

JOE LOMBARDO  
Governor



HELEN PARK  
*President*

J. DAVID WUEST  
*Executive Secretary*

STATE OF NEVADA  
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206  
Reno, NV 89521

Posted: April 9, 2024

**NOTICE OF INTENT TO ACT UPON A REGULATION**

Notice of Hearing for the Adoption and Amendment of  
Regulations of the Nevada State Board of Pharmacy

The Nevada State Board of Pharmacy will hold a Public Hearing at 9:00 a.m. on  
Thursday, May 30, 2024.

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of  
remote technology. The public may attend the meeting via live stream remotely  
or at the following location:

Hilton Garden Inn  
7830 S. Las Vegas Boulevard  
Las Vegas, NV

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833  
Meeting ID: 588 625 6671

The purpose of the hearing is to receive comments from all interested persons  
regarding the adoption and amendment of regulations that pertain to Chapter 639  
and/or 453 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS  
233B.060:

- A. **REGULATIONS relating to Governor Lombardo's Executive Order  
003-2023. Changes in these Regulations streamline and clarify  
licensing requirements while ensuring public safety; and providing  
other matters properly relating thereto. (LCB File No. R100-23)**

**Executive Order 003-2023**

## **SECTION 1**

Every executive branch department, agency, board and commission shall undertake a comprehensive review of the regulations subject to its enforcement. On or before, May 1, 2023 each department, agency, board and commission shall provide a report to the Governor's office detailing how the regulation subject to its enforcement can be streamlined, clarified, reduced or otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth.

## **SECTION 2:**

As part of its report, every executive branch department, agency, board and commission shall provide a list of not less than ten (10) regulations recommended for removal, ranking them in descending order of priority.

### 1. The need for and the purpose of the proposed regulation or amendment.

This regulation removes requirements for certain applicants to appear before the State Board of Pharmacy; revises provisions governing the administration of immunizations by pharmacists; revises provisions governing the transfer of prescriptions by facsimile machine; removes provisions authorizing a pharmacy to sell or otherwise provide a compounded drug to a retail pharmacy or practitioner; and providing other matters properly relating thereto.

### 2. Either the terms or the substance of the regulations to be adopted and amended.

A copy of the proposed regulation is attached to this notice.

### 3. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

#### (a) Both adverse and beneficial effects.

There should be no economic impact from this regulation amendment on the regulated entities or on the public. The regulation amendment will have a beneficial effect on the regulated entities and on the public by removing barriers for licensure, by increasing access to immunizations to the public, by removing barriers in the transferring of prescriptions between pharmacies, and by conforming the compounding of medications in Nevada with Federal Law while continuing to uphold basic standards to protect public health, safety, and welfare.

(b) Both immediate and long-term effects.

Both the immediate and long-term economic effects on regulated entities and on the public will be beneficial by removing barriers for licensure, by increasing access to immunizations to the public, by removing barriers in the transferring of prescriptions between pharmacies, and by conforming the compounding of medications in Nevada with Federal Law while continuing to uphold basic standards to protect public health, safety, and welfare.

4. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no additional or special costs incurred by the Board of Pharmacy for enforcement of this regulation amendment.

5. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The Board of Pharmacy is not aware of any similar regulations of any other state or local governmental agency that the proposed regulation amendment overlaps or duplicates.

6. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The regulation is not required by federal law.

7. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The Board of Pharmacy is not aware of any similar federal regulation of the same activity in which the state regulation is more stringent.

8. Whether the proposed regulation establishes a new fee or increases an existing fee.

This regulation does not provide a new or increase of fees.

Persons wishing to comment upon the proposed action of the Board may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Board at [teambc@pharmacy.nv.gov](mailto:teambc@pharmacy.nv.gov) or to the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521. Written submissions must be received by the Board on or

before May 30, 2024. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Nevada State Board of Pharmacy in writing at 985 Damonte Ranch Pkwy., #206, Reno, Nevada 89521, or by calling (775) 850-1440. Please notify us at least one (1) week prior to the scheduled meeting date to allow time to secure any necessary equipment or provisions prior to the meeting.

This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and on the Internet at <http://www.leg.state.nv.us>. Copies of this notice and the proposed regulation will also be mailed to members of the public upon request.

Pursuant to NRS 233B.064(1), upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at:

[www.notice.nv.gov](http://www.notice.nv.gov)

[www.bop.nv.gov](http://www.bop.nv.gov)

[www.leg.state.nv.us](http://www.leg.state.nv.us).

Nevada State Board of Pharmacy  
Reno, Nevada

Nevada State Board of Pharmacy  
Las Vegas, Nevada

Nevada State Library  
100 N. Stewart St.  
Carson City, NV 89701

**REVISED PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R100-23**

March 6, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1-9, NRS 639.070.

A REGULATION relating to pharmacy; removing requirements that certain applicants appear before the State Board of Pharmacy and receive certain instructions; revising provisions governing the administration of immunizations by pharmacists; revising provisions governing the transfer of prescriptions by facsimile machine; removing provisions authorizing a pharmacy to sell or otherwise provide a compound drug to a retail pharmacy or practitioner; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the practice of pharmacy. (NRS 639.070) Existing regulations require certain applicants for a license to operate a pharmacy in the State of Nevada to appear before the Board in support of the application. (NAC 639.215) **Section 1** of this regulation removes this requirement and instead authorizes the Board to require the same such applicants to appear before the Board in support of the application. Under existing regulations, certain applicants who appear before the Board in support of an application are required to receive instructions relative to the pharmacy laws. (NAC 639.215) **Section 1** removes this requirement.

Existing regulations require certain physician assistants who apply for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices to personally appear before the Board for a determination and an assignment of the specific authority to be granted to the physician assistant. (NAC 639.272) **Section 2** of this regulation removes this requirement and instead authorizes the Board to require the same such physician assistants to personally appear before the Board.

Existing regulations prohibit a physician assistant from writing a prescription in the form of an order on the chart of a patient in a hospital unless the physician assistant: (1) is authorized by the hospital’s rules; and (2) has filed a copy of his or her form for prescriptions with the pharmacy of the hospital. Under existing regulations, the form for prescriptions of a physician assistant must be approved by the Board. (NAC 639.283) **Section 3** of this regulation eliminates the requirement that the Board approve this form.

Existing regulations: (1) authorize a physician to establish a written protocol authorizing pharmacists to administer certain immunizations; and (2) require that any such protocol include a

restriction that a pharmacist may not administer an immunization except at an authorized location. (NAC 639.2971) **Section 4** of this regulation removes this requirement.

Existing regulations: (1) authorize a registered pharmacist to apply to the Board to engage in the practice of pharmacy at a site other than a licensed pharmacy; and (2) require the Board to consider any such application at a hearing before the Board. (NAC 639.403, 639.406) **Section 5** of this regulation removes the requirement that the Board hold a hearing to consider such an application and instead authorizes the Board, at its discretion, to hold a hearing on an application.

Existing law requires the Board to adopt regulations concerning the electronic transmission of certain prescriptions by facsimile machine. (NRS 639.0745) Among other requirements, existing regulations authorize a pharmacy to transfer prescriptions by facsimile machine to another pharmacy if the transmission includes certain information. Existing regulations authorize the Board to exempt a pharmacy from this requirement if the Board is satisfied that: (1) the pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and (2) the identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist. (NAC 639.7145) **Section 6** of this regulation removes provisions authorizing the Board to exempt a pharmacy from the requirement that a transmission include certain information. Instead, **section 6** authorizes a pharmacy to transfer prescriptions by facsimile machine to another pharmacy without including certain information if the pharmacy determines that it meets the criteria previously considered by the Board in determining whether to grant an exemption.

Existing regulations prohibit a pharmacy from selling or otherwise providing a compounded drug to a retail pharmacy or practitioner, except under certain circumstances. (NAC 639.757) **Section 7** of this regulation eliminates this exception, thereby prohibiting a pharmacy from selling or otherwise providing a compounded drug to a retail pharmacy or practitioner in any circumstance.

Existing law authorizes an advanced practice registered nurse to prescribe controlled substances, poisons, dangerous drugs and devices if the advanced practice registered nurse obtains a certificate of registration from the Board and meets certain other requirements (NRS 639.2351) Existing regulations authorize the Board to require each advanced practice registered nurse who applies for such a certificate of registration to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse. (NAC 639.850) **Section 8** of this regulation removes the requirement that an advanced practice registered nurse who applies for such a certificate of registration and is required to appear before the Board must appear personally. **Section 8** also removes certain limitations on the purposes for which the Board may require such an appearance.

Existing law authorizes an advanced practice registered nurse to dispense controlled substances, poisons, dangerous drugs and devices if the advanced practice registered nurse obtains a certificate of registration from the Board and meets certain other requirements. (NRS 639.1375) Existing regulations require certain advanced practice registered nurses who apply for such a certificate of registration and the collaborating physicians of such nurses to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse. (NAC 639.870) **Section 9** of this regulation removes this requirement and instead authorizes the Board to require the same such advanced practice registered nurses and collaborating physicians to appear before the Board for a

determination and an assignment of the specific authority to be granted to the advanced practice registered nurse.

**Section 1.** NAC 639.215 is hereby amended to read as follows:

639.215 1. ~~{An}~~ *The Board may require an* applicant for a license to operate a pharmacy in the State of Nevada ~~{must}~~ *to* appear before the Board in support of the application ~~{and must receive instructions relative to the pharmacy laws if}~~ :

*(a) If* the applicant:

~~{(a)}~~ *(1)* Is applying for a license to operate a pharmacy in this State for the first time;

~~{(b)}~~ *(2)* Responded affirmatively to any of the questions on the application regarding his or her character or competency; *or*

~~{(c)}~~ *(3)* Is applying for the licensure of a pharmacy located outside the State that will be shipping compounded parenteral products into this State; or

~~{(d) Is requested to do so by}~~

*(b) Any time* the Board ~~{}~~ *determines an appearance is necessary to evaluate the application.*

2. If an applicant who is required to appear before the Board is:

(a) A partnership, all partners must appear.

(b) A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application.

3. If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation. Documentation of the status of the person signing the application must be submitted with the application.

4. A special meeting of the Board will not be called for the purpose of considering an application for a license to operate a pharmacy until the applicant has paid the Executive Secretary sufficient money to defray all expenses of the meeting.

**Sec. 2.** NAC 639.272 is hereby amended to read as follows:

639.272 1. The application of a physician assistant for:

(a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices,  
↪ must be in writing and filed with the Executive Secretary.

2. Each application for a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.



3. Each application for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

4. ~~Each~~ *The Board may require a* physician assistant who applies for a registration certificate pursuant to subsection 3 ~~must:~~

~~(a) Personally~~ *to personally* appear before the Board for *a* determination and *an* assignment of the specific authority to be granted to the physician assistant ~~if~~ :

(a) *If* the physician assistant ~~is~~

~~(1) Responded~~ *responded* affirmatively to any of the questions on the application regarding his or her character or competency; or

~~(2) Is requested to do so by~~

(b) *Any time* the Board ~~is~~ *determines an appearance is necessary to evaluate the application.*

5. *Each applicant who applies for a registration certificate pursuant to subsection 3 must:*

(a) *Personally appear before the Board if an appearance is required pursuant to subsection 4;* and

(b) Pass an examination administered by the Board on the law relating to pharmacy.

~~5.1~~ **6.** Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

**Sec. 3.** NAC 639.283 is hereby amended to read as follows:

639.283 A physician assistant shall not write a prescription in the form of an order on the chart of a patient in a hospital unless the physician assistant is authorized by the hospital's rules and has filed a copy of his or her form for prescriptions with the pharmacy of the hospital. ~~The form must be approved by the Board.~~

**Sec. 4.** NAC 639.2971 is hereby amended to read as follows:

639.2971 1. A physician may establish a written protocol authorizing pharmacists to administer immunizations by an intranasal, intramuscular or subcutaneous injection. Except as otherwise limited by the physician pursuant to subsection 5, any pharmacist who is trained and certified in accordance with NAC 639.2973 may subscribe to the written protocol and administer immunizations in compliance with the protocol. Such a protocol must contain:

- (a) The name of the physician who is authorizing the administration of immunizations by a pharmacist;
- (b) The immunizations that may be administered by a pharmacist;
- (c) Detailed policies and procedures that a pharmacist must follow while administering immunizations, including, without limitation, procedures to follow in the case of adverse reactions or emergencies following administration;
- (d) A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;
- (e) When appropriate, specific instructions related to the age of the patient;

(f) Except as otherwise provided in subsections 2 and 3, a restriction that a pharmacist may not delegate his or her authority to administer an immunization;

(g) ~~{A restriction that a pharmacist may not administer an immunization except at an authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital;~~

~~{(h)}~~ A requirement that the immunizations will be administered according to all applicable federal, state and local laws; and

~~{(i)}~~ *(h)* The signature of the physician authorizing the administration of the immunizations and the time period for which the written protocol is effective.

2. An intern pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician.

3. A pharmaceutical technician may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician if the pharmacist has determined, in his or her professional judgment, that the patient should be immunized. A record of each immunization administered by the pharmaceutical technician must be maintained in the manner prescribed by NAC 639.2977.

4. If a physician orders a deviation from the written protocol for the benefit of a specific patient, the physician shall note the deviations from the written protocol in the record of the patient.

5. A physician may include restrictions to a written protocol established by the physician pursuant to subsection 1 by limiting the protocol to any of the following:

- (a) A specific pharmacist or pharmacists;
- (b) A specific location or locations;
- (c) The administration of a specific immunization or immunizations; or
- (d) Other limitations as the physician determines necessary.

**Sec. 5.** NAC 639.406 is hereby amended to read as follows:

639.406 1. ~~{Upon submission of an}~~ *The Board will consider each* application *submitted* pursuant to NAC 639.403 ~~{, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information}~~ to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. ~~{The Board may consider, without limitation, the following factors in}~~ *In* determining whether to approve, deny or modify such an application ~~{,}~~ *, the Board may consider, without limitation, the following factors:*

- (a) The information contained in the application;
- (b) The education, experience and expertise of the applicant;
- (c) The disciplinary history of the applicant, if any; and
- (d) Whether the applicant has sufficient malpractice or other liability insurance.

2. At *its discretion*, the *Board may schedule a hearing on an application. At any such* hearing, the Board ~~{may}~~ :

*(a) Will consider the application and any other relevant information; and*

*(b) May* request that the applicant modify his or her application.

3. If the Board approves an application, the Board will provide the applicant with documentation indicating the approval and setting forth the terms and conditions, in addition to

those prescribed by NAC 639.408, under which the applicant may provide the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

**Sec. 6.** NAC 639.7145 is hereby amended to read as follows:

639.7145 1. Information relating to a prescription may be transferred from a pharmacy to another pharmacy by a facsimile machine pursuant to NAC 639.713 if:

(a) The transmission from the transferring pharmacy:

(1) Includes the information required by subsection 2 of NRS 639.2353, which may be provided in the form of an accurate printout of the pharmacy's computerized record of the prescription; and

(2) Except as otherwise provided in subsection 2, includes:

(I) A copy of the original prescription maintained in the records of the transferring pharmacy on which the pharmacist at the transferring pharmacy has signed the copy and written his or her license number; or

(II) The signature and handwritten license number of the pharmacist at the transferring pharmacy and a notation that specifically indicates that the pharmacist intends to transfer the prescription.

(b) The transmission is prepared and transmitted by a pharmaceutical technician or pharmacist at the transferring pharmacy.

2. A pharmacy may transfer prescriptions by facsimile machine to another pharmacy without complying with the provisions of subparagraph (2) of paragraph (a) of subsection 1 only

~~upon application to and authorization by the Board. The Board may grant that authority to a pharmacy~~ if the ~~Board is satisfied~~ *pharmacy determines* that:

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and

(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

3. A pharmacy which maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by a facsimile machine to another pharmacy.

**Sec. 7.** NAC 639.757 is hereby amended to read as follows:

639.757 1. A pharmacy or pharmacist is not required to obtain a license as a manufacturer to compound drugs if:

(a) The compounded drugs are prepared in a quantity that is:

(1) Necessary to fill a prescription or chart order; or

(2) Reasonably necessary to fill future prescriptions or chart orders based upon the previous history of practitioners and patients who regularly use the pharmacy;

(b) The compounded drugs are not sold or otherwise provided by the pharmacy or pharmacist to any person other than the ultimate user of the drugs, the agent of the ultimate user of the drugs or a practitioner who will be administering the drugs to a patient;

(c) The compounded drugs are dispensed pursuant to a prescription or chart order;

(d) Except as otherwise provided in paragraph (e) and subsection 2, the active ingredients used to compound the drugs:

(1) Have a monograph in and meet or exceed the standards of the *United States Pharmacopoeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670;

(2) Have been components of drugs approved by the Food and Drug Administration; or

(3) Are authorized to be used in pharmacy compounding pursuant to 21 U.S.C. § 353a(b)(1) or the regulations adopted pursuant thereto; and

(e) Except as otherwise provided in subsection 2, for an active ingredient used to compound the drugs that does not have a monograph in the *United States Pharmacopoeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670, the active ingredient is:

(1) Prepared by a manufacturer or distributed by a distributor registered with the Food and Drug Administration;

(2) Accompanied by a certificate of analysis provided by the manufacturer or distributor of the ingredient; and

(3) Prepared to a grade that, at a minimum, satisfies the requirements set forth in:

(I) The *Food Chemicals Codex*, as adopted by reference in paragraph (d) of subsection 1 of NAC 639.670; or

(II) *Reagent Chemicals: Specifications and Procedures*, as adopted by reference in paragraph (e) of subsection 1 of NAC 639.670, if the active ingredient is a certified analytical reagent, is for use in high pressure liquid chromatography, is for use in spectrophotometric applications or is a primary standard grade for use in standard solutions for analytical purposes.

2. In compounding a drug product, a pharmacy or pharmacist may use an active ingredient that does not satisfy the requirements of paragraphs (d) and (e) of subsection 1 if the pharmacy

or pharmacist establishes the purity and safety of the ingredient by reasonable means, satisfactory to the Board, which include, without limitation, analysis of the lot in which the ingredient was packaged, the reputation of the manufacturer of the ingredient and the reliability of the source of the ingredient. A pharmacy shall make and maintain a record of the means that the pharmacy relied upon in determining that an ingredient was pure and safe pursuant to this subsection.

3. Except as otherwise provided in this subsection, a pharmacy or pharmacist shall not compound a drug that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective. A pharmacy or pharmacist may compound a drug for veterinary use that has been withdrawn or removed from the market because the drug was found to be unsafe or ineffective for use in humans if the drug remains available for veterinary use.

4. A pharmacy shall not sell or otherwise provide a compounded drug to a retail pharmacy or a practitioner . ~~It is except that a pharmacy may sell or otherwise provide a compounded drug to:~~

- ~~—(a) A practitioner who will be administering the drug to a patient; or~~
- ~~—(b) A practitioner or another pharmacy if the compounded drug is:
  - ~~—(1) A highly concentrated drug product that is not commercially available; or~~
  - ~~—(2) Needed to fill a particular prescription or chart order in the possession of the receiving pharmacy at the time the receiving pharmacy orders the compounded drug from the compounding pharmacy.~~~~
- ~~—5. The quantity of a compounded drug that is sold or otherwise provided to a practitioner or pharmacy pursuant to subsection 4 must not exceed the amount necessary for the practitioner or pharmacy to serve the present needs of the patients of the practitioner or pharmacy.~~

**Sec. 8.** NAC 639.850 is hereby amended to read as follows:



639.850 1. The application of an advanced practice registered nurse for a certificate of registration to prescribe controlled substances, poisons, dangerous drugs and devices must include:

- (a) The name, address, social security number and telephone number of the applicant;
- (b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices;
- (c) The name, address and telephone number of the applicant's collaborating physician, if the applicant is required to have a collaborating physician pursuant to NRS 632.237; and
- (d) Any other information requested by the Board.

2. ~~Each~~ *The Board may require an* advanced practice registered nurse who applies for a certificate of registration ~~may be required by the Board~~ to appear ~~personally~~ before the Board ~~. for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse.~~

**Sec. 9.** NAC 639.870 is hereby amended to read as follows:

639.870 1. The application of an advanced practice registered nurse for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

- (a) The name, address, social security number and telephone number of the applicant;
- (b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;
- (c) The name, address and telephone number of the applicant's collaborating physician, if any;

(d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

(e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of \$300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. ~~Each~~ *The Board may require an* advanced practice registered nurse who applies for a certificate of registration and his or her collaborating physician, if any, ~~must~~ *to* appear ~~personally~~ before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse ~~if~~ :

(a) *If* the advanced practice registered nurse:

~~(a)~~ (1) Will be operating in a practice not previously licensed by the Board; *or*

~~(b)~~ (2) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

~~(c) Is requested to do so by~~

(b) *Any time* the Board ~~if~~ *determines an appearance is necessary to evaluate an application.*

4. Each advanced practice registered nurse to whom a certificate of registration is issued must be registered to a collaborating physician unless:

(a) The advanced practice registered nurse is not required to have a collaborating physician pursuant to subsection 3 of NRS 632.237; or

(b) The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II.

5. An advanced practice registered nurse who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

JOE LOMBARDO  
Governor



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STATE OF NEVADA  
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206  
Reno, NV 89521

Posted: April 9, 2024

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Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of  
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The purpose of the hearing is to receive comments from all interested persons  
regarding the adoption and amendment of regulations that pertain to Chapter 639  
and/or 453 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS  
233B.060:

- A. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed  
amendment ensures proper and adequate safeguards for registered  
nurses who participate in certain public health programs or certain mental  
health services.  
(LCB File No. R013-24)

1. The need for and the purpose of the proposed regulation or amendment.

This regulation establishes the procedure for a registered nurse who is engaged in the performance of any public health program approved by the State Board of Pharmacy to obtain a certificate of registration to dispense dangerous drugs; establishes certain duties and limitations of such a registered nurse; prescribes the fees for the issuance and renewal of a certificate authorizing such a registered nurse to dispense dangerous drugs for human consumption; and provides other matters properly relating thereto.

2. Either the terms or the substance of the regulations to be adopted and amended.

A copy of the proposed regulation is attached to this notice.

3. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

(a) Both adverse and beneficial effects.

There should be no economic impact from this regulation amendment on the regulated entities or on the public. The regulation amendment will have a beneficial effect on the regulated entities and on the public by permitting registered nurses who are engaged in the performance of any public health program approved by the State Board of Pharmacy to obtain a certificate of registration to dispense dangerous drugs that will increase access to needed dangerous drugs to the public.

(b) Both immediate and long-term effects.

Both the immediate and long-term economic effects on regulated entities and on the public will be beneficial as it will increase access to needed dangerous drugs to the public.

4. The estimated cost to the agency for enforcement of the proposed regulation.

The cost to the Board for enforcement of the proposed regulation cannot be determined at this time since it will be dependent upon the number of applicants for registration/licensure.

5. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal

agency.

The Board of Pharmacy is not aware of any similar regulations of any other state or local governmental agency that the proposed regulation amendment overlaps or duplicates.

6. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The regulation is not required by federal law.

7. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The Board of Pharmacy is not aware of any similar federal regulation of the same activity in which the state regulation is more stringent.

8. Whether the proposed regulation establishes a new fee or increases an existing fee.

The regulation amendment increases the fees for the investigation or issuance or renewal of a license for insert license type. The revenue generated from the fee increase will partially offset the costs of regulatory enforcement of this regulation incurred by the Board of Pharmacy.

Persons wishing to comment upon the proposed action of the Board may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Board at [teambc@pharmacy.nv.gov](mailto:teambc@pharmacy.nv.gov) or to the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521. Written submissions must be received by the Board on or before May 30, 2024. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Nevada State Board of Pharmacy in writing at 985 Damonte Ranch Pkwy., #206, Reno, Nevada 89521, or by calling (775) 850-1440. Please notify us at least one (1) week prior to the scheduled meeting date to allow time to secure any necessary equipment or provisions prior to the meeting.

This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and on the Internet at <http://www.leg.state.nv.us>. Copies of this notice and the proposed regulation will also be mailed to members of the public upon request.

Pursuant to NRS 233B.064(1), upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at:

[www.notice.nv.gov](http://www.notice.nv.gov)

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Nevada State Board of Pharmacy  
Reno, Nevada

Nevada State Board of Pharmacy  
Las Vegas, Nevada

Nevada State Library  
100 N. Stewart St.  
Carson City, NV 89701

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R013-24**

February 26, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1, 2 and 4-6, NRS 639.070, 639.0727 and 639.074; § 3, NRS 639.070, 639.0727, 639.074 and 639.170.

A REGULATION relating to pharmacy; establishing the procedure for a registered nurse who is engaged in the performance of any public health program approved by the State Board of Pharmacy to obtain a certificate of registration to dispense dangerous drugs; establishing certain duties and limitations of such a registered nurse; prescribing the fees for the issuance and renewal of a certificate authorizing such a registered nurse to dispense dangerous drugs for human consumption; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law authorizes a registered nurse to dispense dangerous drugs when the nurse is engaged in the performance of any public health program approved by the State Board of Pharmacy. (NRS 454.215) Existing law authorizes the Board to adopt regulations as may be necessary to ensure that proper and adequate safeguards, including dispensing procedures, are followed to protect a registered nurse who participates in a public health program approved by the Board. (NRS 639.074)

Existing regulations require a practitioner who wishes to dispense controlled substances or dangerous drugs to apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. (NAC 639.742) **Section 1** of this regulation similarly requires a registered nurse who participates in a public health program approved by the Board and who wishes to dispense dangerous drugs to apply to the Board on an application provided by the Board for a certificate of registration. **Section 1** also sets forth certain limitations applicable to a registered nurse who is issued such a certificate of registration. **Section 3** of this regulation establishes the fees for the issuance or renewal of such a certificate, which are equal to the fees for the issuance or renewal of a certificate for other types of dispensing practitioners.

Existing regulations require a dispensing practitioner to: (1) counsel patients under certain circumstances; and (2) maintain certain records. (NAC 639.707, 639.708, 639.745) **Section 2** of this regulation includes registered nurses who have been issued a certificate pursuant to **section 1** within the definition of “dispensing practitioner,” thereby making those requirements applicable to such a registered nurse.



**Sections 4 and 5** of this regulation make conforming changes to ensure that certain provisions of existing regulations are not in conflict with the provisions of **section 1**.

**Section 6** of this regulation makes a conforming change relating to the discipline of a dispensing practitioner for a violation of the provisions of **section 1**.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

*1. A registered nurse who wishes to dispense dangerous drugs for human consumption pursuant to subsection 4 of NRS 454.215 must apply to the Board on an application provided by the Board for a certificate of registration to dispense dangerous drugs for human consumption. A certificate of registration issued pursuant to this section:*

*(a) Entitles the registered nurse to dispense dangerous drugs for human consumption only when he or she is engaged in the performance of any public health program approved by the Board.*

*(b) Must be renewed at the same time and in the same manner as certificates of registration by other practitioners.*

*(c) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.*

*2. The operator of a public health program through which a registered nurse wishes to dispense dangerous drugs for human consumption pursuant to subsection 4 of NRS 454.215 must also submit an application to the Board on a form provided by the Board. The application must include, without limitation, a protocol for accomplishing the objective set forth in subsection 2 of NRS 454.00973. The Board will approve the protocol if:*

*(a) The applicant submits evidence that the protocol:*

*(1) Has been developed or approved by the Division of Public and Behavioral Health of the Department of Health and Human Services; or*

*(2) Has previously been approved by the Board; or*

*(b) The Board determines that the protocol is designed to accomplish the objective set forth in subsection 2 of NRS 454.00973.*

*3. A registered nurse who is issued a certificate of registration pursuant to this section shall:*

*(a) Ensure that all drugs are dispensed only to the patient personally at a facility or vehicle of the public health program;*

*(b) Comply with all applicable requirements that apply to practitioners who are registered pursuant to NAC 639.742, including, without limitation, requirements concerning labeling, recordkeeping or counseling; and*

*(c) Dispense drugs only in accordance with the protocol approved pursuant to subsection 2.*

*4. A registered nurse who is issued a certificate of registration pursuant to this section shall not:*

*(a) Prescribe a dangerous drug;*

*(b) Prescribe or dispense a controlled substance;*

*(c) Compound a drug product;*

*(d) Employ or use the services of a dispensing technician or supervise a dispensing technician in training; or*

*(e) Operate a remote site.*

**5. As used in this section, “public health program” has the meaning ascribed to it in NRS 454.00973.**

**Sec. 2.** NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. “Automated drug dispensing system” means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

2. “Board” means the State Board of Pharmacy.

3. “Controlled substance” has the meaning ascribed to it in NRS 0.031.

4. “Dangerous drug” has the meaning ascribed to it in NRS 454.201.

5. “Direct supervision” means the direction given by a supervising pharmacist or dispensing practitioner who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

6. “Dispensing practitioner” means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption;

~~or~~

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption ~~or~~; *or*

*(c) A registered nurse to whom the Board has issued a certificate of registration pursuant to section 1 of this regulation to dispense dangerous drugs for human consumption.*

7. “Dispensing technician” means a person who performs technical services in a pharmacy under the direct supervision of a dispensing practitioner and is registered with the Board pursuant to NAC 639.7425.

8. “Dispensing technician in training” means a person who is registered with the Board pursuant to NAC 639.7424 in order to obtain the training and experience required to be a dispensing technician pursuant to subparagraph (1) of paragraph (c) of subsection 2 of NAC 639.7425.

9. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.

10. “Federally-qualified health center” has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

11. “Federally-qualified health center vehicle” means a vehicle that meets the requirements of paragraph (c) of subsection 1 of NAC 639.7422.

12. “Licensed veterinarian” has the meaning ascribed to it in NRS 638.007.

13. “Oncology group practice” means two or more dispensing practitioners who practice oncology in a group practice.

14. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

15. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a

pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

16. “Practitioner” has the meaning ascribed to it in NRS 639.0125.

17. “Prescription drug” means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol “Rx only” pursuant to federal law or regulation.

18. “Public or nonprofit agency” means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

19. “Reproductive healthcare center” means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 8 of NRS 449.260, principally engaged in providing family planning services and reproductive healthcare, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent, a sexually transmitted infection or other infection of the urogenital system.

20. “Surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.

21. “User-based access technology” means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication.

Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

**Sec. 3.** NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist .....	Actual cost
	of the
	examination
For the investigation or registration of an applicant as a registered pharmacist.....	\$200
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	200
For the investigation or issuance of an original license to conduct a retail pharmacy .....	500
For the biennial renewal of a license to conduct a retail pharmacy .....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy .....	500
For the biennial renewal of a license to conduct an institutional pharmacy .....	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution .....	500
For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....	500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS .....	500
For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS .....	500
For the issuance of an original or duplicate certificate of registration as a registered pharmacist.....	50
For the biennial renewal of registration as a registered pharmacist.....	200
For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse).....	100
For the initial registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training .....	50
For the biennial renewal of registration of a pharmaceutical technician, pharmaceutical technician in training, dispensing technician or dispensing technician in training .....	50
For the investigation or registration of an intern pharmacist .....	40
For the biennial renewal of registration as an intern pharmacist .....	40
For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances .....	80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances .....	80
For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances .....	200
For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances .....	200
For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances .....	80
For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances .....	80
For the investigation or issuance of an original license to engage in business as an authorized warehouse or medical products provider .....	500
For the biennial renewal of a license to engage in business as an authorized warehouse or medical products provider .....	500



For the investigation or issuance of an original license to a manufacturer or wholesaler.....	1,000
For the biennial renewal of a license for a manufacturer or wholesaler .....	1,000
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....	50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....	300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....	300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....	150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....	150

<i>For authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board.....</i>	<i>300</i>
<i>For the biennial renewal of authorization of a registered nurse to dispense dangerous drugs for human consumption while engaged in the performance of a public health program approved by the Board.....</i>	<i>300</i>
For the investigation or issuance of an original license for an automated drug dispensing system.....	500
For the biennial renewal of a license for an automated drug dispensing system.....	500
For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility.....	250
For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device to furnish drugs and medications for administration to patients at a medical facility.....	250

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

↪ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay the actual costs of inspection incurred by the Board.

**Sec. 4.** NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7421 and 639.7423 ~~§~~ *and section 1 of this regulation*, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without

limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7421, 639.7422 and 639.7423 ~~§~~ *and section 1 of this regulation*, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648, 639.719 and 639.7423 ~~§~~ *and section 1 of this regulation*, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745;
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;
- (f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648, 639.719, 639.7423 and 639.7424 ~~§~~ *and section 1 of this regulation*, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

- (a) Enter the room or cabinet in which drugs are stored;
- (b) Remove drugs from stock;
- (c) Count, pour or reconstitute drugs;
- (d) Place drugs into containers;
- (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
- (f) Fill containers for later use in dispensing drugs; or
- (g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423 ~~§~~ *and section 1 of this regulation*, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

- (a) He or she were a pharmacist;
- (b) His or her practice site was a pharmacy; and
- (c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of NAC 639.746, the dispensing practitioners of an oncology group practice or a group of practitioners practicing at a reproductive healthcare center registered pursuant to NAC 639.746 are jointly responsible for ensuring that the requirements of subsection 3 are met.

**Sec. 5.** NAC 639.744 is hereby amended to read as follows:

639.744 ~~†A†~~ *Except as otherwise provided in section 1 of this regulation,* a dispensing practitioner may employ more than one dispensing technician at a time, except that only one of those dispensing technicians, including, without limitation, a dispensing technician staffing a remote site or satellite consultation site, may be designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742 at one time. A dispensing practitioner shall make and maintain a document on which must be recorded for each day the name of the dispensing technician so designated and allowed to perform the functions described in subsection 4 or 5 of NAC 639.742, and maintain the record for not less than 2 years.

**Sec. 6.** NAC 639.7445 is hereby amended to read as follows:

639.7445 If a dispensing practitioner allows any person to perform any act in violation of NAC 639.742 to 639.7445, inclusive, *and section 1 of this regulation,* the dispensing practitioner is subject to discipline relating to his or her registration as a dispensing practitioner, including, without limitation, the temporary and immediate suspension of his or her registration as a dispensing practitioner until:

1. The violation is remedied; or
2. If an accusation has been made pursuant to NRS 639.241, the Board holds a hearing.

JOE LOMBARDO  
Governor



HELEN PARK  
*President*

J. DAVID WUEST  
*Executive Secretary*

STATE OF NEVADA  
BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206  
Reno, NV 89521

Posted: April 9, 2024

**NOTICE OF INTENT TO ACT UPON A REGULATION**

Notice of Hearing for the Adoption and Amendment of  
Regulations of the Nevada State Board of Pharmacy

The Nevada State Board of Pharmacy will hold a Public Hearing at 9:00 a.m. on  
Thursday, May 30, 2024.

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of  
remote technology. The public may attend the meeting via live stream remotely  
or at the following location:

Hilton Garden Inn  
7830 S. Las Vegas Boulevard  
Las Vegas, NV

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833  
Meeting ID: 588 625 6671

The purpose of the hearing is to receive comments from all interested persons  
regarding the adoption and amendment of regulations that pertain to Chapter 639  
and/or 453 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS  
233B.060:

- A. **A REGULATION relating to pressurized stocking.** Allowing  
pressurized stocking to be provided without a prescription in  
certain circumstances.  
(LCB File No. R052-24)

1. The need for and the purpose of the proposed regulation or amendment.

The proposed amendments to NAC 639.6935 and NAC 639.69545, will increase access of certain pressured stockings to the public without an order from a practitioner while requiring an order from a practitioner before a medical products provider or other person may sell, lease or provide pressurized stockings that the United States Food and Drug Administration requires to be sold only upon a prescription or order from a practitioner, or the pressurized stocking is labeled in a manner which directs that the pressurized stocking be sold only upon a prescription or order of a practitioner.

2. Either the terms or the substance of the regulations to be adopted and amended.

A copy of the proposed regulation is attached to this notice.

3. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

(a) Both adverse and beneficial effects.

There should be no economic impact from this regulation amendment on the regulated entities or on the public. The regulation amendment will have a beneficial effect on the regulated entities and on the public by allowing more access to pressurized stockings without a prescription to the public.

(b) Both immediate and long-term effects.

Both the immediate and long-term economic effects on regulated entities and on the public will be beneficial by increasing the access to pressurized stockings to the public.

4. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no additional or special costs incurred by the Board of Pharmacy for enforcement of this regulation amendment.

5. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.



The Board of Pharmacy is not aware of any similar regulations of any other state or local governmental agency that the proposed regulation amendment overlaps or duplicates.

6. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The regulation is not required by federal law.

7. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The Board of Pharmacy is not aware of any similar federal regulation of the same activity in which the state regulation is more stringent.

8. Whether the proposed regulation establishes a new fee or increases an existing fee.

This regulation does not provide a new or increase of fees.

Persons wishing to comment upon the proposed action of the Board may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Board at [teambc@pharmacy.nv.gov](mailto:teambc@pharmacy.nv.gov) or to the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521. Written submissions must be received by the Board on or before May 30, 2024. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Nevada State Board of Pharmacy in writing at 985 Damonte Ranch Pkwy., #206, Reno, Nevada 89521, or by calling (775) 850-1440. Please notify us at least one (1) week prior to the scheduled meeting date to allow time to secure any necessary equipment or provisions prior to the meeting.

This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and on the Internet at <http://www.leg.state.nv.us>. Copies of this notice and the proposed regulation will also be mailed to members of the public upon request.

Pursuant to NRS 233B.064(1), upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at:

[www.notice.nv.gov](http://www.notice.nv.gov)

[www.bop.nv.gov](http://www.bop.nv.gov)

[www.leg.state.nv.us](http://www.leg.state.nv.us).

Nevada State Board of Pharmacy  
Reno, Nevada

Nevada State Board of Pharmacy  
Las Vegas, Nevada

Nevada State Library  
100 N. Stewart St.  
Carson City, NV 89701

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R052-24**

April 1, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1 and 2, NRS 639.070.

A REGULATION relating to medical products; making certain provisions governing medical products applicable to certain pressurized stockings; prohibiting a medical products provider or other person from selling, leasing or otherwise providing certain pressurized stockings without an order from a practitioner; requiring a medical products provider or other person to provide certain training concerning any pressurized stocking sold, leased or otherwise provided to a consumer; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the storage, handling, sanitation and security of medical devices. (NRS 639.070) Existing regulations prescribe certain requirements applicable to a medical products provider or other person who sells, leases or otherwise provides medical products to a consumer with regard to medical products sold by the medical products provider or other person. (NAC 639.6946, 639.6948-639.6952) Existing regulations provide that pressurized stockings that have a pressure rating of less than 20 millimeters of mercury are not medical products for the purposes of those requirements. Existing regulations thereby exempt a medical products provider or other person from requirements relating to medical products when the provider or other person provides such pressurized stockings. (NAC 639.6935) **Section 1** of this regulation removes that exemption, thereby requiring a medical products provider or other person to comply with those requirements when providing such pressurized stockings.

Existing regulations prohibit the sale, lease or provision to a consumer of a pressurized stocking that has a pressure rating of 20 millimeters of mercury or more without an order from a practitioner. (NAC 639.69545) **Section 2** of this regulation revises this prohibition to instead apply to any pressurized stocking for which such an order is required by the United States Food and Drug Administration or according to the label of the stocking, regardless of its pressure rating.

Existing regulations require a medical products provider or other person who sells, leases or otherwise provides a pressurized stocking to a consumer that has a pressure rating of 20 millimeters of mercury or more to provide certain training concerning the stocking to the

consumer or his or her family, caregiver or agent. (NAC 639.69545) **Section 2** requires such a medical products provider or other person to provide such training when selling, leasing or otherwise providing to a consumer any pressurized stocking, regardless of its pressure rating.

**Section 1.** NAC 639.6935 is hereby amended to read as follows:

1. “Medical products” includes medical devices, equipment, supplies and gases intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease.

2. The term does not include:

(a) Controlled substances;

(b) Dangerous drugs, except medical gases and supplies that facilitate the use of a dangerous drug, including, without limitation, normal saline and other similar inert liquids; *or*

(c) Medical devices, equipment, supplies or gases the regulation of which is governed by any other board or agency other than the Board. ~~}; and~~

~~—(d) Pressurized stockings that have a pressure rating of less than 20 millimeters of mercury.~~

**Sec. 2.** NAC 639.69545 is hereby amended to read as follows:

1. A pressurized stocking ~~{that has a pressure rating of 20 millimeters of mercury or more}~~ may not be sold, leased or otherwise provided to a consumer without an order from a practitioner ~~{}~~ *if:*

*(a) The United States Food and Drug Administration requires the pressurized stocking to be sold only upon a prescription or order of a practitioner; or*

*(b) The pressurized stocking is labeled in a manner which directs that the pressurized stocking be sold only upon a prescription or order of a practitioner.*

2. A medical products provider that sells, leases or otherwise provides to a consumer a pressurized stocking ~~{that has a pressure rating of 20 millimeters of mercury or more}~~ shall provide training to the consumer or the consumer’s family, caregiver or agent in the use,

maintenance and potential problems in the use of the stocking. The training must be provided by a person who is certified by the manufacturer of the pressurized stocking in the fitting and use of the stocking.

JOE LOMBARDO  
Governor



HELEN PARK  
*President*

J. DAVID WUEST  
*Executive Secretary*

**STATE OF NEVADA**  
**BOARD OF PHARMACY**

985 Damonte Ranch Pkwy, Ste 206  
Reno, NV 89521

Posted: April 9, 2024

**NOTICE OF INTENT TO ACT UPON A REGULATION**

Notice of Hearing for the Adoption and Amendment of  
Regulations of the Nevada State Board of Pharmacy

The Nevada State Board of Pharmacy will hold a Public Hearing at 9:00 a.m. on  
Thursday, May 30, 2024.

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of  
remote technology. The public may attend the meeting via live stream remotely  
or at the following location:

Hilton Garden Inn  
7830 S. Las Vegas Boulevard  
Las Vegas, NV

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833  
Meeting ID: 588 625 6671

The purpose of the hearing is to receive comments from all interested persons  
regarding the adoption and amendment of regulations that pertain to Chapter 639  
and/or 453 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS  
233B.060:

- A. Amendment to the Nevada Administrative Code (“NAC”) 639.**  
The proposed amendments relate to controlled substances adding  
tianeptine, hallucinogenic substances and fentanyl related substances to  
the controlled substances listed in Schedule I.  
(LCB File No. R054-24)

1. The need for and the purpose of the proposed regulation or amendment.

The proposed amendment to NAC 453.510 will add tianeptine, hallucinogenic substances and fentanyl related substances, which are not currently listed under Schedule I, to the list of controlled substances listed in Schedule I in conformity with federal regulations of the Uniform Controlled Substances Act.

2. Either the terms or the substance of the regulations to be adopted and amended.

A copy of the proposed regulation is attached to this notice.

3. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

(a) Both adverse and beneficial effects.

There should be no adverse economic impact from this regulation amendment on the regulated entities or on the public. The regulation amendment will have a beneficial effect on the regulated entities and on the public since the drugs proposed for addition to Schedule I have a high potential for abuse and no accepted medical use, and the regulation amendment will benefit public health, safety and welfare.

(b) Both immediate and long-term effects.

Both the immediate and long-term economic effects on regulated entities and on the public will be beneficial since the drugs proposed for addition to Schedule I have a high potential for abuse and no accepted medical use, and the regulation amendment will benefit public health, safety and welfare.

4. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no additional or special costs incurred by the Board of Pharmacy for enforcement of this regulation amendment.

5. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The Board of Pharmacy is not aware of any similar regulations of any other state or local governmental agency that the proposed regulation amendment overlaps or duplicates.

6. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The regulation is not required by federal law.

7. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The Board of Pharmacy is not aware of any similar federal regulation of the same activity in which the state regulation is more stringent.

8. Whether the proposed regulation establishes a new fee or increases an existing fee.

This regulation does not provide a new or increase of fees.

Persons wishing to comment upon the proposed action of the Board may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Board at [teambc@pharmacy.nv.gov](mailto:teambc@pharmacy.nv.gov) or to the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521. Written submissions must be received by the Board on or before May 30, 2024. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Nevada State Board of Pharmacy in writing at 985 Damonte Ranch Pkwy., #206, Reno, Nevada 89521, or by calling (775) 850-1440. Please notify us at least one (1) week prior to the scheduled meeting date to allow time to secure any necessary equipment or provisions prior to the meeting.

This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and on the Internet at <http://www.leg.state.nv.us>. Copies of this notice and the proposed regulation will also be mailed to members of the public upon request.

Pursuant to NRS 233B.064(1), upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.



This notice of hearing has been posted at:

[www.notice.nv.gov](http://www.notice.nv.gov)

[www.bop.nv.gov](http://www.bop.nv.gov)

[www.leg.state.nv.us](http://www.leg.state.nv.us)

Nevada State Board of Pharmacy  
Reno, Nevada

Nevada State Board of Pharmacy  
Las Vegas, Nevada

Nevada State Library  
100 N. Stewart St.  
Carson City, NV 89701

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R054-24**

April 1, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: § 1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; revising the list of substances contained in schedule I; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule I. (NAC 453.510) This regulation revises the list of drugs and substances contained in schedule I to include: (1) certain fentanyl-related substances; (2) certain hallucinogenic substances which are structurally related to hallucinogenic substances currently contained in schedule I; and (3) tianeptine.

**Section 1.** NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

*Alpha'-methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);*

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

*2',5'-dimethoxyfentanyl (N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide)*

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxadine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

***3-Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);***

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazene;

***Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);***

Ketobemidone;

Levomoramide;

Levophenacymorphan;

***Meta-fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);***

*Meta-fluoroisobutyryl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);*

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetyl fentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluoro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

*Ortho-fluorofuranyl fentanyl (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);*

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

*Para-methoxyfuranyl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);*

*Para-methylcyclopropyl fentanyl (N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);*

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

*Tianeptine*;

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;



Hydromorphenol;  
Methyldesorphine;  
Methyldihydromorphine;  
Morphine methylbromide;  
Morphine methylsulfonate;  
Morphine-N-Oxide;  
Myrophine;  
Nicocodeine;  
Nicomorphine;  
Normorphine;  
Pholcodine; or  
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

***ADB-BUTINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1H-indazole-3-carboxamide;***

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

*Alpha-PiHP (some trade or other names: 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one);*

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl-4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine  
(some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-  
[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18;  
BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-  
methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-  
dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-  
3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-  
methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine; 4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluoropentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

*3-MMC (some trade or other names: 3-methylmethcathinone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one);*

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MDMA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);



Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1<sup>3,7</sup>]dec-1-yl)-1H-indole-3-carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* *Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one,  $\beta$ -keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);



Dimethylone (some trade or other names: 3,4-methylenedioxy-N,N-dimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxcathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxcathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Fenethylone;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);  
4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);  
4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);  
(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);  
Methylenedioxyprovalerone (some trade or other names: 3,4-Methylenedioxyprovalerone, MDPV);  
Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);  
Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);  
N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine);  
N-ethylamphetamine;  
Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);  
Pentdrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or  
Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or

identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1  
cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6  
cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of  
the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances,  
derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of  
these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of

CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

↳ is not a controlled substance.