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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. DEA-1568A]

Proposed Adjustments to the Aggregate Production Quotas for Schedule I and II Controlled Substances and Assessment of Annual Needs for the List I Chemicals Ephedrine, Pseudoephedrine, and Phenylpropanolamine for 2026

AGENCY: Drug Enforcement Administration, Department of Justice.

ACTION: Notice with request for comments.

SUMMARY: The Drug Enforcement Administration (DEA) proposes to adjust the 2026 aggregate production quotas for several controlled substances in schedules I and II of the Controlled Substances Act and the assessment of annual needs for the list I chemical phenylpropanolamine.

DATES: Interested persons may file written comments on this notice in accordance with 21 CFR 1303.13(c) and 1315.13(d). Electronic comments must be submitted, and written comments must be postmarked, on or before [INSERT 30 DAYS AFTER PUBLICATION IN THE FEDERAL REGISTER]. Commenters should be aware that the electronic Federal Docket Management System will not accept comments after 11:59 p.m. Eastern Time on the last day of the comment period.

Based on comments received in response to this notice, the Administrator may hold a public hearing on one or more issues raised. In the event the Administrator decides in his sole discretion to hold such a hearing, the Administrator will publish a notice of any such hearing in the *Federal Register*. After consideration of any comments or objections, or after a hearing, if one is held, the Administrator will publish in the *Federal Register* a final order establishing the 2026 adjusted aggregate production quotas for schedule I and II controlled substances, and an adjusted assessment of annual needs for the list I chemicals ephedrine, pseudoephedrine, and phenylpropanolamine, as relevant.

ADDRESSES: To ensure proper handling of comments, please reference "Docket No. DEA-1568A" on all correspondence, including any attachments. DEA encourages that all comments be submitted electronically through the Federal eRulemaking Portal, which provides the ability to type short comments directly into the comment field on the web page or attach a file for lengthier comments. Please go to *www.regulations.gov* and follow the online instructions at that site for submitting comments. Upon completion of your submission, you will receive a Comment Tracking Number for your comment. Please be aware that submitted comments are not instantaneously available for public view on *www.Regulations.gov*. If you have received a Comment Tracking Number, your comment has been successfully submitted and there is no need to resubmit the same comment. Paper comments that duplicate electronic submissions are not necessary and are discouraged. Should you wish to mail a paper comment *in lieu of* an electronic comment, it should be sent via regular or express mail to: Drug Enforcement Administration, Attention: DEA Federal Register Representative/DPW, 8701 Morrissette Drive, Springfield, Virginia 22152.

FOR FURTHER INFORMATION CONTACT: Heather E. Achbach, Regulatory Drafting and Policy Support Section, Diversion Control Division, Drug Enforcement Administration; Mailing Address: 8701 Morrissette Drive, Springfield, Virginia 22152, Telephone: 571-776-3882.

SUPPLEMENTARY INFORMATION:

Posting of Public Comments

Please note that all comments received in response to this docket are considered part of the public record. They will, unless reasonable cause is given, be made available by the Drug Enforcement Administration (DEA) for public inspection online at *www.regulations.gov*. Such information includes personal identifying information (such as your name, address, etc.) voluntarily submitted by the commenter.

The Freedom of Information Act applies to all comments received. If you want to submit personal identifying information (such as your name, address, etc.) as part of your comment, but do not want it to be made publicly available, you must include the phrase "PERSONAL IDENTIFYING INFORMATION" in the first paragraph of your comment. You must also place all the personal identifying information you do not want made publicly available in the first paragraph of your comment and identify what information you want redacted.

If you want to submit confidential business information as part of your comment, but do not want it to be made publicly available, you must include the phrase "CONFIDENTIAL BUSINESS INFORMATION" in the first paragraph of your comment. You must also prominently identify confidential business information to be redacted within the comment.

Comments containing personal identifying information or confidential business information identified and located as directed above will generally be made available in redacted form. If a comment contains so much confidential business information or personal identifying information that it cannot be effectively redacted, all or part of that comment may not be made publicly available. Comments posted to *www.regulations.gov* may include any personal identifying information (such as name, address, and phone number) included in the text of your electronic submission that is not identified as directed above as confidential.

An electronic copy of this document is available at *www.regulations.gov* for easy reference.

Legal Authority and Background

Section 306 of the Controlled Substances Act (CSA) (21 U.S.C. 826) requires the Attorney General to establish aggregate production quotas (APQ) for each basic class of controlled substance listed in schedules I and II and for the list I chemicals ephedrine,

pseudoephedrine, and phenylpropanolamine. The Attorney General has delegated this function to the Administrator of DEA pursuant to 28 CFR 0.100.

DEA established the 2026 APQ for substances in schedules I and II and the assessment of annual needs (AAN) for the list I chemicals ephedrine, pseudoephedrine, and phenylpropanolamine on January 5, 2026.[1] That order stipulated that, in accordance with 21 CFR 1303.13 and 1315.13, all APQ and AAN are subject to adjustment.

Analysis for Proposed Adjusted 2026 Aggregate Production Quotas and Assessment of Annual Needs

DEA proposes to adjust the established 2026 APQ for certain schedule I and II controlled substances and the AAN for certain list I chemicals to be manufactured in the United States in 2026 to provide for the estimated medical, scientific, research, and industrial needs of the United States, for lawful export requirements, and for the establishment and maintenance of reserve stocks. These quotas do not include imports of controlled substances for use in industrial processes.

Factors for Determining the Proposed Adjustments

In determining the proposed adjustments, the Administrator has taken into account the factors in 21 CFR 1303.13 (adjustment of APQ for controlled substances) and 21 CFR 1315.13 (adjustment of the AAN for ephedrine, pseudoephedrine, and phenylpropanolamine). The Administrator is authorized to increase or reduce the APQ and the AAN at any time.[2]

DEA determined whether to propose an adjustment of the APQ for 2026 by considering the factors found at 21 CFR 1303.13(b):

> (1) Changes in the demand for that class, changes in the national rate of net disposal of the class, changes in the rate of net disposal of the class by registrants holding individual manufacturing quotas for that class, and changes in the extent

[1] 91 FR 287.
[2] 21 CFR 1303.13(a), 1315.13(a).

of any diversion in the class;

(2) Whether any increased demand for that class, the national and/or individual rates of net disposal of that class are temporary, short term, or long term;

(3) Whether any increased demand for that class can be met through existing inventories, increased individual manufacturing quotas, or increased importation, without increasing the aggregate production quota, taking into account production delays and the probability that other individual manufacturing quotas may be suspended pursuant to [21 CFR] 1303.24(b);

(4) Whether any decreased demand for that class will result in excessive inventory accumulation by all persons registered to handle that class (including manufacturers, distributors, practitioners, importers, and exporters), notwithstanding the possibility that individual manufacturing quotas may be suspended pursuant to [21 CFR] 1303.24(b) or abandoned pursuant to [21 CFR] 1303.27;

(5) Other factors affecting medical, scientific, research, and industrial needs in the United States and lawful export requirements, as the Administrator finds relevant, including changes in the currently accepted medical use in treatment with the class or the substances which are manufactured from it, the economic and physical availability of raw materials for use in manufacturing and for inventory purposes, yield and stability problems, potential disruptions to production (including possible labor strikes), and recent unforeseen emergencies such as floods and fires.

DEA also considered updated information obtained from 2025 year-end inventories, 2025 disposition data submitted by quota applicants, changes in estimates of the medical needs of the United States, export requirements, and other information made available to DEA after the initial APQ and AAN had been established. Additional factors the Administrator considered in calculating the APQ, but not the AAN, include product development requirements of both bulk and finished dosage form manufacturers.

After considering the changes in the extent of diversion of all controlled substances, as required by 21 CFR 1303.13(b)(1), DEA has determined that any changes from the initial calculations for all substances other than fentanyl are slight and not significantly different from the estimates of diversion that DEA applied to the initial APQ valuations.

DEA determined whether to propose an adjustment of the AAN for 2026 by considering the factors found at 21 CFR 1315.13(b) and summarized below:

(1) Changes in the demand for that chemical, changes in the national rate of net

> disposal of the chemical, and changes in the rate of net disposal of the chemical by registrants holding individual manufacturing or import quotas for that chemical;
>
> (2) Whether any increased demand for that chemical, the national and/or changes in individual rates of net disposal of that chemical are temporary, short term, or long term;
>
> (3) Whether any increased demand for that chemical can be met through existing inventories, increased individual manufacturing quotas, or increased importation, without increasing the assessment of annual needs, taking into account production delays and the probability that other individual manufacturing quotas may be suspended pursuant to [21 CFR] 1315.24(b);
>
> (4) Whether any decreased demand for that chemical will result in excessive inventory accumulation by all persons registered to handle that chemical (including manufacturers, distributors, importers, and exporters), notwithstanding the possibility that individual manufacturing quotas may be suspended pursuant to [21 CFR] 1315.24(b) or abandoned pursuant to [21 CFR] 1315.27;
>
> (5) Other factors affecting medical, scientific, research, industrial, and importation needs in the United States, lawful export requirements, and reserve stocks, as the Administrator finds relevant, including changes in the currently accepted medical use in treatment with the chemical or the substances that are manufactured from it, the economic and physical availability of raw materials for use in manufacturing and for inventory purposes, yield and stability problems, potential disruptions to production (including possible labor strikes), and recent unforeseen emergencies such as floods and fires.

In evaluating whether there is a need for adjustment of the 2026 AAN for list I chemicals, DEA used the calculation methodology previously described in the 2010 and 2011 AAN.[3] DEA considered the total net disposals of the list I chemicals for the current and preceding two years, actual and estimated inventories, projected demand, industrial use, and export requirements from data provided by DEA registered manufacturers and importers on the relevant quota application forms.[4]

Additional Considerations Applicable to Covered Controlled Substances

When setting APQ, the Administrator must estimate the amount of diversion of any

[3] 74 FR 60294 (Nov. 20, 2009); 75 FR 79407 (Dec. 20, 2010).
[4] *Id.*

substance that is considered a "covered controlled substance."[5] The covered controlled substances are fentanyl, oxycodone, hydrocodone, oxymorphone, and hydromorphone.[6] DEA is required to "make appropriate quota reductions, as determined by the [Administrator], from the quota the [Administrator] would have otherwise established had such diversion not been considered."[7] When estimating diversion, the Administrator "shall consider information" that he, in consultation with the Secretary of Health and Human Services (HHS), "determines reliable on rates of overdose deaths and abuse and overall public health impact related to the covered controlled substance in the United States;" and "may take into consideration" whatever other sources of information he determines reliable.[8]

DEA solicited information from the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and the states in March and April 2026 on trends in the legitimate domestic use of select schedule I and II controlled substances and on trends in overdose death and overprescribing data that could be considered in estimating diversion of the covered controlled substances. DEA received information from the FDA in July 2026, the CDC in May 2026, and received Prescription Data Monitoring Program (PDMP) data from the states from April through June 2026. DEA considered this information in revising the APQs and developing the estimates of diversion for the five covered controlled substances for this proposed adjustment.

DEA also aggregated data for each covered controlled substance from Drug Theft and Loss Reports to determine the estimates of diversion. DEA gathered data involving employee theft, break-ins, armed robberies, and material lost in transit. DEA calculated the metric weight in grams of each active pharmaceutical ingredient (API) of the

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[5] 21 U.S.C. 826(i)(1)(A).
[6] 21 U.S.C. 826(i)(1).
[7] All functions vested in the Attorney General by the CSA have been delegated to the Administrator of DEA. 28 CFR 0.100(b); 21 U.S.C. 826(i)(1)(C).
[8] 21 U.S.C. 826(i)(1)(B).

controlled substances being diverted as identified in these reports. In calculating the estimates of diversion, DEA utilized the same methodology as published in the Proposed Aggregate Production Quotas for Schedule I and II Controlled Substances and Assessment of Annual Needs for the List I Chemicals Ephedrine, Pseudoephedrine, and Phenylpropanolamine for 2026.[9] Below, DEA provides an updated chart showing estimations of diversion for each of the covered controlled substances.

Diversion Estimates for 2026 (g)	
Fentanyl	196
Hydrocodone	140,766
Hydromorphone	1,051
Oxycodone	330,028
Oxymorphone	98

Proposed Adjustments for the 2026 Aggregate Production Quotas

DEA is proposing an increase to the APQ for schedule I substance betamethadol to support the manufacture of analytical standards for use in analytical testing in laboratories. Additionally, DEA is proposing an increase to the APQ for schedule I substances 3,4-methylenedioxy-N-methylcathinone, psilocybin, and psilocyn based on increased manufacturer interest in dosage form development for clinical trials in response to Executive Order 14401, which established a policy of accelerating innovative research models and appropriate drug approvals of new psychedelic-based treatments for serious mental illnesses that persist after standard therapy.[10]

DEA is proposing an increase to the APQ for schedule II substances d,l-amphetamine and d-amphetamine (for sale). DEA reviewed the data provided by FDA on the domestic medical use of d,l-amphetamine and d-amphetamine. FDA predicted the domestic medical need for d,l-amphetamine and d-amphetamine will increase by 23.6 percent and 23.7 percent respectively when compared to their 2025 observed domestic medical need.

[9] 90 FR 54745 (November 28, 2025).
[10] Accelerating Medical Treatments for Serious Mental Illness, Executive Order 14401 (April 18, 2026), 91 FR 21709.

DEA also reviewed the global sales data from Multi Internal Data Analysis System (MIDAS). Extrapolation of the global sales of d,l-amphetamine and d-amphetamine predicts an increase of 4.36 percent and 4.07 percent respectively from 2025. While sufficient quota was granted to meet legitimate global sales, it may be insufficient to allow for adequate reserve stocks to start the next calendar year.

DEA also received additional quota requests for product development activities by bulk and dosage form manufacturers of d,l-amphetamine and d-amphetamine (for sale) to synthesize engineering and validation batches to support the filing of new drug applications for FDA review. Year-to-date amounts approved for product development by bulk and dosage manufacturers have increased 173 percent for d,l-amphetamine and 32 percent for d-amphetamine (for sale) when compared to 2025, respectively. After considering all the data from FDA, DEA, and manufacturers regarding product development needs, DEA has determined that it is necessary to propose an increase to the 2026 d,l-amphetamine and d-amphetamine (for sale) APQs for the maintenance of reserve stocks and increased product development needs.

DEA is proposing an increase to the APQ for schedule II substance hydromorphone due to an increase in domestic medical need and exports. DEA reviewed the most recent domestic usage data from IQVIA, as well as data provided by the FDA on the domestic medical use of hydromorphone. FDA predicted the domestic medical need for hydromorphone in 2026 will increase by 20.9 percent compared to the 2025 observed medical need. DEA also reviewed export information provided by bulk manufacturers, export data from DEA's internal database, and global sales data from MIDAS. Export data shows that exports will increase 142% when compared to 2025 because one bulk manufacturer is planning to significantly increase their export of API in 2026. In determining the proposed adjusted APQ, DEA made the appropriate quota reductions pursuant to the updated estimate of the amount of diversion of hydromorphone that

occurs in the United States, provided above.

DEA is proposing an increase to the APQ for schedule II substance lisdexamfetamine due to rising global demand for drug products containing this substance. DEA reviewed export data from DEA's internal database and global sales data from MIDAS. Extrapolation of the data predicts global consumption will increase by 19.2 percent when compared to 2025. This increase is due to the expanded approval of the brand name product, Vyvanse, in additional countries since 2025. Additionally, U.S. bulk manufacturers and dosage form manufacturers which support generic versions of Vyvanse have already begun exporting lisdexamfetamine API and finished dosage-form products according to the data extracted from DEA's internal databases. Extrapolation utilizing previous years' reported data suggests the export requirements for lisdexamfetamine API and finished dosages will likely continue to increase in 2026 and beyond. An increase in domestic manufacturing of the API and finished dosages is necessary to supply lisdexamfetamine products to both the domestic and foreign markets.

As a result of the increase to the APQ of lisdexamfetamine, DEA must make a corresponding increase to the APQ of d-amphetamine (for conversion) because this substance is used by some manufacturers as part of the synthesis pathway to manufacture lisdexamfetamine products. Without this corresponding increase, manufacturers of lisdexamfetamine API would not be able to utilize the entire amount of the increased lisdexamfetamine APQ.

DEA is proposing an increase to the APQ for schedule II substance methylphenidate (for sale) due to decreased global reserve stocks and the growth of global medical demands. DEA reviewed the methylphenidate export data from DEA's internal database, as well as global sales data from MIDAS. Data shows that 2025 methylphenidate exports from the United States increased 17.3% from 2024. Additionally, extrapolation of the sales data from MIDAS predicts global consumption will increase by 8.01 percent for

methylphenidate drug products in 2026 when compared to 2025.

DEA also reviewed global production and consumption data of methylphenidate published in the 2025 Psychotropic Technical Report by the International Narcotics Control Board (INCB).[11] The INCB stated that methylphenidate is the most manufactured and traded substance among the scheduled II stimulants, with 111 countries and territories reporting imports in 2024. The INCB reported the United States as the leading manufacturer and noted increasing exports of methylphenidate from the country to others. Although the total manufacturing of methylphenidate was reported to be at the highest level since INCB began receiving data, the global stocks of methylphenidate decreased by 11 tons, from 91.6 tons in 2023 to 80.6 tons in 2024. After considering all the data from FDA, DEA, and INCB, DEA has determined that it is necessary to propose an increase to the 2026 methylphenidate APQ to allow for the adjustment of reserve stocks to support the increase in global medical demand.

DEA is proposing an increase to the remifentanil APQ to support increasing domestic medical use and exports. Remifentanil is a schedule II synthetic opioid analgesic that is primarily administered intravenously to manage pain during and after surgical procedures. DEA reviewed the data provided by FDA, the most recent domestic usage data from IQVIA and export data from DEA's internal database. FDA projected a 27.0 percent increase in domestic medical usage of remifentanil in 2026 compared with 2025 and exports of this API showed an upward trend from 2023 to 2025.

DEA is proposing to decrease the APQ of fentanyl based on adjustments to the national diversion estimates for calendar year 2026. Revisions of the APQs for hydrocodone, oxycodone, hydrophone and oxymorphone, the four other covered controlled substances defined in 21 U.S.C. 826(i)(1)(A), are unnecessary because the

[11] INCB Psychotropics—Technical Report Psychotropic Substances 2025, Statistics for 2024, Assessments of Annual Medical Scientific Requirements for Substances for 2026.

updated diversion estimates are less than, or within one gram of, the previously published national diversion estimates for 2026.

On January 20, 2026, DEA published a final rule to amend its regulation pertaining to "cannabimimetic agents."[12] DEA consolidated 13 of 15 existing drug codes and 18 additional substances meeting the definition of cannabimimetic agents under drug code 7000, except for JWH-018 and AM2201, which retained their existing drug codes and APQs to facilitate quota and international reporting requirements. The 18 additional substances that meet the structural and pharmacological definition of cannabimimetic agents are: AM-1220; AM-2233; EAM-2201; JWH-098; JWH-184; JWH-193; JWH-210; MAM-2201; JWH-007; JWH-022; JWH-147; JWH-302; JWH-307; JWH-412; WIN 55,212-2; CP-55,940; CP-47,497 C6 homolog; and CP-47,497 C9 homolog. That final rule did not change the current and continuing schedule I status for substances meeting the definition of cannabimimetic agents. DEA is proposing to establish an APQ value for cannabimimetic agents pursuant to 21 U.S.C. 826 and 21 CFR part 1303.

Subsequent to establishing the 2026 APQ, DEA published in the *Federal Register* separate scheduling orders to place 4-fluoroamphetamine and 3-methoxyphencyclidine in schedule I of the CSA.[13] DEA also published temporary scheduling orders to place bromazolam and 2-fluorodeschloroketamine in schedule I of the CSA until March 16, 2028, and May 22, 2028, respectively, or until a permanent scheduling action of these substances is complete, whichever occurs first.[14] Finally, for administrative purposes, DEA established a specific listing for hexahydrocannabinol in schedule I of the CSA and assigned a unique DEA drug code for this substance.[15] This action allows DEA to establish an APQ and grant individual manufacturing and procurement quotas to DEA-registered manufacturers of hexahydrocannabinol, who had previously been granted

[12] 91 FR 2297 (January 20, 2026).
[13] 91 FR 1692 (January 15, 2026) and 91 FR 13733 (March 23, 2026).
[14] 91 FR 12504 (March 16, 2026) and 91 FR 30204 (May 22, 2026).
[15] 91 FR 23913 (May 4, 2026).

individual quotas for such purposes under the drug code for tetrahydrocannabinols.

These substances are subject to schedule I controls under the CSA, and DEA is proposing to assign individual APQ values for each of these substances pursuant to 21 U.S.C. 826 and 21 CFR part 1303.

Medical Marijuana

On April 28, 2026, the Acting Attorney General issued *Schedules of Controlled Substances: Rescheduling of Food and Drug Administration Approved Products Containing Marijuana From Schedule I to Schedule III; Corresponding Change to Permit Requirements* as a final rule which became effective the same day.[16] This final rule places in schedule III and assigns separate drug codes for marijuana in an FDA-approved product or subject to a state medical marijuana license, marijuana extract in an FDA-approved product or subject to a state medical marijuana license, and naturally-derived delta-9-tetrahydrocannabinols in an FDA-approved product or subject to a state medical marijuana license (drug codes 7362, 7353, 7386). FDA approves products under the authority granted by the Federal Food, Drug, and Cosmetic Act. Additional information about FDA-approved products can be found on FDA's website.[17]

The final rule outlines several control measures required to satisfy the United States obligations under the Single Convention on Narcotic Drugs, 1961, as well as the CSA. Two related control measures of the Single Convention require: (1) manufacturers and distributors of drugs listed in Schedule I of the Convention, including marijuana, to be licensed (Articles 29 & 30); and (2) licensed manufacturers of drugs listed in Schedule I of the Convention obtain quotas specifying the amounts of such drugs they may manufacture to prevent excessive production and accumulation beyond that necessary to satisfy legitimate needs. (Articles 21 & 29). DEA is currently in the process of

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[16] 91 FR 22714 (April 28, 2026).

[17] *See, e.g.,* FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD), https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd - approved.

registering the manufacturers and distributors who will be handling the substances that have been moved to schedule III under the CSA as outlined in the final rule. Concurrently, DEA is assessing data sources and methodologies to determine the most reliable and relevant datasets for the estimation of the United States' legitimate need and production requirements for these 3 substances. A separate notice will be published in the *Federal Register* once the proposed APQs for the schedule III substances (drug codes 7362, 7353, 7386) are determined.

As specified in the final rule, "any form of marijuana other than in an FDA-approved drug product or marijuana subject to a state medical marijuana license remains a schedule I controlled substance."[18] Corresponding APQs for schedule I marijuana, marijuana extract, and delta-9-tetrahydrocananbinol (drug codes 7360, 7350, 7370) are reflected in the table below.

Proposed Adjustments for the 2026 Assessment of Annual Needs

As a result of the proposed increase to the d,l-amphetamine, d-amphetamine (for sale) and lisdexamfetamine APQs, the phenylpropanolamine (for conversion) AAN also needs to be correspondingly adjusted because one bulk manufacturer imports phenylpropanolamine as starting material to synthesize d,l-amphetamine, d-amphetamine (for sale) and lisdexamfetamine.

The Administrator, therefore, proposes to adjust the 2026 APQ for the schedule I and II controlled substances 2-fluorodeschloroketamine, 3,4-methylenedioxy-N-methylcathinone, 3-methoxyphencyclidine, betamethadol, bromazolam, cannabimimetic agents, 4-fluoroamphetamine, d,l-amphetamine, d-amphetamine (for conversion), d-amphetamine (for sale), fentanyl, hexahydrocannabinol, hydromorphone, lisdexamfetamine, methylphenidate (for sale), psilocybin, psilocyn, and remifentanil. Additionally, the Administrator proposes to adjust the 2026 AAN for the list I chemical

[18] 91 FR at 22719.

phenylpropanolamine (for conversion).

The proposed adjusted APQ and AAN, as expressed in grams of anhydrous acid or base, are as follows:

Basic Class	2026 Established Quotas (g)	Proposed Revised 2026 Quotas (g)
Temporary Controlled Schedule I Substances		
2-Fluorodeschloroketamine	N/A	30
Bromazolam	N/A	30
5-Methyl Etodesnitazene	30	no change
Ethyleneoxynitazene	30	no change
Methylenedioxynitazene	30	no change
N,N-Dimethylamino Etonitazene	30	no change
N-Desethyl Etonitazene	30	no change
N-Desethyl Protonitazene	30	no change
N-Pyrrolidino Isotonitazene	30	no change
Schedule I		
1-[1-(2-Thienyl)cyclohexyl]pyrrolidine	20	no change
1-(1-Phenylcyclohexyl)pyrrolidine	30	no change
1-(2-Phenylethyl)-4-phenyl-4-acetoxypiperidine	10	no change
1-(4-Methoxyphenyl)-N-methylpropan-2-amine (Para-methoxymethamphetamine)	30	no change
1-(5-Fluoropentyl)-3-(1-naphthoyl) indole (AM2201)	30	no change
1-(5-Fluoropentyl)-3-(2-iodobenzoyl) indole (AM694)	30	Consolidated into Cannabimimetic Agents
1-Benzylpiperazine	25	no change
1-Methyl-4-phenyl-4-propionoxypiperidine	10	no change
1-[1-(2-Thienyl)cyclohexyl]piperidine	15	no change
2'-Fluoro 2-fluorofentanyl	30	no change
2,5-Dimethoxy-4-Ethylamphetamine (DOET)	25	no change
2,5-Dimethoxy-4-(n)-Propylthiophenethylamine	25	no change
2,5-Dimethoxyamphetamine	25	no change
2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (2C-P)	30	no change
2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (2C-E)	30	no change
2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (2C-D)	30	no change

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (2C-N)	30	no change
2-(2,5-Dimethoxyphenyl)ethanamine (2C-H)	100	no change
2-(4-Bromo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25B-NBOMe; 2C-B-NBOMe; 25B; Cimbi-36)	30	no change
2-(4-Chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25C-NBOMe; 2C-C-NBOMe; 25C; Cimbi-82)	25	no change
2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (2C-C)	30	no change
2-(4-Ethoxybenzyl)-5-Nitro-1-(2-(Piperidin-1-yl)Ethyl)-1H-Benzimidazole (N-Piperidinyl Etonitazene)	30	no change
2-(4-Iodo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25I-NBOMe; 2C-I-NBOMe; 25I; Cimbi-5)	30	no change
2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (2C-I)	30	no change
2-(Ethylamino)-2-(3-Methoxyphenyl)Cyclohexan-1-One (Methoxetamine)	30	no change
2-Methyl AP-237	30	no change
2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (2C-T-2)	30	no change
2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (2C-T-4)	30	no change
3,4,5-Trimethoxyamphetamine	30	no change
3,4-Methylenedioxyamphetamine (MDA)	12,000	no change
3,4-Methylenedioxy-N-ethylamphetamine (MDEA)	40	no change
3,4-Methylenedioxy-N-methylcathinone (methylone)	30,000	42,500
3,4-Methylenedioxymethamphetamine (MDMA)	12,000	no change
3,4-Methylenedioxypyrovalerone (MDPV)	35	no change
3-FMC; 3-Fluoro-N-methylcathinone	25	no change
3-Methoxyphencyclidine (1-(1-(3-Methoxyphenyl)cyclohexyl)piperidine)	N/A	30
3-Methylfentanyl	30	no change
3-Methylthiofentanyl	30	no change
3-Methylmethcathinone	30	no change
4′-Methyl acetyl fentanyl	30	no change
4'-Methyl-alpha-pyrrolidinohexiophenone (MPHP)	25	no change
4,4′-Dimethylaminorex	30	no change
4-Bromo-2,5-dimethoxyamphetamine (DOB)	30	no change
4-Bromo-2,5-dimethoxyphenethylamine (2-CB)	5,100	no change
4-Chloro-alpha-pyrrolidinovalerophenone (4-	25	no change

chloro-alpha-PVP)		
4-Chloromethcathinone	30	no change
4-CN-Cumyl-Butinaca	25	no change
4-Fluoroamphetamine	N/A	30
4-Fluoroisobutyryl fentanyl	30	no change
4-FMC; Flephedrone	25	no change
4-MEC; 4-Methyl-N-ethylcathinone	25	no change
4-Methoxyamphetamine	150	no change
4-Methyl-2,5-dimethoxyamphetamine (DOM)	25	no change
4-Methyl-alpha-ethylaminopentiophenone (4-MEAP)	25	no change
4-Methyl-alpha-pyrrolidinopropiophenone (4-MePPP)	25	no change
4-Methyl-N-methylcathinone (mephedrone)	45	no change
4-Methylaminorex	25	no change
4F-MDMB-BUTICA	30	no change
5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol	50	Consolidated into Cannabimimetic Agents
5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (cannabicyclohexanol or CP-47,497 C8-homolog)	40	Consolidated into Cannabimimetic Agents
5-Fluoro-PB-22; 5F-PB-22	25	no change
5-Fluoro-UR144, XLR11 ([1-(5-fluoro-pentyl)-1Hindol-3-yl](2,2,3,3-tetramethylcyclopropyl)methanone	25	no change
5-Methoxy-3,4-methylenedioxyamphetamine	25	no change
5-Methoxy-N,N-diisopropyltryptamine	25	no change
5-Methoxy-N,N-dimethyltryptamine	30,000	no change
5F-AB-PINACA; (1-Amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide	25	no change
5F-ADB; 5F-MDMB-PINACA (methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate)	25	no change
5F-AMB (methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate)	25	no change
5F-APINACA; 5F-AKB48 (N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide)	25	no change
5F-CUMYL-P7AICA; 1-(5-Fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo[2,3-b]pyridine-3carboximide	25	no change
5F-CUMYL-PINACA	25	no change
5F-EDMB-PICA	30	no change
5F-EDMB-PINACA	25	no change

5F-MDMB-PICA	25	no change
A-PIHP; 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one (alpha-PiHP)	30	no change
AB-CHMINACA	30	no change
AB-FUBINACA	50	no change
AB-PINACA	30	no change
Acetorphine	25	no change
Acetyl Fentanyl	100	no change
Acetyl-alpha-methylfentanyl	30	no change
Acetyldihydrocodeine	30	no change
Acetylmethadol	25	no change
Acryl Fentanyl	25	no change
ADB–4en–PINACA	30	no change
ADB-BUTINACA	30	no change
ADB-FUBINACA (N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide)	30	no change
ADB-PINACA (N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide)	50	no change
AH-7921	30	no change
All other tetrahydrocannabinol	1,166,130	no change
Allylprodine	25	no change
alpha-Ethyltryptamine	25	no change
alpha-Methylfentanyl	30	no change
alpha-Methylthiofentanyl	30	no change
alpha-Methyltryptamine (AMT)	25	no change
alpha-Pyrrolidinobutiophenone (α-PBP)	25	no change
alpha-pyrrolidinoheptaphenone (PV8)	25	no change
alpha-pyrrolidinohexabophenone (alpha-PHP)	25	no change
alpha-Pyrrolidinopentiophenone (α-PVP)	25	no change
Alphacetylmethadol	25	no change
Alphameprodine	25	no change
Alphamethadol	25	no change
Amineptine	30	no change
Aminorex	25	no change
Anileridine	20	no change
APINCA, AKB48 (N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide)	25	no change
Benzethidine	25	no change
Benzylmorphine	30	no change
beta-Hydroxy-3-methylfentanyl	30	no change
beta-Hydroxyfentanyl	30	no change
beta-Hydroxythiofentanyl	30	no change

beta-Methyl fentanyl	30	no change
beta-Methylacetyl Fentanyl	30	no change
beta′-Phenyl fentanyl	30	no change
Betacetylmethadol	25	no change
Betameprodine	25	no change
Betamethadol	4	25
Betaprodine	25	no change
Brorphine	30	no change
Bufotenine	15	no change
Butonitazene	30	no change
Butylone	25	no change
Butyryl fentanyl	30	no change
Cathinone	40	no change
Cannabimimetic Agents	N/A	620
Clonazolam	30	no change
Clonitazene	25	no change
Codeine methylbromide	30	no change
Codeine-N-oxide	192	no change
Crotonyl Fentanyl	25	no change
CUMYL–PEGACLONE	30	no change
Cyclopentyl Fentanyl	30	no change
Cyclopropyl Fentanyl	20	no change
Cyprenorphine	25	no change
delta-9-Tetrahydrocannabinol	1,523,040	no change
Desomorphine	25	no change
Dextromoramide	25	no change
Diapromide	20	no change
Diclazepam	30	no change
Diethylthiambutene	20	no change
Diethyltryptamine	25	no change
Difenoxin	9,300	no change
Dihydromorphine	639,954	no change
Dimenoxadol	25	no change
Dimepheptanol	25	no change
Dimethylthiambutene	20	no change
Dimethyltryptamine	25,000	no change
Dioxyaphetyl butyrate	25	no change
Dipentylone	30	no change
Dipipanone	25	no change
Drotebanol	25	no change
Ethylmethylthiambutene	25	no change
Ethylone	25	no change
Ethylphenidate	30	no change

Etizolam	30	no change
Etodesnitazene	30	no change
Etonitazene	25	no change
Etorphine	30	no change
Etoxeridine	25	no change
Eutylone	30	no change
Fenethylline	30	no change
Fentanyl carbamate	30	no change
Fentanyl related substances	600	no change
Flualprazolam	30	no change
Flubromazolam	30	no change
Flunitazene	30	no change
FUB-144	25	no change
FUB-AKB48	25	no change
FUB-AMB, MMB-Fubinaca, AMB-Fubinaca	25	no change
Furanyl fentanyl	30	no change
Furethidine	25	no change
gamma-Hydroxybutyric acid	49,675,266	no change
Heroin	150	no change
Hexahydrocannabinol	N/A	30
Hydromorphinol	40	no change
Hydroxypethidine	25	no change
Ibogaine	210	no change
Isobutyryl Fentanyl	25	no change
Isotonitazine	25	no change
JWH-018 and AM678 (1-Pentyl-3-(1-naphthoyl)indole)	35	no change
JWH-019 (1-Hexyl-3-(1-naphthoyl)indole)	45	Consolidated into Cannabimimetic Agents
JWH-073 (1-Butyl-3-(1-naphthoyl)indole)	45	Consolidated into Cannabimimetic Agents
JWH-081 (1-Pentyl-3-[1-(4-methoxynaphthoyl)]indole)	30	Consolidated into Cannabimimetic Agents
JWH-122 (1-Pentyl-3-(4-methyl-1-naphthoyl)indole)	30	Consolidated into Cannabimimetic Agents
JWH-200 (1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole)	35	Consolidated into Cannabimimetic Agents
JWH-203 (1-Pentyl-3-(2-chlorophenylacetyl)indole)	30	Consolidated into Cannabimimetic Agents
JWH-250 (1-Pentyl-3-(2-methoxyphenylacetyl)indole)	30	Consolidated into Cannabimimetic Agents
JWH-398 (1-Pentyl-3-(4-chloro-1-naphthoyl)indole)	30	Consolidated into Cannabimimetic Agents
Ketobemidone	30	no change

Levomoramide	25	no change
Levophenyacylmorphan	25	no change
Lysergic acid diethylamide (LSD)	1,200	no change
MAB-CHMINACA; ADB-CHMINACA (N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide)	30	no change
Marijuana	6,675,000	no change
Marijuana extract	1,000,000	no change
MDMB–4EN–PINACA	30	no change
MDMB-CHMICA; MMB-CHMINACA(methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate)	30	no change
MDMB-FUBINACA (methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate)	30	no change
Mecloqualone	30	no change
Mescaline	1,200	no change
Mesocarb	30	no change
meta-Fluorofuranyl fentanyl	30	no change
Methaqualone	60	no change
Methcathinone	25	no change
Methiopropamine	30	no change
Methoxyacetyl fentanyl	30	no change
Methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (4F–MDMB–BINACA)	30	no change
Methyldesorphine	5	no change
Methyldihydromorphine	25	no change
Metodesnitazene	30	no change
Metonitazene	30	no change
MMB-CHMICA; (AMB-CHIMCA); Methyl-2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3-methylbutanoate	25	no change
MMB–FUBICA	30	no change
Morpheridine	25	no change
Morphine methylbromide	5	no change
Morphine methylsulfonate	5	no change
Morphine-N-oxide	150	no change
MT-45	30	no change
Myrophine	25	no change
N,N-Dimethylamphetamine	25	no change
N-Ethyl-1-phenylcyclohexylamine	25	no change
N-Ethyl-2-(2-(4-isopropoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine; N-Desethyl	30	no change

Isotonitazene		
N-Ethyl-3-piperidyl benzilate	10	no change
N-Ethylamphetamine	24	no change
N-Ethylhexedrone	25	no change
N-Ethylpentylone, ephylone	30	no change
N-Hydroxy-3,4-methylenedioxyamphetamine	24	no change
N-Methyl-3-piperidyl benzilate	30	no change
N-Pyrrolidino Etonitazene	30	no change
N-pyrrolidino metonitazene	30	no change
N-pyrrolidino protonitazene	30	no change
Naphyrone	25	no change
Nicocodeine	25	no change
Nicomorphine	25	no change
NM2201: Naphthalen-1-yl 1-(5-fluorpentyl)-1H-indole-3-carboxylate	25	no change
Noracymethadol	25	no change
Norlevorphanol	2,550	no change
Normethadone	25	no change
Normorphine	40	no change
Norpipanone	25	no change
Ocfentanil	25	no change
ortho-Chlorofentanyl	30	no change
ortho-Fluoroacryl fentanyl	30	no change
ortho-Fluorobutyryl fentanyl	30	no change
ortho-Fluorofentanyl,2-Fluorofentanyl	30	no change
ortho-Fluoroisobutyryl fentanyl	30	no change
ortho-Methyl acetylfentanyl	30	no change
ortho-Methylcyclopropylfentany	30	no change
ortho-Methyl methoxyacetyl fentanyl	30	no change
para-Chlorofentanyl	30	no change
para-Chloroisobutyrl fentanyl	30	no change
para-Flourobutyryl fentanyl	25	no change
para-Fluorofentanyl	25	no change
para-Fluoro furanyl fentanyl	30	no change
para-Fluoro valeryl fentanyl	30	no change
para-Methoxybutyrl fentanyl	30	no change
para-Methylfentanyl	30	no change
Parahexyl	5	no change
PB-22; QUPIC	20	no change
Pentedrone	25	no change
Pentylone	25	no change
Phenadoxone	25	no change
Phenampromide	25	no change

Phenomorphan	25	no change
Phenoperidine	25	no change
Phenyl fentanyl	30	no change
Pholcodine	5	no change
Piritramide	25	no change
Proheptazine	25	no change
Properidine	25	no change
Propiram	25	no change
Protonitazene	30	no change
Psilocybin	50,000	60,000
Psilocyn	80,000	93,600
Racemoramide	25	no change
SR-18 and RCS-8 (1-Cyclohexylethyl-3-(2-methoxyphenylacetyl)indole)	45	Consolidated into Cannabimimetic Agents
SR-19 and RCS-4 (1-Pentyl-3-[(4-methoxy)-benzoyl]indole)	30	Consolidated into Cannabimimetic Agents
Tetrahydrofuranyl fentanyl	15	no change
Tetrahydrothiofuranyl fentanyl	30	no change
Thebacon	25	no change
Thiafentanil	25	no change
Thiofentanyl	25	no change
Thiofuranyl fentanyl	30	no change
THJ-2201 ([1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone)	30	no change
Tilidine	25	no change
Trimeperidine	25	no change
U-47700	30	no change
UR-144 (1-pentyl-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone	25	no change
Valeryl fentanyl	25	no change
Zipeprol	30	no change
Schedule II		
1-Phenylcyclohexylamine	15	no change
1-Piperidinocyclohexanecarbonitrile	25	no change
4-Anilino-N-phenethyl-4-piperidine (ANPP)	937,874	no change
Alfentanil	5,000	no change
Alphaprodine	25	no change
Amobarbital	20,100	no change
Bezitramide	25	no change
Carfentanil	20	no change
Cocaine	60,492	no change
Codeine (for conversion)	942,452	no change
Codeine (for sale)	19,262,516	no change

d-Amphetamine (for conversion)	34,602,790	41,392,071
d-Amphetamine (for sale)	26,450,000	37,108,041
d-Methamphetamine (for conversion)	485,020	no change
d-Methamphetamine (for sale)	47,000	no change
d,l-Amphetamine	24,234,443	31,654,915
d,l-Methamphetamine	150	no change
Dexmethylphenidate (for conversion)	5,374,683	no change
Dexmethylphenidate (for sale)	6,200,000	no change
Dextropropoxyphene	35	no change
Dihydrocodeine	115,227	no change
Dihydroetorphine	25	no change
Diphenoxylate (for conversion)	14,100	no change
Diphenoxylate (for sale)	770,800	no change
Ecgonine	60,492	no change
Ethylmorphine	30	no change
Etorphine hydrochloride	32	no change
Fentanyl	731,236	731,145
Glutethimide	25	no change
Hydrocodone (for conversion)	1,250	no change
Hydrocodone (for sale)	26,978,077	no change
Hydromorphone	1,949,378	2,356,798
Isomethadone	30	no change
l-Amphetamine	30	no change
l-Methamphetamine	587,229	no change
Levo-alphacetylmethadol (LAAM)	25	no change
Levomethorphan	30	no change
Levorphanol	20,000	no change
Lisdexamfetamine	51,290,743	62,832,521
Meperidine	681,184	no change
Meperidine Intermediate-A	30	no change
Meperidine Intermediate-B	30	no change
Meperidine Intermediate-C	30	no change
Metazocine	15	no change
Methadone (for sale)	25,619,700	no change
Methadone Intermediate	27,673,600	no change
Methamphetamine	150	no change
Methylphenidate (for conversion)	19,975,468	no change
Methylphenidate (for sale)	58,283,000	69,502,651
Metopon	25	no change
Moramide-intermediate	25	no change
Morphine (for conversion)	2,393,200	no change
Morphine (for sale)	23,000,000	no change
Nabilone	62,000	no change

Norfentanyl	25	no change
Noroxymorphone (for conversion)	24,756,979	no change
Noroxymorphone (for sale)	2,500	no change
Oliceridine	25,100	no change
Opium (powder)	250,000	no change
Opium (tincture)	530,837	no change
Oripavine	45,721,950	no change
Oxycodone (for conversion)	437,827	no change
Oxycodone (for sale)	50,237,652	no change
Oxymorphone (for conversion)	31,773,105	no change
Oxymorphone (for sale)	464,367	no change
Pentobarbital	40,000,000	no change
Phenazocine	25	no change
Phencyclidine	35	no change
Phenmetrazine	25	no change
Phenylacetone	100	no change
Piminodine	25	no change
Racemethorphan	5	no change
Racemorphan	5	no change
Remifentanil	4,000	6,152
Secobarbital	172,100	no change
Sufentanil	4,000	no change
Tapentadol	10,390,226	no change
Thebaine	57,137,944	no change
List I Chemicals		
Ephedrine (for conversion)	41,100	no change
Ephedrine (for sale)	3,933,336	no change
Phenylpropanolamine (for conversion)	14,878,320	15,500,000
Phenylpropanolamine (for sale)	7,990,000	no change
Pseudoephedrine (for conversion)	1,000	no change
Pseudoephedrine (for sale)	186,617,466	no change

The Administrator further proposes that the APQ for all other schedule I and II controlled substances included in 21 CFR 1308.11 and 1308.12 remain at zero. In accordance with 21 CFR 1303.13 and 21 CFR 1315.13, upon consideration of the relevant factors, the Administrator may adjust the 2026 APQ and AAN as needed.

Conclusion

After consideration of any comments or objections, or after a hearing, if one is held,

the Administrator will issue and publish in the *Federal Register* a final order establishing any adjustment of the 2026 APQ for each basic class of controlled substances in schedules I and II and AAN for the list I chemicals ephedrine, pseudoephedrine, and phenylpropanolamine.[19]

SIGNING AUTHORITY

This document of the Drug Enforcement Administration was signed on November 20, 2026, by DEA Administrator Terrance C. Cole. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the Federal Register.

Heather Achbach,
Federal Register Liaison Officer,
Drug Enforcement Administration.

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[19] 21 CFR 1303.13(c) and 1315.13(c).