



**This is an alphabetical list of INCB and MOH&P controlled Narcotics / Psychotropics and Controlled (CD) Drugs used for medical purposes, their Scheduling and level of restrictions to carry with travellers to the UAE, with specific medical reasons and supporting documents .**

SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
1	(+) – LYSERGIDE (LSD, LSD-25)	Psychotropic Schedule I	Prohibited
2	2c-B	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
3	<i>3-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
4	<i>3-methylthiofentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
5	4 – Methylaminorex	Psychotropic Schedule I	Prohibited
6	4-MTA	Psychotropic Schedule I	Prohibited
7	Acetorphine	NARCOTIC SCHEDULE – IV	Prohibited
8	<i>Acetyl-alpha-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
9	Acetyldihydrocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
10	Acetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
11	Alfentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
12	Allobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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13	Allylprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
14	Alphacetyl/methadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
15	Alphameprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
16	Alphamethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
17	<i>Alpha-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
18	<i>Alpha-methylthiofentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
19	Alphaprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
20	Alprazolam	CD (Psychotropic Schedule IV )	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
21	Amfepramone	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
22	Amfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
23	Amineptine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
24	Aminorex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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25	Amisulpiride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
26	Amobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
27	Anileridine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
28	<b>Any other plants not stated in this table and contain narcotic ingredients or can cause harm to the mind</b>	Narcotic Schedule IV	Prohibited
29	Aripiprazole	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
30	Barbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
31	Benzethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
32	Benzfetamine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
33	Benzhexol (TRIHENXYPHENIDYL)	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
34	Benzylmorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
35	Betacetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
36	<i>Beta-hydroxy-3-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited



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37	<i>Beta-hydroxyfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
38	Betameprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
39	Betamethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
40	Betaprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
41	Bezitramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
42	Brolamphetamine	Psychotropic Schedule I	Prohibited
43	Bromazepam	CD (Psychotropic Schedule IV )	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
44	Brotizolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
45	Buprenorphine	CD (Psychotropic Schedule III )	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
46	Butalbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
47	Butobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
48	Camazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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49	<i>Cannabis Plant</i>	NARCOTIC SCHEDULE – IV	Prohibited
50	<i>Cannabis Resine</i>	NARCOTIC SCHEDULE – IV	Prohibited
51	Cannabis Sativa (Indian Hemp)	Narcotic Schedule IV	Prohibited
52	Catha Edulis (Khat,Kat)	Narcotic Schedule IV	Prohibited
53	CATHINE (Norpseudo-Ephedrine)	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
54	Cathinone	Psychotropic Schedule I	Prohibited
55	Chlormethiazole	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
56	Chlorpromazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
57	Claviceps Purpurea (Ergot)	Narcotic Schedule IV	Prohibited
58	Clobazam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
59	Clonazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
60	Clonitrazene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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61	Clorazepate	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
62	Clotiazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
63	Cloxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
64	Clozapine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
65	<i>Coca leaf</i>	NARCOTIC SCHEDULE – I	Prohibited
66	<i>Cocaine</i>	NARCOTIC SCHEDULE – I	Prohibited
67	Codeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
68	Codeine >30mg/Unit Dose (in combination)	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
69	Codoxime	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
70	<i>Concentrate of poppy straw</i>	NARCOTIC SCHEDULE – I	Prohibited
71	Corynanthe Yohimbe (Bark)	Narcotic Schedule IV	Prohibited
72	Corynanthe Yohimbe (Yohimbe Bush)	Narcotic Schedule IV	Prohibited



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73	Cyclobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
74	Datura (Datura Stramonium)	Narcotic Schedule IV	Prohibited
75	Delorazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
76	Desomorphine	NARCOTIC SCHEDULE – IV	Prohibited
77	DET	Psychotropic Schedule I	Prohibited
78	Dexamfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
79	Dextromoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
80	Dextropropoxyphene	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
81	Diampromide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
82	Diazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
83	Diethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
84	Difenoxin	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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85	Dihydrocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
86	Dihydrocodeine (with combination)	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
87	<i>Dihydroetorphine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
88	<i>Dihydromorphine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
89	Dimenoxadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
90	Dimepheptanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
91	Dimethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
92	Dioxaphetyl butyrate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
93	Diphenoxylate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
94	Dipipanone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
95	DMA	Psychotropic Schedule I	Prohibited
96	DMHP	Psychotropic Schedule I	Prohibited





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97	DMT	Psychotropic Schedule I	Prohibited
98	DOET	Psychotropic Schedule I	Prohibited
99	Dronabinol	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
100	Droperidol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
101	Drotebanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
102	<i>Ecgonine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
103	Ehtylmorphine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
104	Ephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum one month use whichever is less.
105	Ergot mushroom	Narcotic Schedule IV	Prohibited
106	Erythroxyton Coca (Coca)	Narcotic Schedule IV	Prohibited
107	Estazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
108	Ethchlorvynol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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109	Ethinamate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
110	Ethyl Loflazepate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
111	Ethylmethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
112	Eticyclidine	Psychotropic Schedule I	Prohibited
113	Etilamfetamine (N-Ethylamphetamine)	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
114	Etonitazene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
115	Etorphine	NARCOTIC SCHEDULE – I	Prohibited
116	Etosexidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
117	Etryptamine	Psychotropic Schedule I	Prohibited
118	Fencamfamin	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
119	Fenetylline	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
120	Fenproporex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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121	Fentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
122	Fludiazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
123	Flumazenil	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
124	Flunitrazepam	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
125	Flupenthixol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
126	Fluphenazine Dihydrochloride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
127	Flurazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
128	Furethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
129	Gabapentin	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
130	Ghb	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
131	Glutethamide	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
132	Halazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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133	Haloperidol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
134	Haloxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
135	<i>Heroin</i>	NARCOTIC SCHEDULE – Iv	Prohibited
136	Hydrocodone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
137	Hydromorphanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
138	Hydromorphone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
139	Hydroxypethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
140	Hyoscyamus Niger (Henbane)	Narcotic Schedule IV	Prohibited
141	Ipomoea sp. (Morning Glory)	Narcotic Schedule IV	Prohibited
142	Isomethadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
143	Ketamine, Ketalar	CD (Psychotropic Schedule II )	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
144	Ketazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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145	Ketobemidone	NARCOTIC SCHEDULE – I	Prohibited
146	Lefetamine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
147	Levamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
148	Levomethorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
149	Levomoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
150	Levophenacymorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
151	Levorphanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
152	Lisdexamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
153	Lophophora Williamsii (Peyote)	Narcotic Schedule IV	Prohibited
154	Loprazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
155	Lorazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
156	Lormetazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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157	Lovomethamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
158	Mazindol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
159	MDE, N-ethyl MDA	Psychotropic Schedule I	Prohibited
160	MDMA	Psychotropic Schedule I	Prohibited
161	Mecloqualone	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
162	Medazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
163	Medetomidine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
164	Mefenorex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
165	Mephexalone	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
166	Meprobamate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
167	Mescaline	Psychotropic Schedule I	Prohibited
168	Mesocarb	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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169	Metamfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
170	Metazocine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
171	Methadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
172	<i>Methadone intermediate</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
173	Methamphetamine Racemate	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
174	Methaqualone	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
175	Methcathinone	Psychotropic Schedule I	Prohibited
176	Methtrimeprazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
177	Methyldesorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
178	Methyldihydromorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
179	Methylphenidate	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
180	Methylphenobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
181	Methypylon	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
182	Metopon	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
183	Midazolam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
184	Misoprostol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
185	MMDA	Psychotropic Schedule I	Prohibited
186	Modafinil	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
187	Moramide intermediate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
188	Morning Glory	Narcotic Schedule IV	Prohibited
189	Morpheridine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
190	Morphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
191	Morphine methobromide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
192	Morphine n-oxide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required





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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
193	MPPP	NARCOTIC SCHEDULE – I	Prohibited
194	Myrophine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
195	Nalbuphine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
196	N-hydroxy MDA	Psychotropic Schedule I	Prohibited
197	Nicocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
198	Nicodicodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
199	Nicomorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
200	Nimetazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
201	Nitrazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
202	Noracymethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
203	Norcodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
204	Nordazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
205	Norlevorphanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
206	Normethadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
207	Normorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
208	Norpipanone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
209	Olanzapine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
210	Opium	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
211	Oxazepam	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
212	Oxazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
213	Oxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
214	Oxycodone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
215	Oxymorphone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
216	Papaver Somniferum (Opium)	Narcotic Schedule IV	Prohibited



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
217	<i>Para-fluorofentanyl</i>	NARCOTIC SCHEDULE – I	Prohibited
218	Parahexyl	Psychotropic Schedule I	Prohibited
219	Pemoline	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
220	Pentazocine	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
221	Pentobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
222	PEPAP	NARCOTIC SCHEDULE – I	Prohibited
223	Pethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
224	Pethidine intermediate A	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
225	Pethidine intermediate B	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
226	Pethidine intermediate C	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
227	Peyote Cactus	Narcotic Schedule IV	Prohibited
228	Phenadoxone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
229	Phenampromide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
230	Phenazocine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
231	Phencyclidine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
232	Phendimetrazine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
233	Phenmetrazine	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
234	Phenobarbital	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
235	Phenomorphane	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
236	Phenoperidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
237	Phentermine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
238	Pholcodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
239	Piminodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
240	Pimozide	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
241	Pinazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
242	Pipradrol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
243	Piptadenia Pregrina	Narcotic Schedule IV	Prohibited
244	Piritramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
245	PMA	Psychotropic Schedule I	Prohibited
246	Prazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
247	Pregabalin	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
248	Prochlorperazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
249	Procyclidine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
250	Proheptazine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
251	Properidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
252	Propiram	Narcotic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
253	Propylhexedrine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
254	Prostaglandin E2	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
255	Pseudoephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum one month use whichever is less.
256	Psilocine, Psilotsin	Psychotropic Schedule I	Prohibited
257	Psilocybe sp.& Amanita mushrooms (Magic Mushrooms)	Narcotic Schedule IV	Prohibited
258	Psilocybin mushrooms	Narcotic Schedule IV	Prohibited
259	Psilocybine	Psychotropic Schedule I	Prohibited
260	Pyrovalerone	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
261	Quetiapine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
262	Racemethorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
263	Racemoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
264	Racemorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
265	Rolicyclidine (PHP, PCPY )	Psychotropic Schedule I	Prohibited
266	Secbutabarital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
267	Secobarbital	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
268	STP, DOM	Psychotropic Schedule I	Prohibited
269	Sufentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
270	Sulpiride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
271	Sultopride	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
272	Synthetic Cannabinoids (Cannabimimetics)	NARCOTIC SCHEDULE – I	Prohibited
273	Tabernanthe Iboga (Iboga tree)	Narcotic Schedule IV	Prohibited
274	Temazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
275	Tenamfetamine (MDA)	Psychotropic Schedule I	Prohibited
276	Tenocyclidine (TCP)	Psychotropic Schedule I	Prohibited



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
277	Tetrahydrocannabinol	Psychotropic Schedule I	Prohibited
278	Tetrazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
279	Thebacon	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
280	<i>Thebaine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
281	<i>Thiofentanyl</i>	NARCOTIC SCHEDULE – I	Prohibited
282	Thioridazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
283	TMA	Psychotropic Schedule I	Prohibited
284	Tramadol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
285	Triazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
286	Trifluoperazine	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
287	Trimeperidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
288	Vinylbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required





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289	Zaleplon	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
290	Zipeprol	Psychotropic Schedule II	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
291	Ziprasidone	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
292	Zolpidem	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
293	Zopiclone	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
294	Zuclophenhtixol	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required

**The list is intended to include the medicinal preparations containing any of the materials on the above list, and any other material(s) with the above dispensing modes in the UAE. Non-inclusion of any similar material doesn't mean that it is not covered by the Law.**