and returning this open book examination is an integral part of the Board's licensing process. You may regard this as an open-book examination. Even though this is an open book examination, and meant to be educational, please note that you will be asked to repeat the examination if you miss 5 or more questions. Failing the exam three times will result in being required to attend an interview with Board members and/or Board staff.

NOTE: Completion of this open book examination is not a part of applying for or obtaining a Federal Drug Enforcement Administration number.

1. ___T___F If you dispense (including prescribing) controlled substances in two states you must obtain a separate DEA registration for each state.
2. ___T___F Practitioner's who are employees of a hospital or institution and prescribe under the hospital's or institution's DEA number may prescribe in an emergency situation for an ill person in the neighborhood.
3. ___T___F If a practitioner has more than one office in a single state, for those offices where controlled substances are maintained, administered or dispensed (not including prescribing), a separate DEA registration is required for each such facility.
4. ___T___F Prescriptions for Schedule II Controlled substances may be sent to the pharmacy by fax for patients in Hospice and in Long Term Care facilities, and the faxed prescription is accepted as the written prescription for that Schedule II drug.
5. ___T___F Federal law limits the validity of a prescription for a Scheduled II drug to 7 days.
6. ___T___F Federal law limits the amount of the Scheduled II drug to a 30 day supply.
7. ___T___F You do not need to keep controlled substances (including samples) locked in a substantially constructed locked cabinet if your office has an alarm system.

8. T F The required records of Schedule II Controlled drugs maintained, administered or dispensed from your office must be kept separate from the required records for Schedule III, IV and V drugs.
9. T F Schedule III, IV and V drugs may be prescribed with 5 refills or for 6 months, whichever comes first.
10. T F In an emergency situation, you may prescribe Schedule II drugs by phone for an amount limited to the amount adequate to treat the patient for the duration of the emergency period. You must mail a written prescription within 14 days or the DEA will be notified by the pharmacy.
11. T F A hospital without a narcotic treatment program may administer narcotics to a drug dependent individual for either maintenance or detoxification, if the individual is in the hospital being treated for a medical condition other than narcotic addiction.
12. T F A practitioner may prescribe methadone or any other narcotic to a narcotic addict for analgesia purposes.
13. T F The practitioner may prescribe methadone for a maximum of three days for a narcotic addicted individual to prevent withdrawal symptoms while the practitioner is making arrangements to have that individual cared for by a narcotic treatment program.
14. If you administer, dispense, or prescribe controlled substances, you are required to register with the DEA:
- a. Every 3 years
 - b. Every 2 years
 - c. Every year
 - d. It is taken care of by re-registration with the OMB every two years.
15. When you dispense controlled substances personally from your office, you are required to check your inventory every:
- a. Year
 - b. Two years
 - c. Month
 - d. Six months
16. Which of the following need not be included on a prescription for DEA controlled substances?
- a. Patient's full name
 - b. Patient's age
 - c. Patient's address
 - d. Your registration number (DEA)
 - e. Your signature
17. If controlled drugs are stolen from your office, you should immediately notify:
- a. The local DEA field office
 - b. The Oregon Medical Board
 - c. The Attorney General of the State of Oregon
 - d. All of the above.
 - e. Only a & b

18. A physician who needs to stock Schedule II drugs in his/her office or medical bag must obtain these drugs using an order form obtained from:
- a. ___ A local pharmacy
 - b. ___ The Oregon Medical Association
 - c. ___ His/her hospital administrator
 - d. ___ The DEA
19. Which of the following is NOT required in Oregon for the treatment of intractable pain (chronic non-malignant pain) with controlled substances?
- a. ___ The medical records must contain the attending physician's history and physical, the diagnosis, any others supporting diagnostic evaluations and other therapeutic trials, including records from previous providers.
 - b. ___ If there is a consulting physician, documentation of his/her corroborating findings, diagnosis and recommendations should be included in the patient's record.
 - c. ___ Registration with the OMB of your intent to treat chronic, intractable, non-malignant pain.
 - d. ___ The attending physician must personally discuss with the patient the proposed plan, the risks, and the alternatives associated with prescribing controlled substances for their pain. The attending physician has answered the patient's questions, and has had the patient sign a written notice of the material risks. (Material Risk Notice example is on the OMB web site)
20. In Oregon which of the following is incorrect regarding the use of Scheduled drugs in weight reduction?
- a. ___ Schedule II drugs may be used in Oregon for weight reduction when Schedule III and IV drugs have failed to produce weight loss.
 - b. ___ Schedule III & IV drugs, approved by the FDA for bariatric short term use, combined with diet and behavior modification may be used for 90 days, if the patient's BMI is >30, or the patient's BMI is >27 and the patient has complication(s) of obesity such as hypertension, diabetes, or sleep apnea.
 - c. ___ The continued use drugs approved by the FDA for short term use may continue beyond 90 days, if weight loss >2 lbs/mo or ideal weight is achieved.
 - d. ___ Schedule III & IV drugs approved by the FDA for bariatric long term use may be used beyond 90 days.
21. Four of the drugs listed below are controlled substances in Oregon ONLY. Identify the controlled substance that is a controlled substance by the DEA.
- a. ___ carisoprodol (Soma), Schedule IV
 - b. ___ zolpidem (Ambien), Schedule IV
 - c. ___ pseudoephedrine, (Sudafed), Schedule III
 - d. ___ ephedrine, Schedule III
 - e. ___ phenylpropanolamine, Schedule III
22. Physician use of OBOT (Office Based Opioid Treatment) using buprenorphine in a sublingual administration form, either with (Suboxone) or without (Subutex) naloxone has the following requirements except:
- a. ___ The physician must have the capacity to refer such addiction therapy patients for appropriate counseling and other non-pharmacologic therapies.
 - b. ___ The DEA will approve the licensee to order these drugs under his regular DEA number.
 - c. ___ A physician must notify the CSAT (Center for Substance Abuse Treatment), a component of the SAMHSA (Substance Abuse and Mental Health Services Administration) of his/her intent to begin dispensing or prescribing this treatment and provide his/her qualifications required by SAMHSA.
 - d. ___ The physician will not have more than 30 patients on such addiction therapy at any one time.

**OREGON MEDICAL BOARD
OREGON ADMINISTRATIVE RULES - CHAPTER 847, DIVISION 015**

GENERAL LICENSING RULES, RELATING TO CONTROLLED SUBSTANCES

847-015-0005

Schedule II Controlled Substances - Bariatrics Practice

- (1) A physician shall not utilize a Schedule II controlled substance for purposes of weight reduction or control.
- (2) A violation of any provision of this rule, as determined by the Board, shall constitute Unprofessional Conduct as the term is used in ORS 677.188(4)(a),(b), or (c), whether or not actual injury to a patient is established.

847-015-0010

Schedule III or IV Controlled Substances - Bariatrics Practice

(1) A physician shall not utilize a Schedule III or IV controlled substance for purposes of weight reduction, other than in accordance with federal Food and Drug Administration (FDA) product guidelines in effect at the time of utilization and with all the provisions of this rule.

(2) A physician may utilize a Schedule III or IV controlled substance for purposes of weight reduction in the treatment of Exogenous Obesity in a regimen of weight reduction based on caloric restriction, behavior

modification and prescribed exercise, provided that all of the following conditions are met:

(a) Before initiating treatment utilizing a Schedule III or IV controlled substance, the physician determines through review of the physician's own records of prior treatment, or through review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that one of the following conditions exist:

(A) Patient's body mass index exceeds 30 Kg/M sq; or

(B) Patient's body mass index exceeds 27 Kg/M sq *and* the excess weight represents a threat to the patient's health (as with hypertension, diabetes, or hypercholesterolemia.)

(b) Before initiating treatment utilizing a Schedule III or IV controlled substance, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized.

(3) Continuation of Schedule III or IV designated as FDA short term use controlled substances beyond three (3) months requires documentation of an average two (2) pound per month weight loss during active weight reduction treatment, or documentation of maintenance of goal weight. Use of Schedule III or IV controlled substances with FDA approval for bariatric therapy and designated for long term use where FDA guidelines are followed may also be used beyond three months.

(4) A violation of any provision of this rule, as determined by the Board, shall constitute Unprofessional Conduct as the term is used in ORS 677.188(4)(a), (b), or (c), whether or not actual injury to a patient is established.

847-015-0015

Maintenance of Controlled Substances Log by Prescribing Practitioners

Any practitioner dispensing or administering controlled substances from the practitioner's office must have a Drug Enforcement Administration registration indicating the address of that office. The practitioner shall maintain an inventory log showing all controlled substances received, and administered or dispensed. This log shall also list for each controlled substance, the patient's name, amounts used, and date administered or dispensed. This log

shall be available for inspection on request by the Oregon Medical Board or its authorized agents. Controlled substances samples are included in this rule.

847-015-0020

Maintenance of Controlled Substances Log – Ambulance Medical Rescue Services Receiving Controlled Substances from Physicians

Any physician providing controlled substances for use by ambulance and medical rescue services must have a Drug Enforcement Administration registration for the address where the controlled substances and inventory log are stored. The inventory log at the registered address shall be maintained showing all controlled substances received, or dispensed to the emergency vehicle. The administration log shall also show for each controlled substance, the patient's name and amount used, date, and by whom administered or dispensed, and may be maintained in the emergency vehicle. This log should be reviewed on a monthly basis and be readily retrievable for inspection on request by the Board, the ambulance licensing authority as specified in ORS 682.015, or their authorized agents.

847-015-0025

Dispensing Physicians and Podiatric Physicians

(1) Any actively licensed physician or podiatric physician who dispenses drugs shall register with the Board on the appropriate form before beginning to dispense drugs.

(2) A physician who supervises a physician assistant who is applying for emergency dispensing privileges, or monitors/supervises any other health care provider with emergency dispensing privileges, must be registered with the Oregon Medical Board as a dispensing physician.

(3) Dispensing of samples, without charge, will not constitute dispensing under this rule.

(4) Administering drugs in the physician's or podiatric physician's office will not constitute dispensing under this rule.

(5) At the time of biennial medical license registration renewal, all actively licensed physicians or podiatric physicians who dispense shall so indicate on the registration renewal form.

(6) Any physician or podiatric physician who dispenses drugs after January 1, 1988, without first registering with the Board will be fined \$100, and may be subject to further disciplinary action by the Board.

847-015-0030

Written Notice Disclosing the Material Risks Associated with Prescribed or Administered Controlled Substances for the Treatment of Intractable Pain.

(1) Definitions

(a) "Controlled substance" has the meaning given that term under ORS 475.005.

(b) "Intractable pain" means a chronic pain state in which the cause of the pain cannot be removed or otherwise treated and for which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain has been found after reasonable efforts, including, but not limited to, evaluation by the attending physician.

(2) Controlled substances may be prescribed for long term treatment of intractable pain. The attending physician records must contain the attending physician's examination, diagnosis and any other supporting diagnostic evaluations and other therapeutic trials, including records from previous providers. If there is a consulting physician, written documentation of his/her corroborating findings, diagnosis and recommendations shall be included in the record.

(3) Before initiating treatment of intractable pain with controlled substances or, when it is apparent that pain which is already being treated with controlled substances has now become intractable, the attending physician shall discuss with the patient the procedures, alternatives and risks associated with the prescribing or administering controlled substances for long term management of pain. Following the discussion the patient will be given an opportunity to request further explanations. When the patient is satisfied with the explanation of the issues related to the prescribing of these drugs over long periods of time, the attending physician shall provide to the person and the person shall sign a written document outlining the issues discussed associated with the prescribed or administered controlled substances.

(4) The material risk notice should include but not be limited to:

(a) The diagnosis;

(b) The controlled substance and/or group of controlled substances to be used;

(c) Anticipated therapeutic results;

(A) Pain relief;

(B) Functional goals;

(d) Alternatives to controlled substance therapy;

(e) Potential additional therapies to be used in conjunction with controlled substances; and

(f) Potential side effects (if applicable):

(A) Cardiovascular;

(B) Central Nervous System;

(C) Gastrointestinal;

- (D) Endocrine;
- (E) Respiratory;
- (F) Dermatologic;
- (G) Urinary;
- (H) Pregnancy, and
- (I) Other.
- (g) Allergy Potential;
- (h) Interaction/Potentiation of other medications;
- (i) Potential for dose escalation/tolerance;
- (j) Withdrawal precautions;
- (k) Potential for dependence and addiction;
- (l) Potential for impairment of judgment and/or motor skills;
- (m) Satisfaction with or desire for more explanation; and
- (n) Patient signature (dated).

(5) The material risk consent form will be maintained as a permanent component of the patient record as shall documentation of long term follow-up to demonstrate the continued need for this form of therapy. A dispensing record of the amount and dose of the prescribed or administered controlled substances shall be maintained as part of the patient record.

847-015-0035

Attending physicians prescribing medications to physician assisted suicide patients

Attending physicians prescribing medications pursuant to ORS 127.800 – 127.897 shall:

(1) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, provided the attending physician is registered as a dispensing physician with the Oregon Medical Board, has a current Drug Enforcement Administration (D.E.A.) certificate, and complies with the provisions of ORS 677.089, OAR 847-015-0015 and OAR 847-015-0025; or

(2) With the patient's written consent:

(a) Contact a pharmacist, and inform the pharmacist of the purpose of the prescription, and

(b) Deliver the written prescription personally or by mail to the pharmacist who will dispense the medications to either the patient, the attending physician, or an expressly identified patient's agent.

847-015-0040

Collaborative Drug Therapy Management

(1) "Collaborative Drug Therapy Management" as used in this section means the participation by a physician and a pharmacist in the management of drug therapy pursuant to a written protocol that includes information specific to the dosage, frequency, duration and route of administration of the drug, authorized by a physician and initiated upon a prescription order for an individual patient and:

(a) Is agreed to by one physician and one pharmacist; or

(b) Is agreed to by one or more physicians in a single organized medical group, such as a hospital medical staff, clinic or group practice, including but not limited to organized medical groups using a pharmacy and therapeutics committee, and one or more pharmacists at a single pharmacy registered by the Board of Pharmacy.

(2) A physician shall engage in collaborative drug therapy management with a pharmacist only under a written arrangement that includes:

(a) The identification, either by name or by description, of the participating pharmacist(s).

(b) The identification, by name, of the participating physician(s).

(c) The name of the physician and principal pharmacist who are responsible for development, training, administration, and quality assurance of the arrangement.

(d) A detailed description of the collaborative role the pharmacist(s) shall play, including but not limited to:

(A) Written protocol for specific drugs pursuant to which the pharmacist will base drug therapy management decisions for an individual patient.

(B) Circumstances which will cause the pharmacist to initiate communication with the physician, including but not limited to the need for new prescription orders and reports of patients' therapeutic responses or adverse effects.

- (C) Training requirement for pharmacist participation and ongoing assessment of competency, if necessary;
 - (D) Quality assurance and periodic review by a panel of the participating physicians(s) and pharmacist(s).
 - (e) Authorization by the physician(s) for the pharmacist(s) to participate in the collaborative drug therapy.
 - (f) A provision for the collaborative drug therapy arrangement to be reviewed and updated, or discontinued at least every two years; and
 - (g) A description of the mechanism for the pharmacist(s) to communicate to the physician(s) and for documentation of the implementation of the collaborative drug therapy.
- (3) Collaborative drug therapy management is valid only when initiated upon the prescription order of a participating physician for each individual patient.
- (4) Nothing in this rule shall be construed to allow therapeutic substitution.
- (5) The collaborative drug therapy protocol must be filed with the Board of Pharmacy, kept on file in the pharmacy and made available to the Board of Pharmacy and the Oregon Medical Board upon request.

TIPS FOR HANDLING CONTROLLED SUBSTANCES

- **Keep prescription pads in a safe or secure place; not in the open.**
- **Write out all numbers in a prescription, such as “twenty (20)”.**
- **Do not prescribe refills for another doctor’s patient without first looking at that doctor’s records or confirming with that doctor.**
- **Never sign a blank prescription, even for non-controlled medications.**
- **Do not have your DEA number printed on your prescription pads.**
- **Be cautious of being hired by a clinic or other group for your ability to prescribe controlled drugs.**

**US Department of Justice
Drug Enforcement Administration**

**Controlled Substances in
Alphabetical Order**

CONTROLLED SUBSTANCE	DEA NUMBER	SCHEDULE	NARC	SYNONYM
1-(1-Phenylcyclohexyl)pyrrolidine	7458	I	N	PCPy, PHP, rolicyclidine
1-(2-Phenylethyl)-4-phenyl-4-acetoxypiperidine	9663	I	Y	PEPAP, synthetic heroin
1-[1-(2-Thienyl)cyclohexyl]piperidine	7470	I	N	TCP, tenocyclidine
1-[1-(2-Thienyl)cyclohexyl]pyrrolidine	7473	I	N	TCPy
13Beta-ethyl-17beta-hydroxygon-4-en-3-one	4000	III	N	
17Alpha-methyl-3alpha,17beta-dihydroxy-5alpha-androstane	4000	III	N	
17Alpha-methyl-3beta,17beta-dihydroxy-5alpha-androstane	4000	III	N	
17Alpha-methyl-3beta,17beta-dihydroxyandrost-4-ene	4000	III	N	
17Alpha-methyl-4-hydroxynandrolone (17alpha-methyl-4-hydroxy-17beta-hydroxyestr-4-en-3-one)	4000	III	N	
17Alpha-methyl-delta1-dihydrotestosterone (17beta-hydroxy-17alpha-methyl-5alpha-androst-1-en-3-one)	4000	III	N	17-Alpha-methyl-1-testosterone
19-Nor-4-androstenediol (3beta,17beta-dihydroxyestr-4-ene; 3alpha,17beta-dihydroxyestr-4-ene)	4000	III	N	
19-Nor-4-androstenedione (estr-4-en-3,17-dione)	4000	III	N	
19-Nor-5-androstenediol (3beta,17beta-dihydroxyestr-5-ene; 3alpha,17beta-dihydroxyestr-5-ene)	4000	III	N	
19-Nor-5-androstenedione (estr-5-en-3,17-dione)	4000	III	N	
1-Androstenediol (3beta,17beta-dihydroxy-5alpha-androst-1-ene; 3alpha,17beta-dihydroxy-5alpha-androst-1-ene)	4000	III	N	
1-Androstenedione (5alpha-androst-1-en-3,17-dione)	4000	III	N	
1-Methyl-4-phenyl-4-propionoxypiperidine	9661	I	Y	MPPP, synthetic heroin
1-Phenylcyclohexylamine	7460	II	N	PCP precursor
1-Piperidinocyclohexanecarbonitrile	8603	II	N	PCC, PCP precursor
2,5-Dimethoxy-4-(n)-propylthiophenethylamine	7348	I	N	2C-T-7
2,5-Dimethoxy-4-ethylamphetamine	7399	I	N	DOET
2,5-Dimethoxyamphetamine	7396	I	N	DMA, 2,5-DMA

CONTROLLED SUBSTANCE	DEA NUMBER	CSA SCH	NARC	OTHER NAMES
3,4,5-Trimethoxyamphetamine	7390	I	N	TMA
3,4-Methylenedioxyamphetamine	7400	I	N	MDA, Love Drug
3,4-Methylenedioxy-N-methylamphetamine	7405	I	N	MDMA, Ecstasy, XTC
3,4-Methylenedioxy-N-ethylamphetamine	7404	I	N	N-ethyl MDA, MDE, MDEA
3Alpha,17beta-dihydroxy-5alpha-androstane	4000	III	N	
3Beta,17beta-dihydroxy-5alpha-androstane	4000	III	N	
3-Methylfentanyl	9813	I	Y	China White, fentanyl
3-Methylthiofentanyl	9833	I	Y	Chine White, fentanyl
4-Androstenediol (3beta,17beta-dihydroxy-androst-4-ene)	4000	III	N	4-AD
4-Androstenedione (androst-4-en-3,17-dione)	4000	III	N	
4-Bromo-2,5-dimethoxyamphetamine	7391	I	N	DOB, 4-bromo-DMA
4-Bromo-2,5-dimethoxyphenethylamine	7392	I	N	2C-B, Nexus, has been sold as Ecstasy, i.e. MDMA
4-Dihydrotestosterone (17beta-hydroxyandrost-3-one)	4000	III	N	Anabolex, Andractim, Pesomax, Stanolone
4-Hydroxy-19-nortestosterone (4,17beta-dihydroxyestr-4-en-3-one)	4000	III	N	
4-Hydroxytestosterone (4,17beta-dihydroxyandrost-4-en-3-one)	4000	III	N	
4-Methoxyamphetamine	7411	I	N	PMA
4-Methyl-2,5-dimethoxyamphetamine	7395	I	N	DOM, STP
4-Methylaminorex (cis isomer)	1590	I	N	U4Euh, McN-422
5-Androstenediol (3beta,17beta-dihydroxy-androst-5-ene)	4000	III	N	
5-Androstenedione (androst-5-en-3,17-dione)	4000	III	N	
5-Methoxy-3,4-methylenedioxyamphetamine	7401	I	N	MMDA
5-Methoxy-N,N-diisopropyltryptamine	7439	I	N	5-MeO-DIPT
Acetorphine	9319	I	Y	
Acetyl-alpha-methylfentanyl	9815	I	Y	
Acetyldihydrocodeine	9051	I	Y	Acetylcodone
Acetylmethadol	9601	I	Y	Methadyl acetate
Alfentanil	9737	II	Y	Alfenta
Allylprodine	9602	I	Y	
Alphacetylmethadol except levo-alphacetylmethadol	9603	I	Y	
Alpha-ethyltryptamine	7249	I	N	ET, Trip
Alphameprodine	9604	I	Y	
Alphamethadol	9605	I	Y	
Alpha-methylfentanyl	9814	I	Y	China White, fentanyl
Alpha-methylthiofentanyl	9832	I	Y	China White, fentanyl
Alpha-methyltryptamine	7432	I	N	AMT
Alphaprodine	9010	II	Y	Nisentil
Alprazolam	2882	IV	N	Xanax

CONTROLLED SUBSTANCE	DEA NUMBER	CSA SCH	NARC	OTHER NAMES
Aminorex	1585	I	N	has been sold as methamphetamine
Amobarbital	2125	II	N	Amytal, Tuinal
Amobarbital & noncontrolled active ingred.	2126	III	N	
Amobarbital suppository dosage form	2126	III	N	
Amphetamine	1100	II	N	Dexedrine, Adderall, Obetrol
Anabolic steroids	4000	III	N	"Body Building" drugs
Androstenedione (5alpha-androstan-3,17-dione)	4000	III	N	
Anileridine	9020	II	Y	Leritine
Aprobarbital	2100	III	N	Alurate
Barbital	2145	IV	N	Veronal, Plexonal, barbitone
Barbituric acid derivative	2100	III	N	Barbiturates not specifically listed
Benzethidine	9606	I	Y	
Benzoylcegonine	9180	II	Y	Cocaine metabolite
Benzphetamine	1228	III	N	Didrex, Inapetyl
Benzylmorphine	9052	I	Y	
Betacetylmethadol	9607	I	Y	
Beta-hydroxy-3-methylfentanyl	9831	I	Y	China White, fentanyl
Beta-hydroxyfentanyl	9830	I	Y	China White, fentanyl
Betameprodine	9608	I	Y	
Betamethadol	9609	I	Y	
Betaprodine	9611	I	Y	
Bezitramide	9800	II	Y	Burgodin
Bolasterone (7alpha,17alpha-dimethyl-17beta-hydroxyandrost-4-en-3-one)	4000	III	N	
Boldenone (17beta-hydroxyandrost-1,4-diene-3-one)	4000	III	N	Equipoise, Parenabol, Vebonol, dehydrotestosterone
Bromazepam	2748	IV	N	Lexotan, Lexatin, Lexotanil
Bufotenine	7433	I	N	Mappine, N,N-dimethylserotonin
Buprenorphine	9064	III	Y	Buprenex, Temgesic, Subutex, Suboxone
Butabarbital (secbutabarbital)	2100	III	N	Butisol, Butibel
Butalbital	2100	III	N	Fiorinal, Butalbital with aspirin
Butobarbital (butethal)	2100	III	N	Soneryl (UK)
Butorphanol	9720	IV	N	Stadol, Stadol NS, Torbugesic, Torbutrol
Calusterone (7beta,17alpha-dimethyl-17beta-hydroxyandrost-4-en-3-one)	4000	III	N	Methosarb
Camazepam	2749	IV	N	Albego, Limpidon, Paxor
Carfentanil	9743	II	Y	Wildnil
Cathine	1230	IV	N	Constituent of "Khat" plant, (+)-norpseudoephedrine
Cathinone	1235	I	N	Constituent of "Khat" plant
Chloral betaine	2460	IV	N	Beta Chlor
Chloral hydrate	2465	IV	N	Noctec
Chlordiazepoxide	2744	IV	N	Librium, Libritabs, Limbitrol, SK-Lygen
Chlorhexadol	2510	III	N	Mechloral, Mecoral, Medodorm, Chloralodol

CONTROLLED SUBSTANCE	DEA NUMBER	CSA SCH	NARC	OTHER NAMES
Chlorphentermine	1645	III	N	Pre-Sate, Lucofen, Apsedon, Desopimon
Clobazam	2751	IV	N	Urbadan, Urbanyl
Clonazepam	2737	IV	N	Klonopin, Clonopin
Clonitazene	9612	I	Y	
Clorazepate	2768	IV	N	Tranxene
Clortermine	1647	III	N	Voranil
Clostebol (4-chloro-17beta-hydroxyandrost-4-en-3-one)	4000	III	N	Alfa-Trofodermin, Clostene, 4-chlorotestosterone
Clotiazepam	2752	IV	N	Trecalmo, Rize, Clozan, Veratran
Cloxazolam	2753	IV	N	Akton, Lubalix, Olcadil, Sepazon
Coca Leaves	9040	II	Y	
Cocaine	9041	II	Y	Methyl benzoylecgonine, Crack
Codeine	9050	II	Y	Morphine methyl ester, methyl morphine
Codeine & isoquinoline alkaloid 90 mg/du	9803	III	Y	Codeine with papaverine or noscapine
Codeine combination product 90 mg/du	9804	III	Y	Empirin, Fiorinal, Tylenol, ASA or APAP w/codeine
Codeine methylbromide	9070	I	Y	
Codeine preparations - 200 mg/100 ml or 100 gm	V	Y		Cosanyl, Robitussin A-C, Cheracol, Cerose, Pediacof
Codeine-N-oxide	9053	I	Y	
Cyprenorphine	9054	I	Y	
Dehydrochloromethyltestosterone (4-chloro-17beta-hydroxy-17alpha-methylandrost-1,4-dien-3-one)	4000	III	N	Oral-Turinabol
Delorazepam	2754	IV	N	
Delta1-dihydrotestosterone (17beta-hydroxy-5alpha-androst-1-en-3-one)	4000	III	N	1-Testosterone
Desomorphine	9055	I	Y	
Dexfenfluramine	1670	IV	N	Redux
Dextromoramide	9613	I	Y	Palfium, Jetrium, Narcolo
Dextropropoxyphene dosage forms	9278	IV	Y	Darvon, propoxyphene, Darvocet, Propacet
Dextropropoxyphene, bulk (non-dosage forms)	9273	II	Y	Propoxyphene
Diampromide	9615	I	Y	
Diazepam	2765	IV	N	Valium, Diastat
Dichloralphenazone	2467	IV	N	Midrin, dichloralantipyrine
Diethylpropion	1610	IV	N	Tenuate, Tepanil
Diethylthiambutene	9616	I	Y	
Diethyltryptamine	7434	I	N	DET
Difenoxin	9168	I	Y	Lyspafen
Difenoxin 1 mg/25 ug AtSO4/du	9167	IV	Y	Motofen
Difenoxin preparations - 0.5 mg/25 ug AtSO4/du		V	Y	Motofen
Dihydrocodeine	9120	II	Y	Didrate, Parzone
Dihydrocodeine combination product 90 mg/du	9807	III	Y	Synalgos-DC, Compal
Dihydrocodeine preparations 10 mg/100 ml or 100 gm		V	Y	Cophene-S, various others
Dihydroetorphine	9334	II	Y	DHE

CONTROLLED SUBSTANCE	DEA NUMBER	CSA SCH	NARC	OTHER NAMES
Dihydromorphine	9145	I	Y	
Dimenoxadol	9617	I	Y	
Dimepheptanol	9618	I	Y	
Dimethylthiambutene	9619	I	Y	
Dimethyltryptamine	7435	I	N	DMT
Dioxaphetyl butyrate	9621	I	Y	
Diphenoxylate	9170	II	Y	
Diphenoxylate preparations 2.5 mg/25 ug AtSO4		V	Y	Lomotil, Logen
Dipipanone	9622	I	Y	Dipipan, phenylpiperone HCl, Diconal, Wellconal
Diprenorphine	9058	II	Y	M50-50
Dronabinol in sesame oil in soft gelatin capsule	7369	III	N	Marinol, synthetic THC in sesame oil/soft gelatin
Drostanolone (17beta-hydroxy-2alpha-methyl-5alpha-androstan-3-one)	4000	III	N	Drolban, Masterid, Permastril
Drotebanol	9335	I	Y	Metebanyl, oxymethebanol
Ecgonine	9180	II	Y	Cocaine precursor, in Coca leaves
Estazolam	2756	IV	N	ProSom, Domnamid, Eurodin, Nuctalon
Ethchlorvynol	2540	IV	N	Placidyl
Ethinamate	2545	IV	N	Valmid, Valamin
Ethyl loflazepate	2758	IV	N	
Ethylestrenol (17alpha-ethyl-17beta-hydroxyestr-4-ene)	4000	III	N	Maxibolin, Orabolin, Durabolin-O, Duraboral
Ethylmethylthiambutene	9623	I	Y	
Ethylmorphine	9190	II	Y	Dionin
Ethylmorphine combination product 15 mg/du	9808	III	Y	
Ethylmorphine preparations 100 mg/100 ml or 100 gm		V	Y	
Etonitazene	9624	I	Y	
Etorphine (except HCl)	9056	I	Y	
Etorphine HCl	9059	II	Y	M 99
Etoxidine	9625	I	Y	
Fencamfamin	1760	IV	N	Reactivan
Fenethylamine	1503	I	N	Captagon, amfetyline, ethyltheophylline amphetamine
Fenfluramine	1670	IV	N	Pondimin, Ponderal
Fenproporex	1575	IV	N	Gacilin, Solvolip
Fentanyl	9801	II	Y	Duragesic, Oralet, Actiq, Sublimaze, Innovar
Fludiazepam	2759	IV	N	
Flunitrazepam	2763	IV	N	Rohypnol, Narcozep, Darkene, Roipnol
Fluoxymesterone (9-fluoro-17alpha-methyl-11beta,17beta-dihydroxyandrost-4-en-3-one)	4000	III	N	Anadroid-F, Halotestin, Ora-Testryl
Flurazepam	2767	IV	N	Dalmane
Formebolone (2-formyl-17alpha-methyl-11alpha,17beta-dihydroxyandrost-1,4-dien-3-one)	4000	III	N	Esiclone, Hubernol

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Furazabol (17alpha-methyl-17beta-hydroxyandrostano[2,3-c]-furazan)	4000	III	N	Frazalon, Miotolon, Qu Zhi Shu
Furethidine	9626	I	Y	
Gamma Hydroxybutyric Acid	2010	I	N	GHB, gamma hydroxybutyrate, sodium oxybate
Gamma Hydroxybutyric Acid preparations	2012	III	N	Zyrem
Glutethimide	2550	II	N	Doriden, Dorimide
Halazepam	2762	IV	N	Paxipam
Haloxazolam	2771	IV	N	
Heroin	9200	I	Y	Diacetylmorphine, diamorphine
Hydrocodone	9193	II	Y	dihydrocodeinone
Hydrocodone & isoquinoline alkaloid <15 mg/du	9805	III	Y	Dihydrocodeinone+papaverine or noscapine
Hydrocodone combination product <15 mg/du	9806	III	Y	Lorcet, Lortab, Vicodin, Vicoprofen, Tussionex, Norco
Hydromorhinol	9301	I	Y	
Hydromorphone	9150	II	Y	Dilaudid, dihydromorphinone
Hydroxypethidine	9627	I	Y	
Ibogaine	7260	I	N	Constituent of "Tabernanthe iboga" plant
Isomethadone	9226	II	Y	Isoamidone
Ketamine	7285	III	N	Ketaset, Ketalar, Special K, K
Ketazolam	2772	IV	N	Anxon, Loftran, Solatran, Contamex
Ketobemidone	9628	I	Y	Cliradon
Levo-alphaacetylmethadol	9648	II	Y	LAAM, long acting methadone, levomethadyl acetate
Levomethorphan	9210	II	Y	
Levomoramide	9629	I	Y	
Levophenacymorphan	9631	I	Y	
Levorphanol	9220	II	Y	Levo-Dromoran
Loprazolam	2773	IV	N	
Lorazepam	2885	IV	N	Ativan
Lormetazepam	2774	IV	N	Noctamid
Lysergic acid	7300	III	N	LSD precursor
Lysergic acid amide	7310	III	N	LSD precursor
Lysergic acid diethylamide	7315	I	N	LSD, lysergide
Marihuana	7360	I	N	Cannabis, marijuana
Mazindol	1605	IV	N	Sanorex, Mazanor
Mebutamate	2800	IV	N	Capla
Mecloqualone	2572	I	N	Nubarene
Medazepam	2836	IV	N	Nobrium
Mefenorex	1580	IV	N	Anorexic, Amexate, Doracil, Pondinil
Meperidine	9230	II	Y	Demerol, Mepergan, pethidine
Meperidine intermediate-A	9232	II	Y	Meperidine precursor
Meperidine intermediate-B	9233	II	Y	Meperidine precursor
Meperidine intermediate-C	9234	II	Y	Meperidine precursor
Meprobamate	2820	IV	N	Miltown, Equanil, Micrainin, Equagesic, Meprospan
Mescaline	7381	I	N	Constituent of "Peyote" cacti
Mestanolone (17alpha-methyl-17beta-hydroxy-5alpha-androstan-	4000	III	N	Assimil, Ermalone, Methybol, Tantarone

CONTROLLED SUBSTANCE	DEA NUMBER	CSA SCH	NARC	OTHER NAMES
3-one)				
Mesterolone (1alpha-methyl-17beta-hydroxy-5alpha-androstan-3-one)	4000	III	N	Androviron, Proviron, Testiwop
Metazocine	9240	II	Y	
Methadone	9250	II	Y	Dolophine, Methadose, Amidone
Methadone intermediate	9254	II	Y	Methadone precursor
Methamphetamine	1105	II	N	Desoxyn, D-desoxyephedrine, ICE, Crank, Speed
Methandienone (17alpha-methyl-17beta-hydroxyandrost-1,4-diene-3-one)	4000	III	N	Dianabol, Metabolina, Nerobol, Perbolin
Methandriol (17alpha-methyl-3beta,17beta-dihydroxyandrost-5-ene)	4000	III	N	Sinesex, Stenediol, Troformone
Methaqualone	2565	I	N	Quaalude, Parest, Somnafac, Opitimid, Mandrax
Methcathinone	1237	I	N	N-Methylcathinone, "cat"
Methenolone (1-methyl-17beta-hydroxy-5alpha-androst-1-en-3-one)	4000	III	N	Primobolan, Primobolan Depot, Primobolan S
Methohexital	2264	IV	N	Brevital
Methyldesorphine	9302	I	Y	
Methyldienolone (17alpha-methyl-17beta-hydroxyestr-4,9(10)-dien-3-one)	4000	III	N	
Methyldihydromorphine	9304	I	Y	
Methylphenidate	1724	II	N	Concerta, Ritalin, Methylin
Methylphenobarbital (mephobarbital)	2250	IV	N	Mebaral, mephobarbital
Methyltestosterone (17alpha-methyl-17beta-hydroxyandrost-4-en-3-one)	4000	III	N	Android, Oreton, Testred, Virilon
Methyltrienolone (17alpha-methyl-17beta-hydroxyestr-4,9,11-trien-3-one)	4000	III	N	Metribolone
Methypylon	2575	III	N	Noludar
Metopon	9260	II	Y	
Mibolerone (7alpha,17alpha-dimethyl-17beta-hydroxyestr-4-en-3-one)	4000	III	N	Cheque, Matenon
Midazolam	2884	IV	N	Versed
Modafinil	1680	IV	N	Provigil
Moramide-intermediate	9802	II	Y	
Morpheridine	9632	I	Y	
Morphine	9300	II	Y	MS Contin, Roxanol, Oramorph, RMS, MSIR
Morphine combination product/50 mg/100 ml or gm	9810	III	Y	
Morphine methylbromide	9305	I	Y	
Morphine methylsulfonate	9306	I	Y	
Morphine-N-oxide	9307	I	Y	
Myrophine	9308	I	Y	
N,N-Dimethylamphetamine	1480	I	N	
Nabilone	7379	II	N	Cesamet

CONTROLLED SUBSTANCE	DEA NUMBER	CSA SCH	NARC	OTHER NAMES
Nalorphine	9400	III	Y	Nalline
Nandrolone (17beta-hydroxyestr-4-en-3-one)	4000	III	N	Deca-Durabolin, Durabolin, Durabolin-50
N-Benzylpiperazine	7493	I	N	BZP, 1-benzylpiperazine
N-Ethyl-1-phenylcyclohexylamine	7455	I	N	PCE
N-Ethyl-3-piperidyl benzilate	7482	I	N	JB 323
N-Ethylamphetamine	1475	I	N	NEA
N-Hydroxy-3,4-methylenedioxyamphetamine	7402	I	N	N-hydroxy MDA
Nicocodeine	9309	I	Y	
Nicomorphine	9312	I	Y	Vilan
Nimetazepam	2837	IV	N	Erimin
Nitrazepam	2834	IV	N	Mogadon
N-Methyl-3-piperidyl benzilate	7484	I	N	JB 336
Noracymethadol	9633	I	Y	
Norbolethone (13beta,17alpha-diethyl-17beta-hydroxygon-4-en-3-one)	4000	III	N	Genabol
Norclostebol (4-chloro-17beta-hydroxyestr-4-en-3-one)	4000	III	N	Anabol-4-19, Lentabol
Nordiazepam	2838	IV	N	Nordazepam, Demadar, Madar
Norethandrolone (17alpha-ethyl-17beta-hydroxyestr-4-en-3-one)	4000	III	N	Nilevar, Pronabol, Solevar
Norlevorphanol	9634	I	Y	
Normethadone	9635	I	Y	Phenyldimazone
Normethandrolone (17alpha-methyl-17beta-hydroxyestr-4-en-3-one)	4000	III	N	Lutenin, Matronal, Orgasteron
Normorphine	9313	I	Y	
Norpipanone	9636	I	Y	
Opium combination product 25 mg/du	9809	III	Y	Paregoric, other combination products
Opium extracts	9610	II	Y	
Opium fluid extract	9620	II	Y	
Opium poppy	9650	II	Y	Papaver somniferum
Opium preparations - 100 mg/100 ml or /100 gm		V	Y	Parepectolin, Kapectolin PG, Kaolin Pectin P.G.
Opium tincture	9630	II	Y	Laudanum
Opium, granulated	9640	II	Y	Granulated opium
Opium, powdered	9639	II	Y	Powdered opium
Opium, raw	9600	II	Y	Raw opium, gum opium
Oxandrolone (17alpha-methyl-17beta-hydroxy-2-oxa-5alpha-androstan-3-one)	4000	III	N	Anavar, Lonavar, Oxandrin, Provitar, Vasorome
Oxazepam	2835	IV	N	Serax, Serenid-D
Oxazolam	2839	IV	N	Serenal, Converal
Oxycodone	9143	II	Y	OxyContin, Percocet, Endocet, Roxicodone, Roxicet,
Oxymesterone (17alpha-methyl-4,17beta-dihydroxyandrost-4-en-3-one)	4000	III	N	Anamidol, Balnimax, Oranabol, Oranabol 10
Oxymetholone (17alpha-methyl-2-hydroxymethylene-17beta-hydroxy-5alpha-androstan-3-one)	4000	III	N	Anadrol-50, Adroyd, Anapolon, Anasteron,
Pardroyd				

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Oxymorphone	9652	II	Y	Numorphan
Para-Fluorofentanyl	9812	I	Y	China White, fentanyl
Parahexyl	7374	I	N	Synhexyl,
Paraldehyde	2585	IV	N	Paral
Pemoline	1530	IV	N	Cylert
Pentazocine	9709	IV	N	Talwin, Talwin NX, Talacen, Talwin Compound
Pentobarbital	2270	II	N	Nembutal
Pentobarbital & noncontrolled active ingred.	2271	III	N	FP-3
Pentobarbital suppository dosage form	2271	III	N	WANS
Petrichloral	2591	IV	N	Pentaerythritol chloral, Periclor
Peyote	7415	I	N	Cactus which contains mescaline
Phenadoxone	9637	I	Y	
Phenampromide	9638	I	Y	
Phenazocine	9715	II	Y	Narphen, Prinadol
Phencyclidine	7471	II	N	PCP, Sernylan
Phendimetrazine	1615	III	N	Plegine, Prelu-2, Bontril, Melfiat, Statobex
Phenmetrazine	1631	II	N	Preludin
Phenobarbital	2285	IV	N	Luminal, Donnatal, Bellergal-S
Phenomorphane	9647	I	Y	
Phenoperidine	9641	I	Y	Operidine, Lealgin
Phentermine	1640	IV	N	Ionamin, Fastin, Adipex-P, Obe-Nix, Zantryl
Phenylacetone	8501	II	N	P2P, phenyl-2-propanone, benzyl methyl ketone
Pholcodine	9314	I	Y	Copholco, Adaphol, Codisol, Lantuss, Pholcolin
Piminodine	9730	II	Y	
Pinazepam	2883	IV	N	Domar
Pipradrol	1750	IV	N	Detaril, Stimolag Fortis
Piritramide	9642	I	Y	Piridolan
Poppy Straw	9650	II	Y	Opium poppy capsules, poppy heads
Poppy Straw Concentrate	9670	II	Y	Concentrate of Poppy Straw, CPS
Prazepam	2764	IV	N	Centrax
Pregabalin	2782	V	N	Lyrica
Proheptazine	9643	I	Y	
Properidine	9644	I	Y	
Propiram	9649	I	Y	Algeril
Psilocybin	7437	I	N	Constituent of "Magic mushrooms"
Psilocyn	7438	I	N	Psilocin, constituent of "Magic mushrooms"
Pyrovalerone	1485	V	N	Centroton, Thymergix
Quazepam	2881	IV	N	Doral
Racemethorphan	9732	II	Y	
Racemoramide	9645	I	Y	
Racemorphan	9733	II	Y	Dromoran
Remifentanyl	9739	II	Y	Ultiva
Secobarbital	2315	II	N	Seconal, Tuinal
Secobarbital & noncontrolled active	2316	III	N	

CONTROLLED SUBSTANCE	DEA NUMBER	CSA SCH	NARC OTHER NAMES
ingred			
Secobarbital suppository dosage form	2316	III	N
Sibutramine	1675	IV	N Meridia
SPA	1635	IV	N 1-dimethylamino-1,2-diphenylethane, Lefetamine
Stanozolol (17alpha-methyl-17beta-hydroxy-5alpha-androst-1-eno[3,2-c]-pyrazole)	4000	III	N Winstrol, Winstrol-V
Stenbolone (17beta-hydroxy-2-methyl--5alpha-androst-1-en-3-one)	4000	III	N
Stimulant compounds previously excepted	1405	III	N Mediatric
Sufentanil	9740	II	Y Sufenta
Sulfondiethylmethane	2600	III	N
Sulfonethylmethane	2605	III	N
Sulfonmethane	2610	III	N
Talbutal	2100	III	N Lotusate
Temazepam	2925	IV	N Restoril
Testolactone (13-hydroxy-3-oxo-13,17-secoandrost-1,4-dien-17-oic acid lactone)	4000	III	N Teolit, Teslac
Testosterone (17beta-hydroxyandrost-4-en-3-one)	4000	III	N Android-T, Androlan, Depotest, Delatestryl
Tetrahydrocannabinols	7370	I	N THC, Delta-8 THC, Delta-9 THC and others
Tetrahydrogestrinone (13beta,17alpha-diethyl-17beta-hydroxygon-4,9,11-trien-3-one)	4000	III	N THG
Tetrazepam	2886	IV	N Myolastan, Musaril
Thebacon	9315	I	Y Acetylhydrocodone, Acedicon, Thebacetyl
Thebaine	9333	II	Y Precursor of many narcotics
Thiamylal	2100	III	N Surital
Thiofentanyl	9835	I	Y Chine white, fentanyl
Thiopental	2100	III	N Pentothal
Tiletamine & Zolazepam Combination Product	7295	III	N Telazol
Tilidine	9750	I	Y Tilidate, Valoron, Kitadol, Lak, Tilsa
Trenbolone (17beta-hydroxyestr-4,9,11-trien-3-one)	4000	III	N Finaplix-S, Finajet, Parabolon
Triazolam	2887	IV	N Halcion
Trimeperidine	9646	I	Y Promedolum
Vinbarbital	2100	III	N Delvinal, vinbarbitone
Zaleplon	2781	IV	N Sonata
Zolpidem	2783	IV	N Ambien, Ivadal, Stilnoct, Stilnox
Zopiclone	2784	IV	N Lunesta