North Carolina Controlled Substances Schedules

The DEA regulates the manufacture, possession and distribution of drugs and chemicals that have a high potential for abuse. It divides controlled substances (CS) into five categories called schedules based on their abuse or dependency potential.

EHS requires a NURS FPX 8012 Assessment 1 Technology-Informatics Use in Your Practice Setting registration and suspicious order reporting for all persons who handle, purchase or distribute controlled substances. They must also maintain secure storage.

Substances in Schedules I – V

Schedule I drugs are those that have the highest potential for abuse and can lead to severe psychological or physical dependence. These substances include heroin, lysergic acid diethylamide (LSD), peyote, 3,4-methylenedioxymethamphetamine ("Ecstasy"), and methaqualone. Schedule II narcotics include hydromorphone, methadone, oxycodone, and percocet. Schedule III narcotics include cough preparations that contain less than 90 milligrams of codeine per BIO FPX 1000 Assessment 6 Homework: Patient Case Study Profiles - Cancer Causes unit, as well as buprenorphine (Suboxone) and lorcaserin. Schedule IV consists of antidepressants and antianxiety medications including alprazolam (Xanax), carisoprodol (Soma), diazepam (Valium), clonazepam (Klonopin), and temazepam (Restoril).

Schedule V contains substances that are used in the treatment of alcohol or drug addiction, as well as some hallucinogens and anabolic steroids, which are synthetic hormones similar to testosterone. These compounds are used to improve muscle growth and athletic performance, but when abused can cause dangerous side effects. Schedule V also includes certain chemicals that are used to produce controlled substances.

Schedule I – IV

The Controlled Substances Act (CSA) categorizes all drugs and certain chemicals used to make drugs into five distinct schedules based on their acceptable medical use, potential for abuse, and safety or dependence liability. This list is updated annually and describes the basic or parent chemical; it does not describe salts, isomers, esters, ethers or derivatives which also may NURS 6521 Week 5: Headaches and their Management controlled substances.

Schedule I drugs have the highest potential for abuse and currently have no accepted medical use, so they cannot be prescribed. This includes illegal street drugs such as heroin, gamma-hydroxybutyric acid or "GHB" and lysergic acid diethylamide or LSD. Medications that are considered to be Schedule II have moderate to low potential for physical or psychological dependence, but they have more potential than drugs in schedule III. Schedule II drugs include morphine, hydrocodone and methadone. Schedule III medications have a low to moderate risk for physical or psychological dependence and include some anabolic steroids, codeine products with aspirin or Tylenol and barbiturates.

All CSA Schedule III, NR 444 Week 3 Course Preparation Assignment Exploring Factors Influencing Health and V medications require a valid prescription for purchase or administration. Only physicians, dentists, podiatrists or advanced practitioners licensed by the State of California who have an active DEA license can prescribe these medications. Those practitioners must be aware of the risk of addiction and be careful to not over-prescribe. These providers must also keep a record of all prescriptions for these drugs and be willing to cooperate with DEA inspections.

Schedule II – III

Drugs and chemicals used to make drugs are regulated by the Controlled Substance Act (CSA) and North Carolina's Controlled Substances Law. The CSA categorizes substances into five distinct categories or schedules based on their acceptable medical use and abuse rate.

Schedule I consists of substances that have a high potential for abuse and currently have no accepted medical use. These include heroin, gamma-hydroxybutyric acid (GHB), and lysergic acid diethylamide (LSD). Schedule II consists of substances that are BUS 4065 Unit 2 Assignment 2 Adjusted Gross Income and have a potential for abuse that may lead to severe psychological or physical dependence. These substances include morphine, methamphetamine, cocaine, methadone, hydrocodone (such as OxyContin or Percocet), and fentanyl.

Schedule III consists of substances that have a potential for abuse less than Schedules I and II, but more than Schedule IV. Examples of narcotics include products that contain not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine(r)). Other narcotics in this schedule are buprenorphine, and benzphetamine. This schedule also includes anabolic steroids and certain nurs fpx 4050 assessment 2. These substances have a low potential for abuse and have the potential to cause moderate to low physical dependence or high psychological dependence. The CSA scheduling lists are updated annually. The listings describe the basic or parent chemical and do not describe salts, isomers, and salts of isomers, esters, and ethers.

Schedule IV – V

The substances in Schedule IV have a lower potential for abuse than the drugs in the other schedules. The substances have a currently accepted medical use in treatment and may result in limited physical or psychological dependence. This schedule includes drugs such as benzphetamine (Didrex(r)), phendimetrazine, and ketamine.

Drugs, substances, and chemicals used to make drugs are classified into five distinct categories or schedules under the Controlled Substance Act (CSA). The CSA scheduling list is updated annually and describes basic or parent chemical.

Health professionals and pharmacists must obtain a license to prescribe or fill controlled substance prescriptions, and both must pass a criminal PSYC FPX 3500 Assessment 1 Popular Versus Scholarly Sources check. These licenses include a unique number allowing providers and pharmacies to be tracked.

The DEA also regulates the storage, security, and theft of controlled substances. The

DEA requires that anyone who possesses these medications must keep them in a secure location and not leave them unattended. Those who possess these medications can only access them with a valid prescription from the patient’s physician or licensed telemedicine practitioner. The telemedicine practitioner cannot prescribe a controlled substance without conducting a personal in-person exam of the patient. However, the DEA allows for a “qualified telemedicine referral” process whereby a practitioner can refer a patient to another for a telemedicine exam. If the patient is prescribed a controlled substance, the pharmacist must affix the prescription to an individual package and provide instructions for proper use and cautionary statements.