medicine in Colorado, the state in which he is registered with DEA.[3]

Discussion

Pursuant to 21 U.S.C. 824(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under 21 U.S.C. 823 ''upon a finding that the registrant . . . has had his State license or registration suspended . . . [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances.''

With respect to a practitioner, DEA has also long held that the possession of authority to dispense controlled substances under the laws of the state in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. *Gonzales* v. *Oregon,* 546 U.S. 243, 270 (2006) (''The Attorney General can register a physician to dispense controlled substances 'if the applicant is 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).''). 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).[4]

According to Colorado statute, ''dispense'' means ''to deliver a controlled substance to an ultimate user, patient, or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.'' Colo. Rev. Stat. 18–18–102(9) (2025). Further, a ''practitioner'' means a ''physician . . . or other person licensed, registered, or otherwise permitted, by this state, to distribute, dispense, conduct research with respect to, administer, or to use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.'' *Id.* 18–18–102(29).

Here, the undisputed evidence in the record is that Registrant lacks authority to practice medicine in Colorado. As discussed above, a physician must be a licensed practitioner to dispense a controlled substance in Colorado. Thus, because Registrant lacks authority to practice medicine in Colorado and, therefore, is not authorized to handle controlled substances in Colorado, Registrant is not eligible to maintain a DEA registration. 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. FV5019460 issued to Antony Vanbang, 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 Antony Vanbang, M.D., to renew or modify this registration, as well as any other pending application of Antony Vanbang, M.D., for additional registration in Colorado. This Order is effective December 1, 2025.

Signing Authority

This document of the Drug Enforcement Administration was signed on October 17, 2025, by Administrator Terrance 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. 2025–19710 Filed 10–29–25; 8:45 am]

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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Dawn Evert, N.P.; Decision and Order

On February 25, 2025, the Drug Enforcement Administration (DEA or Government) issued an Order to Show Cause and Immediate Suspension of Registration (OSC/ISO) to Dawn Evert, N.P., of Pueblo, Colorado (Registrant). Request for Final Agency Action (RFAA), Exhibit (RFAAX) 1, at 1. The OSC/ISO informed Registrant of the immediate suspension of her DEA Certificate of Registration, No. ME1730870, pursuant to 21 U.S.C. 824(d), alleging that Registrant's continued registration is ''an imminent danger to the public health or safety.'' *Id.* (quoting 21 U.S.C. 824(d)). The OSC/ISO also proposed the revocation of Registrant's registration, alleging that her registration is inconsistent with the public interest. *Id.* (citing 21 U.S.C. 823(g)(1)(B) and (D), 824(a)(4)).

More specifically, the OSC/ISO alleged that Registrant unlawfully prescribed controlled substances to four patients, which included prescribing dangerous combinations of controlled substances, failing to establish a medical justification for the prescribing of controlled substances, and failing to sufficiently monitor patients receiving controlled substance prescriptions. *Id.* at 1–2. The OSC/ISO alleged that the issuance of these prescriptions violated both state and federal law. *Id.* at 3. (citing 21 U.S.C. 823(g)(1)(D)).[1]

On April 29, 2025, the Government submitted an RFAA requesting that the Agency issue a default final order revoking Registrant's registration.

[3] Pursuant to 5 U.S.C. 556(e), ''[w]hen an agency decision rests on official notice of a material fact not appearing in the evidence in the record, a party is entitled, on timely request, to an opportunity to show the contrary.'' The material fact here is that Registrant, as of the date of this decision, is not licensed to practice medicine in Colorado. Accordingly, Registrant may dispute the Agency's finding by filing a properly supported motion for reconsideration of findings of fact within fifteen calendar days of the date of this Order. Any such motion and response shall be filed and served by email to the other party and to the DEA Office of the Administrator, Drug Enforcement Administration at *dea.addo.attorneys@dea.gov.*

[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] According to the OSC/ISO and Agency records, Registrant's registration expired on August 31, 2025. RFAAX 1, at 3. The fact that a registrant allows her registration to expire during the pendency of an administrative enforcement proceeding does not impact the Agency's jurisdiction or prerogative under the Controlled Substances Act to adjudicate the OSC/ISO to finality. *Jeffrey D. Olsen, M.D.,* 84 FR 68474, 68476–79 (2019).

RFAA, at 3.[2] After carefully reviewing the entire record and conducting the analysis as set forth in more detail below, the Agency grants the Government's request for final agency action and revokes Registrant's registration.

I. Default Determination

Under 21 CFR 1301.43, a registrant 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, a registrant 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). Unless excused, a default is deemed to constitute ''an admission of the factual allegations of the [OSC].'' 21 CFR 1301.43(e).

Here, the OSC/ISO notified Registrant of her right to file a written request for hearing, and that if she failed to file such a request, she would be deemed to have waived her right to a hearing and be in default. RFAAX 1, at 10 (citing 21 CFR 1301.43). Here, Registrant did not request a hearing. RFAA, at 1–2.[3] Thus, the Agency finds that Registrant is in default and therefore is deemed to have admitted to the factual allegations in the OSC/ISO. 21 CFR 1301.43(e).

II. Applicable Law

As the Supreme Court stated in *Gonzales* v. *Raich,* 545 U.S. 1 (2005), ''the main objectives of the [Controlled Substances Act (CSA)] were to conquer drug abuse and control the legitimate and illegitimate traffic in controlled substances.'' 545 U.S. at 12. *Gonzales* explained that:

> Congress was particularly concerned with the need to prevent the diversion of drugs from legitimate to illicit channels. To effectuate these goals, Congress devised a closed regulatory system making it unlawful to manufacture, distribute, dispense, or possess any controlled substance except in a manner authorized by the CSA. . . . The CSA and its implementing regulations set forth strict requirements regarding registration, labeling and packaging, production quotas, drug security, and recordkeeping.

Id. at 12–14.

According to the CSA's implementing regulations, prescriptions may only be issued by an individual practitioner who is ''[a]uthorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession'' and has either been issued a DEA registration or is exempted from registration under DEA regulations. 21 CFR 1306.03. Furthermore, a lawful controlled substance order or prescription is one that is ''issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.'' 21 CFR 1306.04(a). A ''practitioner must establish and maintain a *bona fide* doctor-patient relationship in order to act 'in the usual course of . . . professional practice' and to issue a prescription for a 'legitimate medical purpose.' '' *Dewey C. MacKay, M.D.,* 75 FR 49956, 49973 (2010).

Colorado state law similarly requires that prescriptions for controlled substances only be issued in the course of legitimate professional practice. Colo. Rev. Stat. 12–255–120(1)(s); RFAAX 1, at 3. Colorado law also forbids ''[A]ny action by any person who . . . [h]as acted in a manner inconsistent with the health or safety of persons under his or her care.'' *Id.* 12–255–120(1)(c); RFAAX 1, at 2. In addition, Colorado law requires a practitioner or the practitioner's designee in ordinary circumstances to query the database the Colorado State Board of Pharmacy maintains of prescription drugs (Prescription Drug Monitoring Program or ''Colorado PDMP'') before prescribing an opioid or benzodiazepine to a patient. *Id.* 12–280–404(4)(a), (a.5) (requirement to query the Colorado PDMP before prescribing an opioid or benzodiazepine); RFAAX 1, at 3.

III. Findings of Fact

In light of Registrant's default, the factual allegations in the OSC/ISO are deemed admitted.[4] 21 CFR 1301.43(e). Accordingly, Registrant admits to each of the following facts. Specifically, Registrant admits that between January 2023 and November 2024, she issued numerous prescriptions for Schedule II and IV controlled substances to four patients, including a law enforcement officer operating in an undercover capacity (UC). RFAAX 1, at 3. Registrant admits that these prescriptions were not for a legitimate medical purpose, nor were they issued in the usual course of professional practice. *Id.*

1. Prescribing to UC

On September 18, 2023, UC visited Registrant's office and the visit was audio recorded. RFAAX 1, at 4. Registrant admits that she did not perform a sufficient initial evaluation and examination, including the taking of a comprehensive history of UC's past substance use history. *Id.* Registrant also admits that she failed to appropriately address the red flags of abuse and diversion exhibited by UC during the September 18, 2023 appointment. *Id.* For example, UC stated to Registrant that they had previously obtained ''some blues'' [5] from an acquaintance. *Id.*

On October 5, 2023, UC visited Registrant's office again and Registrant prescribed UC oxycodone 10 mg (21 tablets). *Id.* Registrant admits that she prescribed UC this controlled substance without maintaining sufficient clinical documentation, without conducting an appropriate medical examination and evaluation, without establishing a legitimate diagnosis, and without performing necessary and consistent monitoring. *Id.* Registrant failed to establish a proper medical justification for the treatment of UC with oxycodone and failed to assess UC's risk factors for adverse outcomes. *Id.* Registrant admits that she failed to appropriately address the red flags of abuse and diversion exhibited by UC during this visit. *Id.* at 5. Specifically, UC stated to Registrant that they had obtained ''blues'' from a friend. *Id.* Registrant admits that she falsified UC's patient record associated with this visit by documenting performance of a test that she, in fact, did not conduct. *Id.* Registrant further admits that she did not review the Colorado PDMP prior to issuing UC the prescription for oxycodone. *Id.*

On October 18, 2023, UC called Registrant's office and spoke with an unidentified individual who answered the line. *Id.* at 5. UC asked the

[2] The RFAA states that ''the Administrator is authorized to render the Agency's final order, without . . . making any finding 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).

[3] Based on the Government's submissions in its RFAA, the Agency finds that service of the OSC/ISO on Registrant was adequate. Specifically, the Government attached evidence that Registrant was personally served with the OSC/ISO on February 26, 2025, and signed a Form DEA–12 confirming receipt of the OSC/ISO. RFAAX 2, at 1.

[4] According to the Controlled Substances Act (CSA), ''[f]indings of fact by the [DEA Administrator], if supported by substantial evidence, shall be conclusive.'' 21 U.S.C. 877. Here, where Applicant 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; it is unrebutted evidence.

[5] ''Blues'' is a street term for pills containing oxycodone (a Schedule II opioid). RFAAX 1, at 4.

unidentified individual who answered the telephone to ask ''Evert'' for another prescription of oxycodone. *Id.* On the same day, Registrant issued a second prescription to UC for oxycodone 10 mg (21 tablets). *Id.* Registrant admits that she prescribed UC this controlled substance without maintaining sufficient clinical documentation, without conducting an appropriate medical examination and evaluation, without establishing a legitimate diagnosis, and without performing necessary and consistent monitoring. *Id.* Registrant failed to establish a proper medical justification for the treatment of UC with oxycodone and failed to assess UC's risk factors for adverse outcomes. *Id.* Registrant admits that she did not review the Colorado PDMP prior to issuing UC the prescription for oxycodone. *Id.*

On November 6, 2023, UC called Registrant's office and spoke with an unidentified individual who answered the phone. *Id.* UC asked the person who answered the phone for a refill of their prescription from ''Evert'' for oxycodone. *Id.* On that same day, Registrant issued a third prescription to UC for oxycodone 10 mg (28 tablets). *Id.* Registrant admits that she prescribed UC this controlled substance without maintaining sufficient clinical documentation, without conducting an appropriate medical examination and evaluation, without establishing a legitimate diagnosis, and without performing necessary and consistent monitoring. *Id.* at 6. Registrant failed to establish a proper medical justification for the treatment of UC with oxycodone and failed to assess UC's risk factors for adverse outcomes. *Id.* Registrant admits that she did not review the Colorado PDMP prior to issuing UC the prescription for oxycodone. *Id.*

2. Prescribing to J.S.

Registrant admits that between January 2023 and November 2024, Registrant issued numerous prescriptions for controlled substances to individual J.S., including hydrocodone 5 mg and hydrocodone 10 mg (a Schedule II opioid), as well as diazepam 5 mg and diazepam 10 mg (a Schedule IV benzodiazepine). *Id.* Registrant also admits that she prescribed these controlled substances without sufficient clinical documentation, without conducting an appropriate medical examination and evaluation, without establishing a legitimate diagnosis, and without performing necessary and consistent monitoring. *Id.* Registrant further admits that she failed to monitor and review Colorado PDMP information when prescribing these opioids and benzodiazepines between January 1, 2023, and November 30, 2024. *Id.* at 7. Registrant admits and the Agency finds unrebutted evidence that these controlled substance prescriptions were not issued for a legitimate medical purpose, nor in the usual course of professional practice. *Id.*

3. Prescribing to R.N.

Registrant admits that between January 2023 and September 2024, Registrant issued numerous prescriptions for controlled substances to individual R.N., including the following Schedule II opioids: oxycodone 20 mg, oxycodone 30 mg, morphine sulfate 60 mg (a Schedule II opioid), and morphine sulfate 100 mg. *Id.* Registrant also prescribed diazepam 5 mg and diazepam 10 mg. *Id.* Registrant admits that she prescribed these controlled substances without sufficient clinical documentation, without conducting an appropriate medical examination and evaluation, without establishing a legitimate diagnosis, and without performing necessary and consistent monitoring. *Id.* Registrant further admits that she failed to review Colorado PDMP information when prescribing these opioids and benzodiazepines between January 1, 2023, and November 30, 2024. *Id.* at 8. Registrant admits and the Agency finds unrebutted evidence that these controlled substance prescriptions described above were not issued for a legitimate medical purpose, nor in the usual course of professional practice. *Id.*

4. Prescribing to M.J.

Registrant admits that between February 2023 and September 2024, Registrant issued prescriptions for controlled substances to individual M.J. on approximately a monthly basis. *Id.* These prescriptions included one and, at times, two of the following opioids per month: oxycodone 5 mg, oxycodone 10 mg, oxycodone 30 mg, morphine sulfate 15 mg, and morphine sulfate 30 mg. *Id.* Registrant also prescribed approximately monthly prescriptions for diazepam 10 mg. *Id.* Registrant admits that she prescribed these controlled substances without sufficient clinical documentation, without conducting an appropriate medical examination and evaluation, without establishing a legitimate diagnosis, and without performing necessary and consistent monitoring. *Id.* Registrant further admits that she failed to review Colorado PDMP information when prescribing these opioids and benzodiazepines. *Id.* at 9. Registrant admits and the Agency finds unrebutted evidence that these controlled substance prescriptions described above were not issued for a legitimate medical purpose, nor in the usual course of professional practice. *Id.*

5. Expert Review

DEA retained an independent medical expert to review materials, including Registrant's medical records for UC and individuals J.S., R.N., and M.J. *Id.* at 9. Based on Registrant's deviations from the standard of care, the medical expert concluded, and the Agency finds, that the prescriptions for controlled substances Registrant issued violated minimal medical standards applicable to the practice of medicine in Colorado. *Id.*

Accordingly, the Agency finds unrebutted record evidence that Registrant prescribed controlled substances, including dangerous combinations of controlled substances, to UC and three other individuals, without conducting an appropriate medical examination, establishing a medical justification for the prescribing of controlled substances, and querying the PDMP to monitor patients receiving controlled substance prescriptions. *Id.* at 1–2.

IV. Public Interest Determination

A. Legal Background on Public Interest Determinations

When the CSA's requirements are not met, the Attorney General ''may deny, suspend, or revoke [a] registration if . . . the [registrant's] registration would be 'inconsistent with the public interest.' '' *Gonzales* v. *Oregon,* 546 U.S. 243, 251 (2006) (quoting 21 U.S.C. 824(a)(4)). In the case of a ''practitioner,'' Congress directed the Attorney General to consider five factors in making the public interest determination. *Id.;* 21 U.S.C. 823(g)(1)(A–E).[6]

The five factors are considered in the disjunctive. *Gonzales* v. *Oregon,* 546 U.S. at 292–93 (Scalia, J., dissenting) (''It is well established that these factors are to be considered in the disjunctive'' (quoting *In re Arora,* 60 FR 4447, 4448 (1995))); *Robert A. Leslie, M.D.,* 68 FR

[6] The five factors are:

(A) The recommendation of the appropriate State licensing board or professional disciplinary authority.

(B) The [registrant's] experience in dispensing or conducting research with respect to controlled substances.

(C) The [registrant's] conviction record under Federal or State laws relating to the manufacture, distribution, or dispensing of controlled substances.

(D) Compliance with applicable State, Federal, or local laws relating to controlled substances.

(E) Such other conduct which may threaten the public health and safety.

15227, 15230 (2003). Each factor is weighed on a case-by-case basis. *David H. Gillis, M.D.,* 58 FR 37507, 37508 (1993). Any one factor, or combination of factors, may be decisive, *David H. Gillis, M.D.,* 58 FR at 37508, and the Agency ''may give each factor the weight . . . deem[ed] appropriate in determining whether a registration should be revoked or an application for registration denied.'' *Morall,* 412 F.3d. at 185 n.2 (Henderson, J., concurring) (quoting *Robert A. Smith, M.D.,* 70 FR 33207, 33208 (2007)); *see also Penick Corp.* v. *Drug Enf't Admin.,* 491 F.3d 483, 490 (D.C. Cir. 2007).

Moreover, while the Agency is required to consider each of the factors, it ''need not make explicit findings as to each one.'' *MacKay* v. *Drug Enf't Admin.,* 664 F.3d 808, 816 (10th Cir. 2011) (quoting *Volkman* v. *U.S. Drug Enf't Admin.,* 567 F.3d 215, 222 (6th Cir. 2009)); *Jones Total Health Care Pharmacy, LLC* v. *Drug Enf't Admin.,* 881 F.3d 823, 830 (11th Cir. 2018); *Hoxie* v. *Drug Enf't Admin.,* 419 F.3d 477, 482 (6th Cir. 2005). ''In short, . . . the Agency is not required to mechanically count up the factors and determine how many favor the Government and how many favor the registrant. Rather, it is an inquiry which focuses on protecting the public interest; what matters is the seriousness of the registrant's misconduct.'' *Jayam Krishna-Iyer, M.D.,* 74 FR 459, 462 (2009). Accordingly, as the Tenth Circuit has recognized, Agency decisions have explained that findings under a single factor can support the revocation of a registration. *MacKay,* 664 F.3d at 821.

The Government has the burden of proof in this proceeding. 21 CFR 1301.44(e) (revoking or suspending a registration).

B. Registrant's Registration Is Inconsistent With the Public Interest

While the Agency has considered all the public interest factors of 21 U.S.C. 823(g)(1),[7] the Government's evidence in support of its *prima facie* case is confined to Factors B and D. RFAAX 1, at 3. Evidence is considered under Factors B and D when it reflects compliance or non-compliance with laws related to controlled substances and experience dispensing controlled substances. *Kareem Hubbard, M.D.,* 87 FR 21156, 21162 (2022).

Here, Registrant's noncompliance with state and federal law reflects his experience prescribing with respect to controlled substances. *See supra* Section III. Moreover, the Agency finds unrebutted record evidence that between January 2023 and November 2024 Registrant unlawfully prescribed controlled substances, including dangerous combinations of controlled substances, to UC and three other individuals, without conducting an appropriate medical examination, establishing a medical justification for the prescribing of controlled substances, and querying the PDMP to monitor patients receiving controlled substance prescriptions. Further, an independent medical expert reviewed Registrant's medical records and controlled substance prescriptions and found that Registrant's prescribing violated minimal medical standards in Colorado. Accordingly, the unrebutted record evidence supports the Agency's finding that between January 2023 and November 2024 Registrant committed violations of both Colorado state law and federal controlled substance regulations, namely 21 CFR 1306.04(a), Colo. Rev. Stat. 12–280–404(4)(a) & (a.5), and Colo. Rev. Stat. 12–255–120(1)(c) & (s).

The Agency further finds that after considering the factors of 21 U.S.C. 823(g)(1), Registrant's registration is ''inconsistent with the public interest.'' 21 U.S.C. 824(a)(4). Accordingly, the Government satisfied its *prima facie* burden of showing that Registrant's continued registration would be ''inconsistent with the public interest.'' 21 U.S.C. 824(a)(4). The Agency also finds that there is no mitigating evidence to rebut the Government's *prima facie* case. Thus, the only remaining issue is whether, in spite of the public interest determination, Registrant can be trusted with a registration.

V. Sanction

Where, as here, the Government has met the burden of showing that Registrant's continued registration is inconsistent with the public interest, the burden shifts to Registrant to show why she can be entrusted with a registration. *Morall,* 412 F.3d. at 174; *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, 18904 (2018). The issue of trust is necessarily a fact-dependent determination based on the circumstances presented by the individual respondent. *Jeffrey Stein, M.D.,* 84 FR 46968, 46972 (2019); *see also Jones Total Health Care Pharmacy,* 881 F.3d at 833. Moreover, as past performance is the best predictor of future performance, the Agency requires that a registrant who has committed acts inconsistent with the public interest accept responsibility for those acts and demonstrate that she will not engage in future misconduct. *See 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). 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 also Jones Total Health Care Pharmacy,* 881 F.3d at 830–31. In addition, a registrant's candor during the investigation and hearing 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,* 419 F.3d at 483–84. Further, the Agency considers the egregiousness and extent of the misconduct as significant factors in determining the appropriate sanction. *See Jones Total Health Care Pharmacy,* 881 F.3d at 834 & n.4. 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 failed to answer the allegations contained in the OSC\ISO and did not otherwise avail herself of the opportunity to refute the Government's case. Thus, there is no record evidence that Registrant takes responsibility, let alone unequivocal responsibility, for the misconduct. Accordingly, she has not convinced the Agency that her future controlled-substance-related actions will comply with the CSA such that she can be entrusted with the responsibilities of a registration.

Further, the interests of specific and general deterrence weigh in favor of

[7] As to Factor A, there is no record evidence of disciplinary action against Registrant's state medical license. 21 U.S.C. 823(g)(1)(A). State authority to practice medicine is ''a necessary, but not a sufficient condition for registration.'' *Robert A. Leslie, M.D.,* 68 FR at 15230. Therefore, ''[t]he fact that the record contains no evidence of a recommendation by a state licensing board does not weigh for or against a determination as to whether continuation of the Respondent's DEA certification is consistent with the public interest.'' *Roni Dreszer, M.D.,* 76 FR 19434, 19444 (2011). As to Factor C, there is no evidence in the record that Registrant has been convicted of any federal or state law offense ''relating to the manufacture, distribution, or dispensing of controlled substances.'' 21 U.S.C. 823(g)(1)(C). However, as Agency cases have noted, ''the absence of such a conviction is of considerably less consequence in the public interest inquiry'' and is therefore not dispositive. *Dewey C. MacKay, M.D.,* 75 FR at 49973. As to Factor E, the Government's evidence fits squarely within the parameters of Factors B and D and does not raise ''other conduct which may threaten the public health and safety.'' 21 U.S.C. 823(g)(1)(E). Accordingly, Factor E does not weigh for or against Registrant.

revocation. Registrant's conduct in this matter concerns the CSA's strict requirements regarding registration and recordkeeping and, therefore, goes to the heart of the CSA's ''closed regulatory system'' specifically designed ''to conquer drug abuse and to control the legitimate and illegitimate traffic in controlled substances.'' *Gonzales* v. *Raich,* 545 U.S. at 12–14. Permitting Registrant to maintain a registration under these circumstances would send a dangerous message that compliance with the law is not essential to maintaining a registration.

In sum, Registrant has not offered any credible evidence on the record that rebuts the Government's case for revocation of her registration, and Registrant has not demonstrated that she can be entrusted with the responsibility of 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) and 21 U.S.C. 823(g)(1), I hereby revoke DEA Certificate of Registration No. ME1730870 issued to Dawn Evert, N.P. 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 Dawn Evert, N.P., to renew or modify this registration, as well as any other pending application of Dawn Evert, N.P., for registration in Colorado. This Order is effective December 1, 2025.

Signing Authority

This document of the Drug Enforcement Administration was signed on October 9, 2025, by Administrator Terrance 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.

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DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Pharmacy Place, Llc; Decision and Order

I. Introduction

On November 17, 2021, the United States Department of Justice, Drug Enforcement Administration (Agency) issued an Order to Show Cause and Immediate Suspension of Registration (collectively, OSC/ISO) to Pharmacy Place, LLC, of Houston, Texas (Respondent).[1] OSC/ISO, at 1, 10–11. The OSC/ISO immediately suspended, and proposed the revocation of, Respondent's Drug Enforcement Administration (DEA or Government) certificate of registration, No. FP8885785 (registration), pursuant to 21 U.S.C. 824(d) and (a)(4), respectively, ''because . . . [Respondent's] continued registration constitutes 'an imminent danger to the public health or safety''' and ''because . . . [Respondent's] continued registration is inconsistent with the public interest, as that term is defined in 21 U.S.C. . . . [823(g)(1)].''[2] *Id.* at 1.

The OSC/ISO more specifically alleges that, according to an ''independent pharmacy expert retained by the DEA'' who ''reviewed patient profile data, Texas Prescription Monitoring Program data, and prescriptions reported as filled by Respondent,'' Respondent ''filled many controlled substance prescriptions outside the usual course of pharmacy practice'' and ''in contravention of . . . [its] 'corresponding responsibility' under 21 CFR 1306.04(a)'' from March 16, 2020, through August 19, 2021. *Id.* at 2. The OSC/ISO also alleges that Respondent violated recordkeeping requirements.[3]

A DEA Administrative Law Judge (ALJ) determined that Respondent filed a written statement, dated January 20, 2022 (Written Statement), in lieu of requesting a hearing and, accordingly, issued an Order Terminating the Proceedings on January 25, 2022.[4] 21 CFR 1316.49 (2022) (replaced by current rule in effect Nov. 2022).[5] The Government filed its RFAA on September 20, 2023.[6]

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[1] According to GX 3, Attachment B, DEA–82, Notice of Inspection of Controlled Premises, ''Rita Okafor'' is the Pharmacist-in-Charge (PIC) and Chief Executive Officer (CEO) of Respondent, and she signed the DEA–82. *See also* GX 3 (Declaration of First Houston Diversion Investigator (DI)), at 2–3, GX 4 (Declaration of Second Houston DI), at 1–2.

[2] Effective December 2, 2022, the Medical Marijuana and Cannabidiol Research Expansion Act, Public Law 117–215, 136 Stat. 2257 (2022) (Marijuana Research Amendments or MRA), amended the Controlled Substances Act (CSA) and other statutes. Relevant to this matter, the MRA redesignated 21 U.S.C. 823(f), cited in the OSC/ISO, as 21 U.S.C. 823(g)(1). Accordingly, this Decision cites to the current designation, 21 U.S.C. 823(g)(1), and to the MRA-amended CSA throughout.

[3] The OSC/ISO's recordkeeping violation allegations are:

a. Failure to provide complete and accurate records as required by 21 CFR 1304.21(a);

b. Failure to maintain dispensing records for controlled substances as required by 21 CFR 1304.22(c);

c. Failure to maintain records readily retrievable as required by 21 CFR 1304.04(f)(2);

d. Failure to separate DEA–222 order forms from all other records as required [by] 21 CFR 1305.17(c); and

e. Failure to affix to the package a label showing the date the prescription was filled, the pharmacy name and address, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, and directions for use and cautionary statements, if any, contained in such prescription or required by law as required by 21 CFR 1306.14(a).

OSC/ISO, at 10.

[4] Respondent's thirteen-page Written Statement is not included in the Request for Final Agency Action (RFAA), although the Agency accessed it and considered it during this adjudication. *Infra* section III. The Agency obtained the Written Statement from the Office of ALJs' file.

The ALJ's Order Terminating the Proceedings was served on two lawyers for Respondent. Order Terminating the Proceedings, at 3.

[5] The version of 21 CFR 1316.49 in effect during the relevant time period stated: ''Any person entitled to a hearing may, within the period permitted for filing a request for hearing or notice of appearance, [file a] waiver of an opportunity for a hearing, together with a written statement regarding his position on the matters of fact and law involved in such hearing. Such statement, if admissible, shall be made a part of the record and shall be considered in light of the lack of opportunity for cross-examination in determining the weight to be attached to matters of fact asserted therein.''

The Rule contemplated that a person who did not want to request a hearing could submit in writing his position on the ''matters of fact and law'' that would be involved in a hearing. An admissible written statement is made a part of the record and the weight attached to its asserted facts is to be determined in light of the lack of opportunity for cross-examination.

The Agency notes that the Written Statement is signed by Respondent's counsels, and that it does not attach any documentary evidence or declaration, let alone a declaration sworn to by a competent fact witness. In other words, the Written Statement is counsel argument untethered to evidence. As such, while the Written Statement provides the Agency with insight into Respondent's position concerning the OSC/ISO, it does not include any facts that the Agency may weigh against the evidence the Government submitted with its RFAA. *Infra* sections III, IV, and V.

[6] The Agency conducted a ''mootness'' analysis. The OSC/ISO was issued on November 17, 2021. The expiration date assigned to Respondent's registration is March 31, 2022. The RFAA is dated September 20, 2023. Respondent's Written Statement contests the OSC/ISO allegations and suggests that they are borne of a misperceived relationship between Respondent and Dr. Rita's Pharmacy and ''whatever shortcomings (if any) remained unaddressed in that matter.'' Respondent's Written Statement, at 12–13 (''Respondent consistently engaged in measures to resolve red flags, acted in the usual course of