PHARM TECH BASICS · ONE-PAGER

DEA Schedules, Forms and Controlled Prescriptions

The Controlled Substances Act, Schedules I to V with examples, checking a DEA number, DEA forms, prescription rules by schedule, records, storage and disposal

32 sources + more detail

pharmtechbasics.com/sheets/pharm-csa-dea-schedules.html

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1 The five schedules (federal)

SCHEDULE	DEFINING FEATURES	EXAMPLES
C-I	High abuse potential, no accepted medical use in the US; cannot be prescribed	Heroin, LSD, MDMA, marijuana outside medical channels
C-II	High abuse potential, severe dependence; accepted medical use	Oxycodone, all hydrocodone products, morphine, fentanyl, methadone; amphetamine, methylphenidate, lisdexamfetamine
C-III	Less abuse potential than C-I or C-II; moderate or low physical, or high psychological, dependence	Codeine combinations up to 90 mg per unit (APAP with codeine), buprenorphine, ketamine, testosterone and other anabolic steroids, dronabinol capsules
C-IV	Less than C-III; limited dependence	Benzodiazepines (alprazolam, lorazepam), zolpidem, tramadol, carisoprodol, phenobarbital, modafinil, phentermine
C-V	Least abuse potential; mostly small amounts of narcotics with other active ingredients	Codeine cough syrups up to 200 mg/100 mL, diphenoxylate with atropine (Lomotil), pregabalin, lacosamide

EXAM TIP Common traps: tramadol is C-IV; gabapentin is not federally controlled, but pregabalin is C-V; testosterone is C-III; butalbital with aspirin is C-III, while a butalbital with acetaminophen product (Fioricet type) is exempt from most federal controls if its NDC is on DEA's exempt list. Since April 28, 2026, marijuana in FDA-approved drugs or under a state medical license is C-III; all other marijuana is still C-I. States can be stricter.

2 Prescription rules by schedule

RULE	C-II	C-III AND C-IV	C-V
Accepted as	Signed paper or EPCS; a fax only speeds things up (three exceptions); oral only in an emergency	Paper, EPCS, fax of a signed prescription, or oral (pharmacist writes it down)	Same as C-III and C-IV
Refills	None	Up to 5, within 6 months of the date written	As the prescriber authorizes (federal)
Federal time limit	None, but still needed and legitimate	6 months from the date written	None for refills; partial fills within 6 months
Partial fills	72 h if the pharmacy is short; 30 days if the patient or prescriber asks; 60 days for LTCF or terminally ill	Allowed; each recorded like a refill, total not over the amount written, none after 6 months	Same as C-III and C-IV
Transfers	Unfilled e-prescription: once, between retail pharmacies, at the patient's request	Unfilled e-prescription: once, as for C-II (refills go with it). Refills: once only, unless the pharmacies share a real-time database	Same as C-III and C-IV

Emergency oral C-II: the prescriber calls the pharmacist personally (an agent may not), for the emergency quantity only. A signed prescription marked 'Authorization for Emergency Dispensing' must reach the pharmacy within 7 days; if it does not, the pharmacist notifies DEA.

3 Checking a DEA number

1. Two letters, then seven digits. First letter: A, B or F for most prescribers, M for mid-level practitioners (NP, PA).
2. Second letter: almost always the first letter of the prescriber's last name.
3. Add digits 1, 3 and 5. Add digits 2, 4 and 6 and double that sum. Add the two results.
4. The last digit of the total must match the 7th digit (the check digit).

Made-up example, Dr. Kim, FK2846193: 2 + 4 + 1 = 7; (8 + 6 + 9) × 2 = 46; 7 + 46 = 53. The last digit is 3, the 7th digit is 3, and K matches Kim, so the number passes. FK2846195 would fail.

4 DEA forms

FORM	USED FOR
222 (or CSOS)	Ordering or transferring C-I and C-II stock. Single sheet since Oct 30, 2021: buyer keeps a copy, supplier gets the original. CSOS is the electronic version (digital certificate).
106	Theft or significant loss: written notice to the DEA field office within 1 business day of discovery, then Form 106 online within 45 days
41	Record of controlled substances destroyed, signed by two employee witnesses
224 / 224a	Pharmacy (also practitioner, hospital) registration / renewal online every 3 years
363	Narcotic treatment program registration (methadone clinics)
510	Domestic chemical registration; a pharmacy needs it only to distribute pseudoephedrine products in bulk

5 Records, storage and disposal

- Keep every controlled-substance record at least 2 years (states may require longer).
- C-II records and paper prescriptions are filed separately. C-III to C-V: separate file, or readily retrievable (red 'C' at least 1 inch high, waived if the computer can retrieve them).
- Biennial inventory at least every 2 years: exact count for C-II; C-III to C-V may be estimated unless an open container holds over 1,000 units.
- Store in a locked, substantial cabinet, or disperse through the noncontrolled stock.
- Outdated stock goes to a reverse distributor (it issues a 222 for C-II) or is destroyed on site with Form 41. Patients' drugs go only into an authorized collector's receptacle or a mail-back package.

SAFETY Federal law gives these steps to the pharmacist: judging whether a controlled prescription is legitimate, taking emergency C-II calls, transferring prescriptions, and selling exempt C-V products without a prescription. Bring a forged-looking prescription or a failed DEA number check to the pharmacist, who decides what happens next. Your state decides what else a technician may do.

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