

Consortium, Inc. intends to file additional written notification disclosing all changes in membership.

On November 19, 2004, Network Centric Operations Industry Consortium, Inc. filed its original notification pursuant to Section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to Section 6(b) of the Act on February 2, 2005 (70 FR 5486).

The last notification was filed with the Department on May 11, 2005. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on June 13, 2005 (70 FR 34150).

**Dorothy B. Fountain,**

*Deputy Director of Operations, Antitrust Division.*

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## DEPARTMENT OF JUSTICE

### Antitrust Division

#### Notice Pursuant to the National Cooperative Research and Production Act of 1993—Storage Bridge Bay Working Group, Inc.

Notice is hereby given that, on August 9, 2005, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et. seq.* (“the Act”), Storage Bridge Bay Working Group, Inc. (“SBB”) has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing (1) the name and principal place of business of the standards development organization and (2) the nature and scope of its standards development activities. The notifications were filed for the purpose of invoking the Act’s provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances.

Pursuant to Section 6(b) of the Act, the name and principal place of business of the Standards development organization is: Storage Bridge Bay Working Group, Inc., Redwood City, CA. The nature and scope of SBB’s standards development activities are: Promoting the computer industry by supporting and facilitating the development of interoperable and compatible storage components with reference to controller slot compatibility between and among storage solutions. These purposes include the objective of developing and publishing a “storage bridge bay” specification that will serve as a reference and guideline for defining physical, mechanical, electrical and low-level enclosure management

requirements for an enclosure controller slot that will support a variety of storage controllers from a variety of independent hardware vendors and independent software vendors. Any storage controller design based on this specification shall be able to fit, connect, and operate within any storage enclosure controller slot design based on the same specification.

**Dorothy B. Fountain,**

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## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

[Docket No. DEA-271N]

#### Clarification of Existing Requirements Under the Controlled Substances Act for Prescribing Schedule II Controlled Substances

**AGENCY:** Drug Enforcement Administration (DEA), Justice.

**ACTION:** Clarification.

**SUMMARY:** On January 18, 2005, DEA published in the **Federal Register** a solicitation of comments on the subject of dispensing controlled substances for the treatment of pain. Many of the comments that the agency received indicate that there is a need to issue a clarification regarding certain aspects of the prescription requirements for schedule II controlled substances. This document provides such clarification.

**DATES:** August 26, 2005.

**FOR FURTHER INFORMATION CONTACT:** Patricia M. Good, Chief, Liaison and Policy Section, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537; Telephone: (202) 307-7297.

**SUPPLEMENTARY INFORMATION:** On January 18, 2005, the Drug Enforcement Administration (DEA) published in the **Federal Register** a Solicitation of Comments on the subject of dispensing controlled substances for the treatment of pain. 70 FR 2883. Most of the comments that the agency received sought clarification on the legal requirements governing the prescribing of schedule II controlled substances by physicians in view of DEA’s November 16, 2004, Interim Policy Statement. 69 FR 67170. Given these comments, DEA wishes to reiterate the following principles under the Controlled Substances Act (CSA) and DEA regulations.

1. As the Interim Policy Statement states, “For a physician to prepare multiple prescriptions [for a schedule II controlled substance] on the same day with instructions to fill on different dates is tantamount to writing a prescription authorizing refills of a schedule II controlled substance.” To do so conflicts with the provision of the CSA which provides: “No prescription for a controlled substance in schedule II may be refilled.”

2. Many of the comments that DEA received were from patients who said they have been receiving prescriptions for schedule II controlled substances for several years (for example, for the treatment of severe pain or attention deficit hyperactivity disorder) and have gotten into a routine of seeing their physician once every three months. Many such commenters were under the mistaken impression that, because of the Interim Policy Statement, they now must begin seeing their physician every month. DEA wishes to make clear that the Interim Policy did *not* state that such patients must visit their physician’s office every month to pick up a new prescription. There is no such requirement in the CSA or DEA regulations. What is required, in each instance where a physician issues a prescription for any controlled substance, is that the physician properly determine there is a legitimate medical purpose for the patient to be prescribed that controlled substance and that the physician be acting in the usual course of professional practice. 21 CFR 1306.04(a); *United States v. Moore*, 423 U.S. 122 (1975).

At the same time, schedule II controlled substances, by definition, have the highest potential for abuse, and are the most likely to cause dependence, of all the controlled substances that have an approved medical use. 21 U.S.C. 812(b). Physicians must, therefore, use the utmost care in determining whether their patients for whom they are prescribing schedule II controlled substances should be seen in person each time a prescription is issued or whether seeing the patient in person at somewhat less frequent intervals is consistent with sound medical practice and appropriate safeguards against diversion and misuse. Physicians must also abide by any requirements imposed by their state medical boards with respect to proper prescribing practices and what constitutes a bona fide physician-patient relationship. 21 U.S.C. 823(f)(1), (4).

3. Under the circumstances described in paragraph 2, in those instances where the physician (who regularly sees a patient) issues a prescription for a