authorized to dispense . . . controlled substances under the laws of the State in which he practices.' . . . The very definition of a 'practitioner' eligible to prescribe includes physicians 'licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which he practices' to dispense controlled substances. 802(21).'').[4] The Agency has applied these principles consistently. *See, e.g., James L. Hooper, M.D.,* 76 FR 71371, 71372 (2011), *pet. for rev. denied,* 481 F. App'x 826 (4th Cir. 2012); *Frederick Marsh Blanton, M.D.,* 43 FR 27616, 27617 (1978).

According to Ohio statute, ''[n]o person shall knowingly obtain, possess, or use a controlled substance or a controlled substance analog,'' except pursuant to a ''prescription issued by a licensed health professional authorized to prescribe drugs if the prescription was issued for a legitimate medical purpose.'' Ohio Rev. Code § 2925.11(A), (B)(1)(d) (2025). Further, a '' '[l]icensed health professional authorized to prescribe drugs' or 'prescriber' means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice.'' *Id.* § 4729.01(I). The Ohio statute further defines an authorized prescriber as ''[a] physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.'' *Id.* § 4729.01(I)(5). Additionally, Ohio law permits ''[a] licensed health professional authorized to prescribe drugs, if acting in the course of professional practice, in accordance with the laws regulating the professional's practice'' to prescribe or administer schedule II, III, IV, and V controlled substances to patients. *Id.* § 3719.06(A)(1)(a)–(b).

Here, the undisputed evidence in the record is that Registrant currently lacks a license to practice medicine in Ohio. As discussed above, an individual must be a licensed health professional authorized to prescribe drugs in order to handle controlled substances in Ohio. Thus, because Registrant lacks a license to practice medicine in Ohio and, therefore, is not authorized to handle controlled substances in Ohio, Registrant is not eligible to maintain a DEA registration in Ohio. Accordingly, the Agency will order that Registrant's DEA registration be revoked.

Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 824(a), I hereby revoke DEA Certificate of Registration No. FN4962761 issued to Christopher Nadorff, M.D. Further, pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 823(g)(1), I hereby deny any pending applications of Christopher Nadorff, M.D., to renew or modify this registration, as well as any other pending application of Christopher Nadorff, M.D., for additional registration in Ohio. This Order is effective October 29, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on September 21, 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.

[FR Doc. 2026–19840 Filed 9–28–26; 8:45 am]

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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Jorge J. Figueroa, M.D.; Decision and Order

On May 27, 2026, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to Jorge J. Figueroa, M.D., of West New York, New Jersey (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1, 4. The OSC proposed the revocation of Registrant's Certification of Registration No. FF1775660, alleging that Registrant has been mandatorily excluded from participation in Medicare, Medicaid, and all Federal health care programs pursuant to 42 U.S.C. 1320a–7(a). *Id.* at 2 (citing 21 U.S.C. 824(a)(5)).

The OSC notified Registrant of his right to file a written request for hearing, and that if he failed to file such a request, he would be deemed to have waived his right to a hearing and be in default. *Id.* at 3 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing, and the Agency finds him to be in default. RFAA, at 3.[1] ''A default, unless excused, shall be deemed to constitute a waiver of the registrant's/applicant's right to a hearing and an admission of the factual allegations of the [OSC].'' 21 CFR 1301.43(e).

Further, ''[i]n the event that a registrant . . . is deemed to be in default . . . DEA may then file a request for final agency action with the Administrator, along with a record to support its request. In such circumstances, the Administrator may enter a default final order pursuant to [21 CFR] § 1316.67.'' *Id.* at 1301.43(f)(1). Here, the Government has requested final agency action based on Registrant's default pursuant to 21 CFR 1301.43(c), (f), and 1301.46. RFAA, at 3; *see* 21 CFR 1316.67.[2]

Findings of Fact

Registrant is deemed to admit, and the Agency finds, that on December 6, 2017, in the United States District Court for the District of New Jersey, Registrant pled guilty to one count of racketeering,

[4] This rule derives from the text of two provisions of the Controlled Substances Act (CSA). First, Congress defined the term ''practitioner'' to mean ''a physician . . . or other person licensed, registered, or otherwise permitted, by . . . the jurisdiction in which he practices . . . , to distribute, dispense, . . . [or] administer . . . a controlled substance in the course of professional practice.'' 21 U.S.C. 802(21). Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that ''[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices.'' 21 U.S.C. 823(g)(1). Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the CSA, DEA has held repeatedly that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the state in which he practices. *See, e.g., James L. Hooper, M.D.,* 76 FR at 71371–72; *Sheran Arden Yeates, M.D.,* 71 FR 39130, 39131 (2006); *Dominick A. Ricci, M.D.,* 58 FR 51104, 51105 (1993); *Bobby Watts, M.D.,* 53 FR 11919, 11920 (1988); *Frederick Marsh Blanton, M.D.,* 43 FR at 27617.

[1] Based on the Government's submissions in its RFAA dated July 22, 2026, the Agency finds that service of the OSC on Registrant was adequate. The RFAA's included Declaration from a DEA Diversion Investigator (DI) indicates that the DI unsuccessfully attempted to personally serve Registrant a copy of the OSC three times; twice on June 3, 2026, and once on June 4, 2026. RFAAX 2, at 2. On June 4, 2026, the DI then mailed and emailed a copy of the OSC to Registrant, in response to which the DI received a certified USPS return receipt signed by Registrant which confirmed delivery of the OSC on June 5, 2026. *Id.; see id.* Appendix A, at 2. Here, the Agency finds that Registrant was successfully served the OSC by mail.

[2] The RFAA states that ''the Administrator is authorized to render the Agency's final order, without holding a hearing or making findings of fact in this matter.'' RFAA, at 3 (citing 21 CFR 1301.43(c), (f), and 1301.46). However, 21 CFR 1316.67 requires that the Administrator's final order ''set forth the final rule and findings of fact and conclusions of law upon which the rule is based.'' *See JYA LLC d/b/a Webb's Square Pharmacy,* 90 FR 31244, 31246 n.7 (2025).

transporting in aid of travel in violation of 18 U.S.C. 2 and 1952(a)(3). RFAAX 1, at 2. As a result of Registrant's guilty plea, the U.S. Department of Health and Human Services, Office of Inspector General (HHS/OIG), mandatorily excluded Registrant from participation in Medicare, Medicaid, and all Federal health care programs, effective April 19, 2018, for a minimum period of 15 years, pursuant to 42 U.S.C. 1320a–7(a). *Id.* Accordingly, the Agency finds substantial record evidence that Registrant has been mandatorily excluded from participation in Medicare, Medicaid, and all Federal health care programs pursuant to 42 U.S.C. 1320a–7(a).

Discussion

Pursuant to 21 U.S.C. 824(a)(5), the Attorney General is authorized to suspend or revoke a registration issued under section 823 of the CSA upon finding that the registrant ''has been excluded (or directed to be excluded) from participation in a program pursuant to section 1320a–7(a) of Title 42.'' The Agency has consistently held that it may also deny an application upon finding that an applicant has been excluded from a federal health care program. *Mark Agresti, M.D.,* 90 FR 30098, 30099 (2025); *Samirkumar Shah, M.D.,* 89 FR 71931, 71933 (2024); *Arvinder Singh, M.D.,* 81 FR 8247, 8248 n.3 (2016). The exclusion must be mandatory, rather than permissive, to constitute a basis for revocation under 21 U.S.C. 824(a)(5). *Kansky J. Delisma, M.D.,* 85 FR 23845, 23849 (2020). The underlying conviction forming the basis for mandatory exclusion from participation in federal health care programs need not involve controlled substances to provide the grounds for revocation pursuant to 21 U.S.C. 824(a)(5). *Moustafa M. Aboshady, M.D.,* 90 FR 15992, 15993 n.5 (2025).

The Government has the burden of proof in this proceeding, 21 CFR 1301.44(e), and the Agency must make its findings based on ''substantial [record] evidence.'' [3] 5 U.S.C. 556(d); *see* 5 U.S.C. 706(2); 21 U.S.C. 877. If the Government meets its burden of establishing a *prima facie* case that Registrant ''has been excluded (or directed to be excluded) from participation in a program pursuant to [42 U.S.C.] 1320a–7(a),'' 21 U.S.C. 824(a)(5), then the burden shifts to Registrant to demonstrate that he can be trusted with registration. *Delisma,* 85 FR at 23846, 23849, 23851.

The Agency found above that HHS/OIG mandatorily excluded Registrant from participation in Medicare, Medicaid, and all Federal health care programs pursuant to 42 U.S.C. 1320a–7(a). Accordingly, the Agency finds that substantial record evidence establishes the Government's *prima facie* case for revocation of Registrant's registration under 21 U.S.C. 824(a)(5).

Sanction

Where, as here, the Government has met its *prima facie* burden of showing that Registrant's registration should be revoked, the burden shifts to Registrant to show why he can be entrusted with a registration. *Morall* v. *Drug Enf't Admin.,* 412 F.3d. 165, 174 (D.C. Cir. 2005); *Jones Total Health Care Pharmacy, LLC* v. *Drug Enf't Admin.,* 881 F.3d 823, 830 (11th Cir. 2018); *Garrett Howard Smith, M.D.,* 83 FR 18882 (2018). The issue of trust is necessarily a fact-dependent determination based on the circumstances presented by the individual practitioner. *Jeffrey Stein, M.D.,* 84 FR 46968, 46972 (2019); *see Jones Total Health Care Pharmacy,* 881 F.3d at 833. Moreover, as past performance is the best predictor of future performance, DEA Administrators have required that a registrant who has committed acts inconsistent with the public interest must accept responsibility for those acts and demonstrate that the registrant will not engage in future misconduct. *Jones Total Health Care Pharmacy,* 881 F.3d at 833; *ALRA Labs, Inc.* v. *Drug Enf't Admin.,* 54 F.3d 450, 452 (7th Cir. 1995). Historically, the Agency has considered acceptance of responsibility, egregiousness, and deterrence when making this assessment. *See Michael Bouknight,* 90 FR 31247, 31250 (2025); *Sasha Melissa Ikramelahai,* 90 FR 32017, 32020–21 (2025); *Frank Joseph Stirlacci, M.D.,* 85 FR 45229, 45239–40 (2020).

The Agency requires a registrant's unequivocal acceptance of responsibility. *Janet S. Pettyjohn, D.O.,* 89 FR 82639, 82641 (2024); *Mohammed Asgar, M.D.,* 83 FR 29569, 29573 (2018); *see Jones Total Health Care Pharmacy,* 881 F.3d at 830–31. In addition, a registrant's candor during the investigation and hearing, if one is requested, is an important factor in determining acceptance of responsibility and the appropriate sanction. *See Jones Total Health Care Pharmacy,* 881 F.3d at 830–31; *Hoxie* v. *Drug Enf't Admin.,* 419 F.3d 477, 483–84 (6th Cir. 2005). Further, the Agency has found that the egregiousness and extent of the misconduct are significant factors in determining the appropriate sanction. *Jones Total Health Care Pharmacy,* 881 F.3d at 833 n.4, 834. The Agency also considers the need to deter similar acts by a registrant and by the community of registrants. *Jeffrey Stein, M.D.,* 84 FR at 46972–73.

Here, Registrant did not timely request a hearing or answer the allegations in the OSC and was deemed to be in default. To date, Registrant has not filed a motion with the Office of the Administrator to excuse the default. 21 CFR 1301.43(c)(1). Registrant has thus failed to properly answer the allegations contained in the OSC and has not otherwise availed himself of the opportunity to refute the Government's case. As such, Registrant has not accepted responsibility for the proven violations, has made no representations regarding his future compliance with the CSA, and has not demonstrated that he can be trusted with registration.

Accordingly, the Agency will order the revocation of Registrant's registration.

Order

Pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 824(a), I hereby revoke DEA Certificate of Registration No. FF1775660, issued to Jorge J. Figueroa, M.D. Further, pursuant to 28 CFR 0.100(b) and the authority vested in me by 21 U.S.C. 823(g)(1), I hereby deny any pending applications of Jorge J. Figueroa, M.D., to renew or modify this registration, as well as any other pending application of Jorge J. Figueroa, M.D., for additional registration in New Jersey. This Order is effective October 29, 2026.

Signing Authority

This document of the Drug Enforcement Administration was signed on September 21, 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

[3] According to the CSA, ''[f]indings of fact by the [DEA Administrator], if supported by substantial evidence, shall be conclusive.'' 21 U.S.C. 877. Here, where Registrant is found to be in default, all the factual allegations in the OSC are deemed to be admitted. These uncontested and deemed admitted facts constitute evidence that exceeds the ''substantial evidence'' standard of 21 U.S.C. 877.

the legal effect of this document upon publication in the **Federal Register**.

Heather Achbach,

Federal Register Liaison Officer, Drug Enforcement Administration.

[FR Doc. 2026–19839 Filed 9–28–26; 8:45 am]

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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

JT Medical, LLC; Decision and Order

On September 29, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause (OSC) to JT Medical, LLC, of Lewistown, Pennsylvania (Applicant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 2, at 1, 6. The OSC proposed the denial of Applicant's application for DEA registration, Control No. W17047690E, alleging that Applicant's registration would be inconsistent with the public interest. *Id.* at 1 (citing 21 U.S.C. 823(a)).

More specifically, the OSC alleged that Applicant could not provide a bona fide supply agreement and did not have ''a substantially secured cabinet to store marihuana.'' RFAAX 2, at 4 (citing 21 U.S.C. 822(f); 21 U.S.C. 823(a); 21 CFR 1301.71; 21 CFR 1301.72(a)(1)(ii); 21 CFR 1318.05(a)(1); 21 CFR 1318.05(b)(3)(i)). On November 24, 2025, the Government submitted an RFAA requesting that the Agency issue a default final order denying Applicant's application for registration. RFAA, at 1–3.

After carefully reviewing the entire record and conducting the analysis as set forth in detail below, the Agency [1] grants the Government's RFAA and denies Applicant's application for registration.

I. Default Determination

As a preliminary matter, the Agency finds that service of the OSC was adequate. On October 1, 2025, a DEA Diversion Investigator ''personally served'' the OSC on Applicant at its proposed place of business in Lewistown, Pennsylvania. RFAAX 3, at 1. At the time of service, Applicant's president, Mr. S.N., signed a Form DEA–12, Receipt for Cash or Other Items, acknowledging receipt of the OSC. RFAAX 3, at 1–2 & Appendix A.

Under 21 CFR 1301.43, an applicant entitled to a hearing who fails to file a timely hearing request ''within 30 days after the date of receipt of the [OSC] . . . shall be deemed to have waived their right to a hearing and to be in default'' unless ''good cause'' is established for the failure. 21 CFR 1301.43(a), (c)(1). In the absence of a demonstration of good cause, an applicant who fails to timely file an answer also is ''deemed to have waived their right to a hearing and to be in default.'' 21 CFR 1301.43(c)(2).

Here, the OSC notified Applicant of its right to file a written request for hearing and answer, and that if it failed to file such a request and answer, it would be deemed to have waived its right to a hearing and be in default. RFAAX 2, at 4–5 (citing 21 CFR 1301.43). Here, Applicant did not request a hearing or file an answer. RFAA, at 2. Accordingly, Applicant is in default. 21 CFR 1301.43(c)(1).

''A default, unless excused, shall be deemed to constitute a waiver of [Applicant's] right to a hearing and an admission of the factual allegations of the [OSC].'' 21 CFR 1301.43(e). Because Applicant is in default and has not moved to excuse the default, the Agency finds that Applicant has admitted to the factual allegations in the OSC. 21 CFR 1301.43(c)(1), (e), (f)(1).

Further, ''[i]n the event that [an applicant] . . . is deemed to be in default . . . DEA may then file a request for final agency action with the Administrator, along with a record to support its request. In such circumstances, the Administrator may enter a default final order pursuant to [21 CFR] 1316.67.'' 21 CFR 1301.43(f)(1). Here, the Government has requested final agency action based on Applicant's default pursuant to 21 CFR 1301.43(c), (f)(1), and 1301.46. RFAA, at 2; *see also* 21 CFR 1316.67.

II. Applicable Law

The Controlled Substances Act (CSA) states that the Agency shall register an applicant to manufacture controlled substances in schedule I or II if such registration is determined to be ''consistent with the public interest and with United States obligations under international treaties, conventions, or protocols in effect on May 1, 1971.'' 21 U.S.C. 823(a); *see* 21 CFR 1318.03(a); RFAAX 2, at 2. The CSA provides six factors the Agency must consider in determining the public interest in the context of registering a manufacturer of controlled substances in schedule I or II. 21 U.S.C. 823(a)(1)–(6); 21 CFR 1318.05(a)(1)–(6); RFAAX 2, at 2.

One of the CSA's required considerations is the ''maintenance of effective controls against diversion of particular controlled substances and any controlled substance in schedule I or II compounded therefrom into other than legitimate medical, scientific, research, or industrial channels, by limiting the importation and bulk manufacture of such controlled substances to a number of establishments which can produce an adequate and uninterrupted supply of these substances under adequately competitive conditions for legitimate medical, scientific, research, and industrial purposes.'' 21 U.S.C. 823(a)(1); 21 CFR 1318.05(a)(1); RFAAX 2, at 2.

DEA regulations further provide that in determining which applicants to grant a manufacturer registration, the Agency shall place ''particular emphasis'' on certain ''criteria'' when assessing the six public interest factors of 21 U.S.C. 823(a). 21 CFR 1318.05(b); RFAAX 2, at 3. Relevant here, DEA regulations direct the Agency to determine ''the number of qualified applicants necessary to produce an adequate and uninterrupted supply of cannabis under adequately competitive conditions.'' 21 CFR 1318.05(b)(3)(i); RFAAX 2, at 3. In making this determination, the Agency ''shall place particular emphasis on the extent to which any applicant is able to supply cannabis or its derivatives in quantities and varieties that will satisfy the anticipated demand of researchers and other registrants in the United States who wish to obtain cannabis to conduct activities permissible under the [CSA], as demonstrated through a bona fide supply agreement with a registered researcher or manufacturer as defined in this subpart.'' 21 CFR 1318.05(b)(3)(i); RFAAX 2, at 3.

In other words, the regulation directs the Agency to determine the number of qualified applicants necessary to produce an adequate supply of cannabis and, in doing so, to ''place particular emphasis'' on the extent to which a bona fide supply agreement demonstrates whether any individual applicant is capable of meeting demand. 21 CFR 1318.05(b)(3)(i); RFAAX 2, at 3; *MCRGC, LLC,* 90 FR 48431, 48432 (2025).

DEA regulations also establish various security requirements for the storage of controlled substances. 21 CFR 1301.71, .72; RFAAX 2, at 4. In general, DEA regulations require that ''[a]ll applicants and registrants shall provide effective controls and procedures to guard against theft and diversion of controlled substances,'' and that in order for DEA ''to determine whether a registrant has provided effective controls against diversion, the Administrator shall use the security requirements set forth in [21 CFR 1301.72–1301.76] as standards for the physical security controls and

[1] The CSA delegates authority to the Attorney General, who has delegated it to the Administrator of DEA (the Agency). 28 CFR 0.100.