



## From the Desk of Diversion Control Leadership Team



This month's newsletter marks an important moment for the Diversion Control Division as we continue to strengthen our focus on patient safety, regulatory clarity, and partnership with industry. Leading this effort is Cheri Oz, who was appointed Assistant Administrator of the Diversion Control Division in November 2025.

With more than two decades of experience at DEA, Assistant Administrator Oz brings a unique blend of operational enforcement expertise and strategic regulatory leadership to the Division. Over the course of her career, she has served in multiple field divisions across the country and has led complex investigations targeting large-scale pharmaceutical diversion,

including work focused on disrupting the flow of billions of diverted pills into American communities.

Today, as Assistant Administrator, Oz serves as the principal advisor to the DEA Administrator on matters involving the regulation and oversight of controlled substances and listed chemicals. Her responsibilities span authorization of more than two million registrants, coordination of major diversion investigations, development of regulatory policy, and sustained engagement with healthcare, pharmaceutical, and chemical industry partners.

Under her leadership, the Diversion Control Division continues to advance a balanced approach that emphasizes accountability, transparency, and collaboration in support of public health and the integrity of the legitimate supply chain.

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## Telemedicine Flexibilities Extended: What DEA Registrants Should Know for 2026

In coordination with the Department of Health and Human Services, the DEA has issued a *Fourth Temporary Extension of the COVID-era telemedicine flexibilities*, allowing DEA-registered practitioners to continue prescribing Schedule II-V controlled medications via audio-video telemedicine encounters through December 31, 2026, without a prior in-person medical evaluation.

This extension preserves continuity of care while DEA finalizes long-term telehealth policy frameworks, particularly for the treatment of [opioid use disorder](#) and care provided to **veterans**. It also aligns with *two new final rules effective December 31, 2025*, which clarify telehealth prescribing pathways and patient safeguards.



### Why this matters:

Registrants should use this extension period to reassess internal compliance controls, prescribing documentation practices, and telemedicine risk indicators. DEA continues to emphasize patient safety, clinical accountability, and the identification of diversion red flags in remote care environments.

DEA encourages registrants to review the full extension and final rules to ensure operational readiness as telehealth oversight continues to evolve.

Read more about the [extension](#) and its interplay with the final rules.

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## Enforcement Insight: Identifying High-Risk Prescribing Patterns

DEA enforcement actions continue to underscore the importance of early identification of prescribing patterns that pose elevated risks to patient safety and increase the potential for diversion. Recent investigations have highlighted concerns involving the long-term prescribing of multiple controlled substances, including combinations of opioids, benzodiazepines, sedatives, and carisoprodol—drug groupings commonly associated with overdose and misuse.

In one recent enforcement action, a licensed physician agreed to resolve allegations related to prescribing controlled substances outside the usual course of professional practice. The investigation identified repeated prescribing to a limited number of patients over several years, alongside unresolved red flags indicative of potential substance misuse.

### Why this matters:

DEA's diversion enforcement increasingly focuses on data-driven indicators and prescribing patterns rather than isolated prescriptions. Registrants should regularly review prescribing data, patient monitoring practices, and documentation standards to identify potential risks early and take corrective action before patient harm or regulatory intervention occurs.



The DEA administrator issued an [immediate suspension order and order to show cause](#). Read more about the [case](#) and the [settlement](#).

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## Join the Fight to Make America Fentanyl Free



[Fentanyl Free America](#) reflects DEA's shift toward integrated enforcement, prevention, and industry partnership; recognizing that sustainable progress requires collaboration across the supply chain.

Protect communities. Prevent fentanyl overdose deaths. Support those impacted.

Visit the Fentanyl Free America site for more information on the initiative. Free resources including posters, radio advertising, billboards, and social media resources are available at [www.dea.gov/fentanylfree](http://www.dea.gov/fentanylfree).

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## DEA Publishes Drug Production Quota for 2026



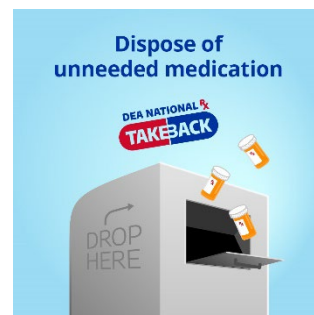
On Jan. 5, 2026, the DEA published [2026 aggregate drug production quotas](#) for schedule I and II controlled substances and the assessment of annual needs for the list I chemicals ephedrine, pseudoephedrine, and phenylpropanolamine as required by the Controlled Substances Act.

The proposed quotas represent the national domestic production quantities for these controlled substances and chemicals. Read the [final order](#).

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## Make Every Day Take Back Day

Help prevent drug misuse before it starts and drop off unused prescription medications at one of the nearly 16,500 pharmacies, hospitals, and businesses, in addition to many police departments, that offer safe medication disposal year-round. For information on permanent drop boxes, please visit DEA's [Every Day is Take Back Day](#) page.





## Spring Drug Take Back Day Announced

DEA's National Prescription Drug Take Back will be held *Saturday, April 25, 2026*. The bi-annual event provides the public with the opportunity to rid their medicine cabinets of unused and unwanted medications to prevent drug misuse before it starts.

DEA's biannual National Prescription Drug Take Back Days remove expired medications from American communities. Since the inception of the program, DEA and its partners have removed closer to 20.4 million pounds of unneeded prescription medication from homes across the country.

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## Diversion Control Division Enforcement

The Diversion Control Division's enforcement efforts are focused on protecting public health by identifying and addressing behaviors that place patients and communities at risk, while preserving access to legitimate medical treatment and commerce.

Enforcement priorities are informed by data analysis, prescribing and distribution trends, and risk indicators associated with diversion, misuse, and patient harm. The Division emphasizes a targeted, risk-based approach, directing resources toward patterns of activity that reflect systemic compliance failures or elevated diversion risk, rather than isolated or inadvertent errors.



Through a combination of regulatory oversight, investigative action, and industry engagement, the Diversion Control Division works to promote accountability, transparency, and adherence to professional standards across the controlled substance supply chain.

### What registrants should expect:

DEA will continue to prioritize enforcement actions that address significant public health risks, emerging drug threats, and repeat or egregious violations, while encouraging proactive compliance efforts and early corrective action.

These cases underscore DEA's focus on patient safety, professional accountability, and early identification of diversion risk.

**Laredo Pharmacist Pays Six Figures to Settle Controlled Substance Act Violations**  
January 13, 2026

## **Spokane Physician Pays \$120,000 to Resolve Allegations He Prescribed Controlled Substances Without Legitimate Medical Purpose**

December 11, 2025

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### **Upcoming News**

Check out the February Newsletter to catch the latest on pink cocaine, fentanyl enforcement, and dangerous drug scheduling. Missed an issue? See the DEA Diversion Control Division [website](#).

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DEA's Diversion Control Division remains committed to transparent communication, regulatory clarity, and partnership with registrants nationwide.

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