PART 39—AIRWORTHINESS DIRECTIVES

■ 1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

■ 2. The FAA amends § 39.13 by adding the following new airworthiness directive (AD):

2004–07–13 General Electric Company: Amendment 39–13557. Docket No. 2003–NE–46–AD.

Effective Date

(a) This AD becomes effective May 6, 2004.

Affected ADs

(b) None.

Applicability

(c) This AD applies to General Electric Company (GE) CF6–80C2A5F, CF6–80C2B5F, CF6–80C2B7F, and CF6–80C2D1F turbofan engines with high pressure turbine (HPT) stage 1 disks, part numbers (P/Ns) 1531M84G10 or 1531M84G12 installed. These engines are installed on, but not limited to, Airbus Industrie A300 and A330 series, Boeing 747 and 767 series, and McDonnell Douglas MD–11 airplanes.

Unsafe Condition

(d) This AD is prompted by an updated low-cycle-fatigue (LCF) analysis of the HPT stage 1 disk. The actions specified in this AD are intended to prevent LCF cracking and failure of the HPT stage 1 disk due to exceeding the life limit, which could result in an uncontained engine failure and damage to the airplane.

Compliance

(e) You are responsible for having the actions required by this AD performed within the compliance times specified unless the actions have already been done.

(f) Replace HPT stage 1 disks, P/Ns 1531M84G10 and 1531M84G12, at or before the disk accumulates 10,720 cycles-since-new (CSN).

(g) After the effective date of this AD, do not install any HPT stage 1 disk, P/N 1531M84G10 or 1531M84G12, that exceeds 10,720 CSN.

Alternative Methods of Compliance

(h) The Manager, Engine Certification Office, has the authority to approve alternative methods of compliance for this AD if requested using the procedures found in 14 CFR 39.19.

Material Incorporated by Reference

(i) None.

Related Information

(j) None.

Issued in Burlington, Massachusetts, on March 24, 2004.

Francis A. Favara,

Acting Manager, Engine and Propeller Directorate, Aircraft Certification Service.

[FR Doc. 04–7235 Filed 3–31–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 2003–NE–56–AD; Amendment 39–13525, AD 2004–05–30]

RIN 2120–AA64

Airworthiness Directives; Rolls-Royce plc RB211 Trent 500 Series Turbofan Engines; Correction

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; correction.

SUMMARY: This document makes a correction to Airworthiness Directive (AD) 2004–05–30 applicable to Rolls-Royce plc (RR) RB211 Trent 500 series turbofan engines that was published in the **Federal Register** on March 18, 2004 (69 FR 12783). The engine model designation in the Applicability and Unsafe Condition paragraphs is incorrect. This document corrects that model designation. In all other respects, the original document remains the same.

EFFECTIVE DATE: Effective April 1, 2004.

FOR FURTHER INFORMATION CONTACT: Christopher Spinney, Aerospace Engineer, Engine Certification Office, FAA, Engine and Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone (781) 238–7175, fax (781) 238–7199.

SUPPLEMENTARY INFORMATION: A final rule AD, FR Doc. 04–5620 applicable to RR RB211 Trent 500 series turbofan engines, was published in the **Federal Register** on March 18, 2004 (69 FR 12783). The following corrections are needed:

§ 39.13 [Corrected]

■ On page 12785, in the second column, in the Amended Section, in the Applicability paragraph (c), in the second line, ''Trent 500 series turbofan engines.'' is corrected to read ''RB211 Trent 500 series turbofan engines.''

■ Also, on page 12785, in the third column, in the Amended Section, in the Unsafe Condition paragraph (d), in the third line, ''Trent 500'' is corrected to read ''RB211 Trent 500''.

Issued in Burlington, MA, on March 24, 2004.

Francis A. Favara,

Acting Manager, Engine and Propeller Directorate, Aircraft Certification Service.

[FR Doc. 04–7234 Filed 3–31–04; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[Docket No. DEA–251E]

Schedules of Controlled Substances: Extension of Temporary Placement of Alpha-Methyltryptamine (AMT) and 5-Methoxy-N,N-Diisopropyltryptamine (5-MeO-DIPT) in Schedule I of the Controlled Substances Act

AGENCY: Drug Enforcement Administration (DEA), Department of Justice.

ACTION: Final rule.

SUMMARY: This final rule is issued by the Acting Deputy Administrator of the Drug Enforcement Administration (DEA) to extend the temporary scheduling of alpha-methyltryptamine (AMT) and 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DIPT) in Schedule I of the Controlled Substances Act (CSA). The temporary scheduling of AMT and 5-MeO-DIPT is due to expire on April 3, 2004. This document will extend the temporary scheduling of AMT and 5-MeO-DIPT to October 3, 2004 or until rulemaking proceedings are completed, whichever occurs first.

EFFECTIVE DATE: April 1, 2004.

FOR FURTHER INFORMATION CONTACT: Christine Sannerud, Ph.D., Chief, Drug and Chemical Evaluation Section, Office of Diversion Control, Drug Enforcement Administration, Washington, DC 20537, telephone: (202) 307–7183.

SUPPLEMENTARY INFORMATION: On April 4, 2003, the Deputy Administrator of the DEA published a final rule in the **Federal Register** (68 FR 16427) amending 1308.11(g) of title 21 of the Code of Federal Regulations to temporarily place AMT and 5-MeO-DIPT into Schedule I of the CSA pursuant to the temporary scheduling provisions of 21 U.S.C. 811(h). This final rule, which became effective on the date of publication, was based on findings by the Deputy Administrator that the temporary scheduling of AMT and 5-MeO-DIPT was necessary to avoid an imminent hazard to the public safety. Section 201(h)(2) of the CSA (21 U.S.C. 811(h)(2)) requires that the temporary

scheduling of a substance expire at the end of one year from the date of issuance of the order. However, during the pendency of proceedings under 21 U.S.C. 811(a)(1) with respect to the substance, temporary scheduling of that substance may be extended for up to six months. Proceedings for the scheduling of a substance under 21 U.S.C. 811(a) may be initiated by the Attorney General (delegated to the Administrator of the DEA pursuant to 28 CFR 0.100) on his own motion, at the request of the Secretary of Health and Human Services, or on the petition of any interested party. Such proceedings regarding AMT and 5-MeO-DIPT have been initiated by the Acting Deputy Administrator of the DEA.

The DEA has gathered and reviewed the available information regarding the pharmacology, chemistry, trafficking, actual abuse, pattern of abuse and the relative potential for abuse for AMT and 5-MeO-DIPT. The Acting Deputy Administrator has submitted these data to the Assistant Secretary for Health, Department of Health and Human Services. In accordance with 21 U.S.C. 811(b), the Acting Deputy Administrator has also requested a scientific and medical evaluation and a scheduling recommendation for AMT and 5-MeO-DIPT from the Assistant Secretary for Health. Therefore, the temporary scheduling of AMT and 5-MeO-DIPT which is due to expire on April 3, 2004, may be extended until October 3, 2004, or until proceedings initiated in accordance with 21 U.S.C. 811(a) are completed, whichever occurs first.

Pursuant to 21 U.S.C. 811(h)(2), the Acting Deputy Administrator hereby orders that the temporary scheduling of AMT and 5-MeO-DIPT be extended until October 3, 2004, or until the proceedings initiated in accordance with 21 U.S.C. 811(a) are completed, whichever occurs first.

Regulatory Certifications

The Acting Deputy Administrator of the DEA hereby certifies that extension of the temporary placement of AMT and 5-MeO-DIPT in Schedule I of the CSA will have no significant impact upon entities whose interests must be considered under the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.* This action involves the extension of temporary control of substances with no currently accepted medical use in the United States.

The six month extension of AMT and 5-MeO-DIPT in Schedule I of the CSA is not a significant regulatory action for the purposes of Executive Order (E.O.) 12866 of September 30, 1993. Drug scheduling matters are not subject to review by the Office of Management and Budget (OMB) pursuant to the provisions of E.O. 12866, section 3(d)(1). This action responds to an emergency situation posing an imminent hazard to the public safety and is essential to the criminal law enforcement function of the United States.

This regulation meets the applicable standards set forth in sections 3(a) and 3(b)(2) of Executive Order 12988 Civil Justice Reform.

This action has been analyzed in accordance with the principles and criteria in Executive Order 13132 and it has been determined that this final rule does not have sufficient federalism implications to warrant the preparation of a federalism assessment.

This rule will not result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100,000,000 or more in any one year, and will not significantly or uniquely affect small governments. Therefore, no actions were deemed necessary under the provisions of the Unfunded Mandates Reform Act of 1995.

This rule is not a major rule as defined by section 804 of the Small Business Regulatory Enforcement Fairness Act of 1996. This rule will not result in an annual effect on the economy of $100,000,000 or more; a major increase in costs or prices; or significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based companies to compete with foreign-based companies in domestic and export markets.

Dated: March 25, 2004.

Michele M. Leonhart,

Acting Deputy Administrator.

[FR Doc. 04–7219 Filed 3–31–04; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 199

RIN 0720–AA63

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)/ TRICARE: Implementation of the Pharmacy Benefits Program

AGENCY: Office of the Secretary, DoD.

ACTION: Final rule.

SUMMARY: This final rule implements section 701 of the National Defense Authorization Act for Fiscal Year 2000. The rule establishes procedures for the inclusion of pharmaceutical agents on a uniform formulary based upon relative clinical effectiveness and cost effectiveness; establishes the cost-sharing requirements including a tiered co-payment structure for pharmaceutical agents based on their designation as a generic, formulary or non-formulary pharmaceutical agent; establishes procedures to assure the availability of pharmaceutical agents not included on the uniform formulary to eligible beneficiaries at the non-formulary tier; establishes procedures to receive pharmaceutical agents not included on the uniform formulary, but considered clinically necessary, under the same terms and conditions as an agent on the uniform formulary; establishes procedures to assure the availability of clinically appropriate non-formulary pharmaceutical agents to members of the uniformed services; establishes procedures for prior authorization when required; and establishes a Department of Defense Pharmacy and Therapeutics Committee (DoD P&TC) and a uniform formulary Beneficiary Advisory Panel. Other administrative amendments are also made to clarify specific policies that relate to the program.

DATES: This final rule is effective May 3, 2004.

ADDRESSES: Pharmacy Benefits Division, TRICARE Management Activity, Skyline Five, 5111 Leesburg Pike, Falls Church, VA 22041.

FOR FURTHER INFORMATION CONTACT: COLONEL William Davies, Director, Pharmacy Benefits Division, TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs), telephone (703) 681–0039.

SUPPLEMENTARY INFORMATION:

I. Background and Legislative Changes

Section 701 of the National Defense Authorization Act for Fiscal Year 2000 (Public Law 106–65), codified at Title 10, United States Code, Section 1074g, directs the Department to establish an effective, efficient, integrated pharmacy benefits program. The current prescription drug benefit under TRICARE includes the U.S. Food and Drug Administration (FDA) approved drugs and medicines that by United States law require a physician's or other authorized individual professional provider's prescription (acting within the scope of their license) that has been ordered or prescribed by them. The pharmacy benefits program does not include prescription drugs which are used in medical treatments or