

DRUG SCHEDULES

This is a partial list of drugs found in Schedules I-IV. Some of the drugs listed are generic names and some are trade names. Some of the substances listed are a combination of scheduled and unscheduled items. The lab report will list the individual substances found. It will be your duty to decipher in which schedule they may be included.

SCHEDULE I: Substance has a high potential for abuse, has no medical use in the U.S., and has a lack of accepted safety for use under medical supervision.

Heroin	Psilocybin	MDMA
LSD	Peyote	Fentanyl
Marijuana	Rohypnol	LAAM
Methaqualone	Bufotenine	Khat
Numorphan	Hashish & Oil	
Mescaline	PCP	
Some Derivatives of Morphine	Gamma Hydroxybutyrate (GHB)	
Some Variants of Amphetamines		

SCHEDULE II: Substance has a high potential for abuse, has a currently accepted medical use in the U.S. with severe restrictions, and abuse may lead to severe psychological or physical dependence.

Codeine	Amobarbital	Percocet
Hydrocodone	Secobarbital	Biphetamine
Thebaine	Pentobarbital	Opium
Morphine	Marinol/Dronabinol	Oxycodone
Fentanyl - duragesic patch	Ritalin/Methylphenidate	Propoxyphene
Methadone - dolophine	Preludin	Methadone
Cocaine	Glutethimide	Ketamine
Amphetamine	Dilaudid - Hydromorphone	Dexedrine
Methamphetamine	Percodan	Dextroamphetamine
Phencyclidine	Demerol/Meperidine	
Benzoylcegonine	Desoxyn	

SCHEDULE III: Substance has a potential for abuse (less than Schedule I or II), has currently accepted medical use in the U.S., and may lead to moderate or low physical dependence or high psychological dependence.

Anabolic Steroids	Fiorinal	Methypylon
Codeine with Aspirin	Vicodin	Butalbital
Oxymetholone	Lorcet	Phendimetrazine
Hydrocodone with Aspirin	Hydrocet	Nandrolone
Hycodan	Talbutal	Testosterone
Carisoprodol (SOMA) with Codeine		

SCHEDULE IV: Substance has a low potential for abuse as compared to Schedule III, has currently accepted medical use in the U.S., and abuse may lead to limited physical and psychological dependence.

Talwin	Amtirptyline	Flurazepam
Valium/Diazepam	Darvon	Serax/Oxazepam
Lorazepam	Triazolam/Halcion	Restoril/Temazepam
Phenobarbital	Clonazepam/Klonopin	Placidyl/Ethchlorvynol
Halazepam	Pemoline	Carisoprodol (Soma)
Phentermine	Fenfluramine	Chlordiazepoxide/Librium
Estazolam	Phentermine	Equanil & Milltown
Xanax/Alprazolam	Chloral Hydrate	(meprobamate)

SCHEDULE V: Substance has a low potential for abuse as compared to Schedule IV, has currently accepted medial use in the U.S., and abuse has a narrow scope for physical and psychological dependence.

Buprenex	Motofen	Kapectolin PG
Temgesic	Cophene-S	Kaolin Pectin PG
Cheracol	Lometil	Pyrovalerone
Cerose	Logen	Centroton
Pediacof	Parepectolin	Thymergix
Robitussin A-C (with Codeine)		

A new class of substances was created by the Anti-Drug Abuse Act of 1986. Controlled substance analogues are substances that are not controlled, but may be found in illicit traffic. They are structurally or pharmacologically similar to Schedule I or Schedule II controlled substances and have no medical use. A substance that meets the definition of a controlled substance analogue and is intended for human consumption is treated under CSA as if it were a controlled substance in Schedule I. (Source: US Department of Justice--Drug Enforcement Administration)

The State Board of Pharmacy may, by rule, add substances to or delete or reschedule substances listed in the section. The State Board of Pharmacy, after consulting with the Advisory Council on Controlled Substances, shall annually, on or before May 1 of each year, conduct a review of the placement of controlled substances in the various schedules. (Source: MN Statute 152.02)