(c) substances, other than food, intended to affect the structure, or
any function of the body of man and animals; or

(d) substances intended for use as a component of any article
specified in clauses (a), (b) or (c), exclusive of devices or their compo-
nents, parts or accessories.

"Drug paraphernalia", all equipment, products, devices and materi-
als of any kind which are primarily intended or designed for use i
planting, propagating, cultivating, growing, harvesting, manufactu
ing, compounding, converting, producing, processing, preparing, te
ing, analyzing, packaging, repackaging, storing, containi
concealing, ingesting, inhaling or otherwise introducing into the b
man body a controlled substance in violation of this chapter. It
cludes, but is not limited to:

(1) kits used, primarily intended for use or designed for us
planting, propagating, cultivating, growing or harvesting of any
cies of plant which is a controlled substance or from which a
trolled substance can be derived;

(2) kits used, primarily intended for use or designed for u
manufacturing, compounding, converting, producing, processi
preparing controlled substances;

(3) isomerization devices used, primarily intended for use
signed for use in increasing the potency of any species of plant
is a controlled substance;

(4) testing equipment used, primarily intended for use or d
for use in identifying or in analyzing the strength, effective
purity of controlled substances;

(5) scales and balances used, primarily intended for us
signed for use in weighing or measuring controlled substanc

(6) diluents and adulterants, such as quinine hydr
mannitol, mannite, dextrose and lactose, used, primarily in
use or designed for use in cutting controlled substances;

(7) separation gins and sifters used, primarily intended
designed for use in removing twigs and seeds from or i
cleaning or refining marihuana;

(8) blenders, bowls, containers, spoons and mixing d
primarily intended for use or designed for use in compo
trolled substances;

(9) capsules, balloons, envelopes and other containe
marily intended for use or designed for use in packagin
tities of controlled substances;

(10) containers and other objects used, primarily intended for use
designed for use in storing or concealing controlled substances;

[There is no clause (11).]

objects used, primarily intended for use or designed for use in
ing, inhaling, or otherwise introducing marihuana, cocaine,
h or hashish oil into the human body, such as:

metal, wooden, acrylic, glass, stone, plastic or ceramic pipes,
pes may or may not have screens, permanent screens, hash-
s or punctured metal bowls;

er pipes;

uretion tubes and devices;

ing and carburetion masks;

clips; meaning objects used to hold burning material,
rihuana cigarette that has become too small or too short
the hand;

re cocaine spoons and cocaine vials;

pipes;

r pipes;

es;

pipes;

illers;

e papers;

e kits.

ther an object is drug paraphernalia, a court or
consider, in addition to all other logically rel-
wing:

he object, in time and space, to a direct viola-

e object to controlled substances;

residue of controlled substances on the ob-

written, provided with the object concern-

94C:15. Record-keeping and inventory requirements; filing o Form 106 with city, town and state police departments upon disc of theft or loss of controlled substance

Section 15. Persons registered to manufacture, distribute, di pense, or possess controlled substances shall keep records and mai tain inventories in conformance with the record-keeping an inventory requirements of the Federal "Comprehensive Drug Preve tion and Control Act of 1970" or any amendment thereof, and t Federal Food, Drug and Cosmetic Act, and with any additional ru or regulations promulgated by the board of registration in pharm in the case of a retail drug business or wholesale druggist or by commissioner in all other cases.

If a person registered to distribute controlled substances disc a theft or loss of controlled substances that requires the fili DEA Form 106 with the United States Drug Enforcement Adm tration, the person shall simultaneously file a copy of that form the department of state police. If a person registered to di controlled substances discovers a theft or loss of controlle stances that requires the filing of DEA Form 106 with the States Drug Enforcement Administration, the person shall s neously file a copy of that form with the police department in or town wherein the theft or loss is alleged to have occurred the department of state police.

94C:16. Distribution between registrants; order form

Section 16. Controlled substances in Schedules I and II distributed by a registrant to another registrant only pu such order form as may be required by the Federal "Comp Drug Abuse Prevention and Control Act of 1970" or any a thereof and the Federal Food, Drug, and Cosmetic Act.

94C:17. Necessity of prescription for dispensing contro

Section 17. (a) No controlled substance in Schedule dispensed without the written prescription of a practiti that—

(b) In emergency situations, as defined by rule or reg commissioner acting jointly with the board of registra macy, drugs in said Schedule II may be dispensed upon tion of a practitioner, reduced promptly to writing an pharmacy, pursuant to the provisions of subsection twenty.

(c) A controlled substance included in Schedule II shall not be dispensed without a written or oral p practitioner.

Issuance of prescription by practitioner or physician

tion 18. (a) A prescription for a controlled substance may be d only by a practitioner who is:

uthorized to prescribe controlled substances; and

egistered pursuant to the provisions of this chapter.

n oral prescription issued by a practitioner may be communi- a pharmacist by an expressly authorized employee or agent ctitioner.

escription for a controlled substance contained in schedules nclusive, as defined in section three may also be issued by ed practitioner who is duly licensed to practice medicine gistered in the state wherein he resides, if required, and red under federal law to write prescriptions. It is the egistered pharmacist who is filling a prescription under to determine, in accordance with professional stan- onal judgment, that such prescription is authentic and however, that if the substance is in schedules III to registered pharmacist shall verify the prescription ther means. A pharmacist shall not fill a prescrip- d verification cannot be obtained. The pharmacist liable for refusing to fill a prescription for which annot be obtained, provided that documented good ade to determine the authenticity and validity of his paragraph shall be valid only for the purpose ing of prescriptions, issued within the preceding not authorize said physician to process, admin- rolled substances as provided in section nine or within the commonwealth. In the case of any chedule III through V substance, the pharma- e has requested that the practitioner deliver ng pharmacy a written prescription for the hin seven days or such shorter period re- Any prescription issued under this para- e manner prescribed in section twenty-two of this chapter shall apply to such physi- thing contained in this section shall be il order pharmacies.

nnarcotic substance contained in Sched- lso be issued by a physician who is li- d registered in another state where he d, and registered under federal law to red pharmacist filling a prescription aragraph shall determine, in accor- ds and personal judgment, that such

prescription is authentic and valid; and shall verify such pres
tion by telephone or other means. A pharmacist shall not fill a
scription for which said verification cannot be obtained.
pharmacist shall not be held liable for refusing to fill such pre
tion for which said verification cannot be obtained; provided,
ever, that documented good faith efforts were made to determi
authenticity and validity of such prescription. This paragra
only for the purpose of authorizing the filling of prescriptions
the commonwealth, issued within the preceding five days, and
not authorize such practitioner to possess, administer or di
controlled substances as provided in section nine, or to practice
cine within the commonwealth. Any prescription issued und
provisions of this paragraph shall be issued in the manner pre
in section twenty-two and all relevant provisions of this chapte
apply to such practitioner and prescription. In the case of a
scription for a Schedule II substance filled under the provi
this paragraph, a pharmacist filling such prescription shall
thirty days after the filling of such prescription deliver to the
ment a copy of each such Schedule II prescription; provide
ever, that such copy shall not include the name and addres
patient for whom the prescription is issued and that such c
the information contained thereon shall not be deemed to b
record within the meaning of section seven of chapter four a
be subject to the restrictions set forth in section two of chapt
six A. Nothing contained in this section shall be deemed to a
any mail order pharmacies.

(d½) A prescription for a narcotic substance contained in
II of section 3 may also be issued by a physician who is li
practice medicine and registered in Maine or in a state c
with the commonwealth wherein such physician resides or
if required, and registered under federal law to write presc
A registered pharmacist filling a prescription under this
shall determine, in accordance with professional standard
sonal judgment, that such prescription is authentic and
shall verify the prescription by telephonic or other means
macist shall not fill a prescription for which a verification
obtained. A pharmacist shall not be liable for refusing to
scription for which a verification cannot be obtained pro
documented good faith efforts were made to determine the
ity and validity of such prescription. This subsection sh
ply to authorizations for the filling of prescriptions
commonwealth, issued within the preceding 5 days, and sh
thorize such practitioner to possess, administer or dis
trolled substances under section 9 or to practice medicine
commonwealth. A prescription issued under this subsect
issued in the manner provided in section 22 and all rele

s chapter shall apply to any such practitioner and any
iption. In the case of a prescription for a Schedule II
illed pursuant to this subsection, a pharmacist shall,
ys after filling such prescription, deliver to the depart-
of each such Schedule II prescription; provided, how-
ch copy shall not include the name and address of the
hom the prescription was issued; and provided further,
y and the information contained therein shall not be a
within the meaning of section 7 of chapter 4 and shall
he restrictions set forth in section 2 of chapter 66A.
s section shall authorize a mail-order pharmacy.

his subsection shall be interpreted to prohibit a retail
ating within the commonwealth from filling prescrip-
otic substance contained in schedule II of section 3 to
tes other than Maine and the states contiguous with
ith, provided, however, that:

acy shall be licensed for retail by the commonwealth
e, registered with the appropriate regulatory au-
ate from which the prescription is received and the
ug Enforcement Administration, as applicable, for
controlled substances;

ion shall be filled by a pharmacist licensed and
tate from which the prescription originates, if the
iption's origin requires such registration and li-
be written by a physician licensed to practice
tered in the same state or a contiguous state to
on is to be delivered and registered under federal
ptions or shall be written by a nurse practitioner
t who is authorized by the state of the prescrip-
the prescription and is licensed and registered
a contiguous state to where the prescription is
registered under federal law to write prescrip-

shall be received by the retail pharmacy via
arrier or through an equivalent electronic
orized by federal law;

macist filling a prescription under this subsec-
accordance with professional standards and
such prescription is authentic, valid, legiti-
ate from which it is received and shall verify
phonic or other means; provided, however,
not fill a prescription for which verification
provided further, that any delivery of con-
idents of another state shall be in full com-

pliance with all laws and regulations of that state relative to the issuance and filling of prescriptions;

(5) the pharmacy shall comply with all reporting requirements of the state to which the prescription is delivered including, but not limited to, enrollment in and adherence to the rules, regulations and requirements of the state's prescription monitoring program or any program equivalent thereto, where applicable; and

(6) any substances delivered under this subsection shall be delivered via mail or by a commercial carrier to a verified address in the state of residence of the person for whom the prescription was written and shall not enter into the hands of any person in the commonwealth not directly associated by employment or subcontract with the United States Postal Service or commercial carrier selected for such purpose.

(e) Practitioners who prescribe controlled substances, except veterinarians, shall be required, as a prerequisite to obtaining or renewing their professional license, to complete appropriate training relative to: (i) effective pain management; (ii) identification of patients at high risk for substance abuse; and (iii) counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications. The boards of registration for each professional license that requires such training shall develop the standards for appropriate training programs.

94C:19. Prescription; restrictions on issuance

Section 19. (a) A prescription for a controlled substance valid shall be issued for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances shall be upon the prescribing practitioner, but a corresponding responsibility shall rest with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section one and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided by sections thirty-two, thirty-two A, thirty-two B, thirty-two C, thirty-two D, thirty-two E, thirty-two F, thirty-two G and thirty-two H, as applicable.

(b) No prescription shall be issued in order for a practitioner to obtain controlled substances for supplying the practitioner for the purpose of general dispensing to patients.

(c) Unless permitted by federal law, a prescription shall not be issued for the dispensing of drugs or controlled substances

section thirty-eight of chapter one hundred and twenty-three, in any schedule to a drug dependent person for the purpose of ...uing his dependence upon such drugs, in the course of conducting authorized clinical investigation pursuant to an addict rehabilitation program.

...aloxone or other opioid antagonist may lawfully be prescribed ...pensed to a person at risk of experiencing an opiate-related ..., or a family member, friend or other person in a position to ...person at risk of experiencing an opiate-related overdose. ...oses of this chapter and chapter 112, any such prescription ...garded as being issued for a legitimate medical purpose in ... course of professional practice.

...

...ergency contraception

...A. (a) As used in this section "emergency contraception" ...unless the context clearly requires otherwise, mean any ...d by the federal Food and Drug Administration as a ...method for use after sexual intercourse.

...tanding any other law, a licensed pharmacist may dis... ...y contraception in accordance with written, standard... ..., or protocols developed by an actively practicing ...ered with the commissioner to distribute or dispense ...fance in the course of professional practice pursuant ...h procedures or protocols are filed at the pharma... ...tice and with the board of registration in pharmacy ...tion.

...sing emergency contraception authorized under ...rmacist shall complete a training program ap... ...missioner on emergency contraception, which ...e but not be limited to proper documentation, ...d referral to additional services, including ap... ...ation that the patient follow-up with a medical ...

...pensing emergency contraception under this ...rovide to the department of public health the ...emergency contraception is dispensed. Re... ...his section shall not identify any individual ...tial and shall not be public records as de... ...th of section 7 of chapter 4.

...ublic health, board of registration in medi... ...tion in pharmacy shall adopt regulations ...

94C:21. Packaging and labeling by pharmacist filling prescri distribution of educational pamphlet

Section 21. The pharmacist filling a written or oral prescriptio for a controlled substance shall package the controlled substance in container, affixing to the container a label showing the date of filli the pharmacy name and address, the filling pharmacist's initials, t serial number of the prescription, the name of the patient, unless is a veterinary prescription, the name of the prescribing practition the name of the controlled substance, directions for use and cauti ary statements, if any, contained in such prescription or required law, and if the controlled substance is dispensed as tablets or sules the number of same in such container.

Upon the request of an elderly person, as defined in section teen of chapter nineteen A or a person visually impaired, direc on the label affixed by the pharmacist to a container of a prescri drug shall be typed in a print size allowing no more than ten ch ters per inch.

The department of public health shall produce and distribu ther in written or electronic form to pharmacies, not including tutional pharmacies, pamphlets for consumers relative to n drugs that includes educational information about: (i) pain m ment; (ii) misuse and abuse by adults and children; (iii) ris pendency and addiction; (iv) proper storage and disposa addiction support and treatment resources; and (vi) the te helpline operated by the bureau of substance abuse service lished in section 18 of chapter 17. A pharmacist shall distri pamphlet when dispensing a narcotic or controlled substa tained in Schedule II or III.

The labeling provisions of this section shall apply to the co ing and dispensing of drugs on the oral or written prescri licensed and registered prescriber under section 9. All dr rations compounded, made or formulated by a pharmacy li the board of registration in pharmacy shall have affixed to tainer by the compounding pharmacy a label notifying pre ers and practitioners that the drug is either a sterile or compounded drug preparation.

All pharmacies engaged in sterile or complex non-s pounding and licensed under sections 39G to 39*I*, inclusi ter 112 shall provide a telephone number to foster con between patients in the commonwealth and a pharmaci by the pharmacy who has access to the patient's records. shall be staffed during regular hours of operation every less than 56 hours per week. The phone number shall the drug's container, alongside the label notifying pre

practitioners of the fact that the drug is a compounded drug ration. This paragraph shall not apply to an institutional macy licensed pursuant to section 39*I* of chapter 112 if the ster- g preparation compounded by such pharmacy is to be adminis- to an individual admitted as an inpatient within the same al.

Prescriptions; prospective drug review and counseling by

21A. A pharmacist shall conduct a prospective drug re- re each new prescription is dispensed or delivered to a pa- person acting on behalf of such patient. Such review may t not be limited to, screening for potential drug therapy due to therapeutic duplication, drug disease ation, drug interactions, including serious interactions escription or over-the-counter drugs, incorrect drug dos- of drug treatment, drug allergy interactions and clini- misuse.

st shall offer to counsel any person who presents a new r filling. Such offer shall be made either by face to ation between the pharmacist or the pharmacist's des- patient, or by telephone, except when the patient's ility require an alternative method of counseling.

ts delivery of a prescription drug at a location other the requirements of this section may be satisfied person with access to a toll-free telephone service unication between such person and the pharmacist The number of such toll-free telephone service a label affixed to each container of a prescription pharmacy to a patient.

f medical assistance and other third party reim- nt programs, any of the above methods, or a shall constitute an acceptable offer to provide

e counseling is accepted, the pharmacist shall resenting the prescription to the extent the opriate. Such counseling may include, but lowing:

ription of the medication;

sage, route of administration and duration

nd precautions for preparation, adminis- nt;

(4) common adverse or severe side effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur;

(5) techniques for self-monitoring drug therapy;

(6) proper storage;

(7) prescription refill information; and

(8) action to be taken in the event of a missed dose.

Nothing in this section shall be construed to require a pharmac to provide counseling if the person presenting the prescription clines to accept such offer for counseling.

The pharmacist or his designee shall make reasonable effort obtain, record and maintain the following patient information ge ated at an individual pharmacy:

(1) the name, address, telephone number, date of birth or age, gender;

(2) individual history where significant, including known alle and drug reactions, and a comprehensive list of medications an evant devices; and

(3) any additional comments relevant to the patient's drug u cluding any failure to accept the pharmacist's offer to counsel.

Such information may be recorded in the patient's manual tronic profile or in the prescription signature log, or in any oth tem of records and may be considered by the pharmacist exercise of his professional judgement concerning both the counsel and the content of counseling. The absence of any a failure to accept the pharmacist's offer to counsel shall presumption that such counseling was provided.

The provisions of this section shall not apply to any drug to an inpatient at a hospital or nursing home, except to required by regulations promulgated by the Federal Health nancing Administration pursuant to the provisions of 1396r–8.

94C:21B. Advertisement and sale of prescription lock macies

Section 21B. (a) For the purposes of this section, words shall have the following meanings unless the co requires otherwise:

"Lock box", a box with a locking mechanism that c pered with or opened without extreme force.

harmacy", a facility under the direction or supervision of a regis- pharmacist which is authorized to dispense controlled sub- es; provided, however, that "pharmacy" shall not include an utional pharmacy or a pharmacy department except as other- rovided in 247 CMR.

scription drug", a drug which, under federal law, is required, o being dispensed or delivered, to be labeled with the state- Caution, federal law prohibits dispensing without prescrip- a drug which is required by applicable federal or state law or n to be dispensed pursuant only to a prescription drug or-

harmacy registered in the commonwealth to dispense sched- IV or V prescription drugs shall make available prescrip- boxes for sale at each store location. Pharmacies shall mers aware of the availability of the lock boxes by dis- gn on or near the pharmacy counter that: (i) is at least 4 inches; and (ii) includes the following statement in leg- font: "Lock boxes for securing your prescription medica- ilable at this pharmacy".

ts of prescription written by practitioner

(a) A practitioner who dispenses a controlled sub- ng a written prescription shall state on the prescrip- address and registration number of the practitioner, livery of the prescription, the name, dosage and age unit of the controlled substance, the name and atient unless it is a veterinary prescription, the di- nd any cautionary statements required, and a state- e number of times to be refilled.

r who dispenses by delivering to an ultimate user ance which is not for immediate administration ontrolled substance in a container, affixing to the earing the practitioner's name and address, the he name of the patient unless it is a veterinary e, dosage and strength per dosage unit, of the directions for use and any necessary cautionary

ptions; requirements and restrictions

ritten prescription for a controlled substance come invalid 30 days after the date of issu- r.

ion for a controlled substance in Schedule II shall be kept in a separate file.

(c) The pharmacist filling a written prescription for a controlled substance in Schedule II shall endorse his own signature on the face thereof.

(d) In regard to a controlled substance in Schedule II or III, no prescription shall be filled for more than a thirty-day supply of such substance upon any single filling; provided, however, that with regard to dextro amphetamine sulphate and methyl phenidate hydrochloride, a prescription may be filled for up to a sixty-day supply of such substance upon any single filling if said substance is being used for the treatment of minimal brain dysfunction or narcolepsy; provided further, that subject to regulations of the department and the board of pharmacy, prescriptions for implantable infusion pumps containing Schedule II or Schedule III controlled substances may be filled for a maximum of 90 days.

(e) All prescriptions for controlled substances shall be kept for years by the pharmacy and shall be subject to inspection pursuant the provisions of this chapter.

(f) No prescription for a controlled substance shall be refilled less the original prescription provides for such refilling and the number of refills has been specified in said prescription.

(g) Unless otherwise prohibited by law, a prescription shall be written in ink, indelible pencil or by other means on a tamper-resistant form consistent with federal requirements for Medicaid, transmitted electronically; and (3) signed by the prescriber. A prescription may be transmitted electronically with the electronic signature and electronic instructions of the prescriber, and transmitted directly from the prescriber to the pharmacy designated by the patient without alteration of the prescription information, except that third-party intermediaries may act as conduits to forward prescription from the prescriber to the pharmacy.

(h) Clinic pharmacies operated by a health maintenance organization licensed under chapter one hundred and seventy-six and censed pursuant to section fifty-one of chapter one hundred eleven may refill prescriptions which have been previously filled by another health maintenance organization clinic pharmacy; provided that prior to dispensing a refill, the pharmacy refilling a prescription verifies the appropriateness of the refill from a centralized database.

94C:24. Dispensing by practitioner for narcotic drug treatment of drug dependent persons

Section 24. (a) If the commissioner determines that a subject or patient is receiving a controlled substance from

source and in quantities which he determines to be harmful to health of such research subject or patient, said commissioner so notify the practitioners who have dispensed the controlled stance.

In order to prevent the dispensing of controlled substances to me individual from multiple sources or the unlawful diversion trolled substances, the commissioner shall, pursuant to the ns of chapter 30A, adopt rules and regulations for carrying provisions of this section.

lectronic monitoring of the prescribing and dispensing of ubstances and certain additional drugs

24A. (a)(1) The department shall establish and maintain ic system to monitor the prescribing and dispensing of all to V, inclusive, controlled substances and certain addis by all professionals licensed to prescribe or dispense nces. For the purposes of this section, "additional drugs" substances determined by the department to carry a bona for abuse.

partment shall enter into reciprocal agreements with hat have compatible prescription drug monitoring pro- prescription drug monitoring information among the

irements of this section shall not apply to the dispens- substances to inpatients in a hospital.

poses of monitoring the prescribing and dispensing to V, inclusive, controlled substances and additional ed in subsection (a), the department shall promulcluding, but not limited to, (1) a requirement that t delivers a schedule II to V, inclusive, controlled stance classified as an additional drug by the deimate user shall submit to the department, by formation regarding each prescription dispensed nder subsection (a); and (2) a requirement that ts and reports, for each prescription dispensed bsection (a), a customer identification number associated with the customer identification y the department. Each pharmacy shall subn accordance with transmission methods and s promulgated by the department; provided, mation shall be submitted at least once every t may issue a waiver to a pharmacy that is ption information by electronic means. The pharmacy to submit prescription information

by other means promulgated by the department; provided, however, that all information required in this section is submitted in this alternative format.

The department shall promulgate rules and regulations relative to the use of the prescription monitoring program by registered participants, which shall include requiring participants to utilize the prescription monitoring program prior to the issuance, to a patient for the first time, of a prescription for a narcotic drug that is contained in schedule II or III. The department may require participants to utilize the prescription monitoring program prior to the issuance, to a patient for the first time, of benzodiazepines or any other scheduled IV or V prescription drug, which is commonly abused and may lead to physical or psychological dependence or which causes patients with a history of substance dependence to experience significant addictive symptoms. The regulations shall specify the circumstances under which such narcotics may be prescribed without first utilizing the prescription monitoring program. The regulations may also specify the circumstances under which support staff may use the prescription monitoring program on behalf of a registered practitioner. When promulgating the rules and regulations, the department shall also require that pharmacists be trained in the use of the prescription monitoring program as part of the continuing education requirements mandated for licensure by the board of registration in pharmacy, under section 24A of chapter 112. The department shall also study the feasibility and value of expanding the prescription monitoring program to include schedule VI prescription drugs.

(d) Prescription information submitted to the department under this section shall be confidential and exempt from disclosure under clause Twenty-sixth of section 7 of chapter 4 and chapter 66. The department shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted and maintained is not disclosed to persons except as provided for in this chapter.

(e) The department shall review the prescription and dispensing monitoring information. If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, the department shall notify the appropriate law enforcement or professional licensing, certification or regulatory agency and provide prescription information required for an investigation.

(f) The department shall, upon request, provide data from the prescription monitoring program to the following:—

(1) persons authorized to prescribe or dispense controlled substances, for the purpose of providing medical or pharmaceutical care for their patients;

individuals who request their own prescription monitoring information in accordance with procedures established under chapter

persons authorized to act on behalf of state boards and regulagencies that supervise or regulate a profession that may prescribe controlled substances; provided, however, that the data is in connection with a bona fide specific controlled substance tional drug-related investigation;

al, state and federal law enforcement or prosecutorial officiking with the executive office of public safety engaged in the gation, investigation or enforcement of the laws governing ion drugs; provided, however, that the data request is in with a bona fide specific controlled substance or addig-related investigation;

nnel of the executive office of health and human services Medicaid program recipients; provided, however that the is in connection with a bona fide specific controlled subditional drug-related investigation; or

nel of the United States attorney, office of the attorney district attorney; provided, however, that the data reonnection with a bona fide specific controlled substance rug related investigation.

rtment may, at its initiative, provide data from the nitoring program to practitioners in accordance with

ment may provide de-identified, aggregate informaor private entity for statistical research or educa-

ent may contract with another agency or with a necessary, to ensure the effective operation of the oring program. A contractor shall be bound to ovisions regarding confidentiality of prescription ction.

shall promulgate rules and regulations setting nd methods for implementing this section.

shall submit an annual report on the effectiveon monitoring program with the clerks of the hairs of the joint committee on public health, committee on health care financing and the ittee on public safety and homeland security.

port of an overdose-related death from the nder section 16 of chapter 38, or a report of

(40) Properidine

(41) Racemoramide

(42) Trimeperidine

(b) Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, 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:

(1) Acetorphine

(2) Acetyldihydrocodeine

(3) Benzylmorphine

(4) Codeine methylbromide

(5) Codeine–N–Oxide

(6) Cyprenorphine

(7) Desomorphine

(8) Dihydromorphine

(9) Etorphine

(10) Heroin

(11) Hydromorphinol

(12) Methyldesorphine

(13) Methylhydromorphine

(14) Morphine methylbromide

(15) Morphine methylsulfonate

(16) Morphine–N–Oxide

(17) Myrophine

(18) Nicocodeine

(19) Nicomorphine

(20) Normorphine

(21) Pholcodine

(22) Thebacon

(c) Unless specifically excepted or unless listed in
ule, any material, compound, mixture or preparat
any quantity of the following substances including
and salts of isomers whenever the existence of su
and salts of isomers is possible within the specific
tions:

(1) Flunitrazepam

(2) Gamma Hydroxy Butyric Acid

(3) Ketamine.

CLASS B

(a) Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate

(2) Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (1) except that these substances shall not include isoquinoline alkaloids of opium

(3) Opium poppy and poppy straw

(4) Coca leaves and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include decocainized extraction of coca leaves, which extractions do not contain cocaine.

(5) Phenylacetone (P2P)

(6) Piperidine hexylamine (PCH)

(7) 1-phenylcyclohexanecarbonitrile (PCC)

(8) 3,4-methylenedioxy methamphetamine (MDMA).

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing opiates, including isomers, esters, ethers, salts of isomer, esters, and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific designation:

(7) Isomethadone

(8) Levomethorphan

(9) Levorphanol

(10) Metazocine

(11) Methadone

(12) Methadone–Intermediate, 4–cyano–2–dimethylamino–4, 4–diphenyl butane

(13) Moramide–Intermediate, 2–methyl–3 morpholine–1, 1–diphenyl-propane carboxylic acid

(14) Pethidine

(15) Pethidine–Intermediate–A, 4–cyano–1–methyl–4–phenylpiperidine

(16) Pethidine–Intermediate–B, ethyl–4–phenylpiperidine–4–carboxylate

(17) Pethidine–Intermediate–C, 1–methyl–4–phenylpiperidine–carboxylic acid

(18) Phenazocine

(19) Piminodine

(20) Racemethorphan

(21) Racemorphan

(c) 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:

(1) Amphetamine, its salts, optical isomers and salts of its isomers.

(2) Any substance which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers.

(3) Phenmetrazine and its salts.

(4) Methylphenidate.

(d) 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 depressant effect on the central nervous system:

(1) Any substance which contains any quantity of barbituric acid, or any salt of a derivative of barbituric

Any substance which contains any quantity of methaqualone, or any salt or derivative of methaqualone.

Unless specifically excepted or listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances or which contains any of 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:

ergic acid

ergic acid amide

rgic acid diethylamide

cyclidine.

CLASS C

specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

epoxide

dol

am

ethane

ane

xcepted or unless listed in another schedule, any material, compound, mixture, or preparation containing lim-