

TABLE 4.3 Drug Enforcement Administration Controlled Substance Schedules

Schedule	Abuse Potential	Medications	Examples
I	High	No accepted medical use in the United States	Heroin, marijuana, LSD, methaqualone
II	High; may lead to severe dependence (psychological or physical)	Has a currently accepted medical use; may have severe restrictions	Cocaine, hydrocodone, methadone, methamphetamine, morphine, PCP, OxyContin, Ritalin
III	Less than drugs and substances in Schedules I and II; may lead to moderate or low physical dependence or high psychological dependence	Has a currently accepted medical use	Anabolic steroids, codeine with aspirin or Tylenol, ketamine, testosterone
IV	Low relative to substances in Schedule III; may lead to limited dependence	Has a currently accepted medical use	Ambien, Ativan, Tramadol, Valium, Xanax
V	Low, relative to substances in Schedule IV; may lead to limited dependence (psychological or physical)	Has a currently accepted medical use	Cough medicine with codeine, Lomotil

Source: <http://usdoj.gov/dea/pubs/abuse/1-csa.htm>

to the pharmacy, but the patient must also give a handwritten prescription to the pharmacist to receive the medicine. In an emergency, the prescriber may phone in an order to a nurse (e.g., if the patient is in the hospital), but a handwritten copy of the prescription must be submitted within 72 hours. This category includes drugs that suppress the central nervous system such as morphine, as well as amphetamines, which stimulate it. Examples include cocaine, PCP, methylphenidate (Ritalin), hydrocodone (Hydrocet), and oxycodone (OxyContin).

Schedule III drugs are moderately addictive and may lead to limited dependence. Refills are allowed up to five times in 6 months. This category includes combination drugs that contain a small amount of a narcotic with a less-addictive medication, such as acetaminophen or aspirin. The patient absorbs less of the narcotic dose in each tablet, but the drug is still powerful. Examples are anabolic steroids, ketamine, testosterone, and Tylenol with codeine. Health-care professionals may write the prescription for the drug, but the prescriber must sign it.

Schedule IV drugs have lower abuse potential but are still controlled. As with Schedule III drugs, health-care professionals may write the prescription (e.g., name, route, dosage), but the prescriber must sign it. A health-care professional can fax or phone in these orders to the pharmacy or facility. Refills of drugs in this category are allowed up to five times in 6 months. Examples include lorazepam (Ativan), diazepam (Valium), and alprazolam (Xanax).

Schedule V drugs have the lowest potential for abuse. They include OTC cough suppressants to which a small amount of codeine has been added, as well as preparations for diarrhea, such as paregoric and opium tincture. Because the cough syrup is thick, overdose is difficult. However, small children like the taste of syrup, so advise parents to store the medicine away from children. Examples are diphenoxylate hydrochloride and atropine sulfate preparations (Lomotil), Robitussin A-C, and Children's Tylenol 3.

Drugs may be described in more than one schedule. For example, full-strength codeine is a Schedule II drug because it is a highly addictive narcotic. If a manufacturer adds more acetaminophen or aspirin so that only a small amount of the narcotic is present in the medication, it can be classified as a Schedule III drug. If the manufacturer adds a small amount of narcotic to a large amount of syrup, the medication can be classified as Schedule V (e.g., Children's Tylenol® with Codeine syrup) because the narcotic is less addictive when taken in such a small quantity.

Legal and illegal drugs often have *street* or slang names. Although you may not know the names of illegal drugs used on the street, your patients may use these terms; therefore, you should be familiar with them. Box 4-5 provides common street names for drugs that are frequently used.