

5 Drug Schedules

Schedule 1: highest potential of addiction/abuse. Includes drugs with no proven or acceptable medical use and a high abuse potential.

Ex: Heroin, LSD, marijuana, mescaline, MDMA, GHB, ecstasy, psilocybin, methaqualone, khat, bath salts.

Schedule 2: Includes narcotic drugs with a high potential for abuse but with currently accepted medical use in treatment. (Opiates, cocaine, methadone, meperidine) (Can't call in a Rx or list refills)

Ex: Most opiates, cocaine, ecgonine, amphetamines, phenmetrazine, amobarbital.

<http://www.drugs.com/schedule-2-drugs.html>

Schedule 3: Moderate/psychological addiction. Includes narcotics in combination with other non-narcotic drugs, such as codeine combined with acetaminophen or aspirin, phenacetin, and caffeine.

Ex: Vicodin, Tylenol with Codeine, Suboxone, benzphetamine, phenmetrazine, ketamine, anabolic steroids.

Schedule 4: low abuse potential, physical dependency. Includes narcotics in combination with other non-narcotic drugs, antidiarrheals, mild CNS depressants, mild CNS stimulants, and tranquilizers. Drugs such as chloral hydrate, meprobamate, phenobarbital, diphenoxylate with atropine sulfate, chlorthalidone, diazepam, diethylpropion and phentermine are in this group.

Ex: Xanax, Soma, Klonopin, Tranxene, Valium, Ativan, Versed, Restoril, Halcion.

Schedule 5: Lowest potential for abuse. Most are OTC. Includes narcotic cough syrups and ephedrine, pseudoephedrine, and phenylpropanolamine products.

Ex: Pregabalin, Ezogabine, Lacosamide, Pyrovalerone, no more than 100-200 mg of: codeine, dihydrocodeine, ethylmorphine, atropine, opium or difenoxin.