



**This is an alphabetical list of INCB and EDE controlled Narcotics / Psychotropics and Controlled (CD) Drugs used for medical purposes, their Scheduling and level of restrictions to carry with travelers to the UAE, with specific medical reasons and supporting documents (up dated on 15/09/2022)**

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 three months use whichever is less. Medical prescription or attested medical report by health provider is required
3	3-methylfentanyl	NARCOTIC SCHEDULE – IV	Prohibited
4	3-methylthiofentanyl	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	Acetyl-alpha-methylfentanyl	NARCOTIC SCHEDULE – IV	Prohibited
9	Acetyldihydrocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
10	Acetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
11	Alfentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
12	Allobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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13	Allylprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
14	Alphacetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
15	Alphameprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
16	Alphamethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider 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 three months use whichever is less. Medical prescription or attested medical report by health provider is required
20	Alprazolam	CD (Psychotropic Schedule IV )	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
21	Amfepramone	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
22	Amfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
23	Amineptine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
24	Aminorex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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25	Amobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
26	Anileridine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
27	<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
28	Barbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
29	Benzethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
30	Benzphetamine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
31	Benzhexol (TRIHEXYPHENIDYL)	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
32	Benzylmorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
33	Betacetylmethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
34	<i>Beta-hydroxy-3-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
35	<i>Beta-hydroxyfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
36	Betameprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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37	Betamethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
38	Betaprodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
39	Bezitramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
40	Brolamphetamine	Psychotropic Schedule I	Prohibited
41	Bromazepam	CD (Psychotropic Schedule IV )	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
42	Brotizolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
43	Buprenorphine	CD (Psychotropic Schedule III )	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
44	Butalbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
45	Butobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
46	Camazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
47	<i>Cannabis Plant</i>	NARCOTIC SCHEDULE – IV (UAE)	Prohibited
48	<i>Cannabis Resine</i>	NARCOTIC SCHEDULE – IV (UAE)	Prohibited



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49	Cannabis Sativa (Indian Hemp)	NARCOTIC SCHEDULE – IV (UAE)	Prohibited
50	Catha Edulis (Khat,Kat)	NARCOTIC SCHEDULE – IV	Prohibited
51	CATHINE (Norpseudo-Ephedrine)	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
52	Cathinone	Psychotropic Schedule I	Prohibited
53	Chlordiazepoxide	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
54	Claviceps Purpurea (Ergot)	Narcotic Schedule IV	Prohibited
55	Clobazam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
56	Clonazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
57	Clonitazene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
58	Clorazepate	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
59	Clotiazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
60	Cloxzolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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61	<i>Coca leaf</i>	NARCOTIC SCHEDULE – I	Prohibited
62	<i>Cocaine</i>	NARCOTIC SCHEDULE – I	Prohibited
63	<i>Codeine</i>	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
64	<i>Codeine &gt;30mg/Unit Dose (in combination)</i>	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
65	<i>Codoxime</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
66	<i>Concentrate of poppy straw</i>	NARCOTIC SCHEDULE – I	Prohibited
67	<i>Corynanthe Yohimbe (Bark)</i>	Narcotic Schedule IV	Prohibited
68	<i>Corynanthe Yohimbe (Yohimbe Bush)</i>	Narcotic Schedule IV	Prohibited
69	<i>Cyclobarbital</i>	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
70	<i>Datura (Datura Stramonium)</i>	Narcotic Schedule IV	Prohibited
71	<i>Delorazepam</i>	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
72	<i>Desomorphine</i>	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
73	DET	Psychotropic Schedule I	Prohibited
74	Dexamfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
75	Dextromoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
76	Dextropropoxyphene	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
77	Diampromide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
78	Diazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
79	Diethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
80	Difenoxin	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
81	Dihydrocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
82	Dihydrocodeine (with combination)	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
83	<i>Dihydroetorphine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
84	<i>Dihydromorphine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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85	Dimenoxadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
86	Dimepheptanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
87	Dimethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
88	Dioxaphetyl butyrate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
89	Diphenoxylate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
90	Dipipanone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
91	DMA	Psychotropic Schedule I	Prohibited
92	DMHP	Psychotropic Schedule I	Prohibited
93	DMT	Psychotropic Schedule I	Prohibited
94	DOET	Psychotropic Schedule I	Prohibited
95	Dronabinol	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
96	Drotebanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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97	Egonine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
98	Ehtylmorphine	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
99	Ephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
100	Ergot mushroom	Narcotic Schedule IV	Prohibited
101	Erythroxylon Coca (Coca)	Narcotic Schedule IV	Prohibited
102	Estazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
103	Ethchlorynol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
104	Ethinamate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
105	Ethyl Loflazepate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
106	Ethylmethylthiambutene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
107	Eticyclidine	Psychotropic Schedule I	Prohibited
108	Etilamfetamine (N-Ethylamphetamine)	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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109	Etonitazene	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
110	Etorphine	NARCOTIC SCHEDULE – I	Prohibited
111	Etoxeridine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
112	Etryptamine	Psychotropic Schedule I	Prohibited
113	Fencamfamin	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
114	Fenetylline	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
115	Fenproporex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
116	Fentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
117	Fludiazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
118	Flunitrazepam	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
119	Flurazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
120	Furethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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121	Gabapentin	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
122	Ghb	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
123	Glutethamide	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
124	Halazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
125	Haloxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
126	<i>Heroin</i>	NARCOTIC SCHEDULE – IV	Prohibited
127	Hydrocodone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
128	Hydromorphenol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
129	Hydromorphone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
130	Hydroxypethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
131	Hyoscyamus Niger (Henbane)	Narcotic Schedule IV	Prohibited
132	Ipomoea sp. (Morning Glory)	Narcotic Schedule IV	Prohibited



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133	Isomethadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
134	Ketamine, Ketalar	CD (Psychotropic Schedule II )	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
135	Ketazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
136	Ketobemidone	NARCOTIC SCHEDULE – I	Prohibited
137	Lefetamine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
138	Levamfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
139	Levomethorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
140	Levomoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
141	Levophenacylmorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
142	Levorphanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
143	Lisdexamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
144	Lophophora Williamsii (Peyote)	Narcotic Schedule IV	Prohibited



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145	Loprazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
146	Lorazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
147	Lormetazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
148	Lovomethamphetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
149	Mazindol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
150	MDE, N-ethyl MDA	Psychotropic Schedule I	Prohibited
151	MDMA	Psychotropic Schedule I	Prohibited
152	Mecloqualone	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
153	Medazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
154	Mefenorex	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
155	Meprobamate	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
156	Mescaline	Psychotropic Schedule I	Prohibited



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157	Mesocarb	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
158	Metamfetamine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
159	Metazocine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
160	Methadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
161	<i>Methadone intermediate</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
162	Methafetamine Racemate	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
163	Methaqualone	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
164	Methcathinone	Psychotropic Schedule I	Prohibited
165	Methyldesorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
166	Methyldihydromorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
167	Methylphenidate	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
168	Methylphenobarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
169	Methyprylon	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
170	Metopon	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
171	Midazolam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
172	MMDA	Psychotropic Schedule I	Prohibited
173	Moramide intermediate	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
174	Morning Glory	Narcotic Schedule IV	Prohibited
175	Morpheridine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
176	Morphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
177	Morphine methobromide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
178	Morphine n-oxide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
179	MPPP	NARCOTIC SCHEDULE – I	Prohibited
180	Myrophine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
181	Nalbuphine	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
182	N-hydroxy MDA	Psychotropic Schedule I	Prohibited
183	Nicocodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
184	Nicodicodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
185	Nicomorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
186	Nimetazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
187	Nitrazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
188	Noracymethadol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
189	Norcodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
190	Nordazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
191	Norlevorphanol	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
192	Normethadone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
193	Normorphine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
194	Norpipanone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
195	Opium	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
196	Oxazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
197	Oxazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
198	Oxycodone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
199	Oxymorphone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
200	Papaver Somniferum (Opium)	Narcotic Schedule IV	Prohibited
201	Para-fluorofentanyl	NARCOTIC SCHEDULE – I	Prohibited
202	Parahexyl	Psychotropic Schedule I	Prohibited
203	Pemoline	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
204	Pentazocine	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
205	Pentobarbital	Psychotropic Schedule III	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
206	PEPAP	NARCOTIC SCHEDULE – I	Prohibited
207	Pethidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
208	Pethidine intermediate A	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
209	Pethidine intermediate B	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
210	Pethidine intermediate C	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
211	Peyote Cactus	Narcotic Schedule IV	Prohibited
212	Phenadoxone	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
213	Phenampronide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
214	Phenazocine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
215	Phencyclidine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
216	Phendimetrazine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
217	Phenmetrazine	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
218	Phenobarbital	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
219	Phenomorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
220	Phenoperidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
221	Phentermine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
222	Pholcodeine	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
223	Piminodine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
224	Pinazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
225	Pipradrol	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
226	Piptadenia Pegrina	Narcotic Schedule IV	Prohibited
227	Piritramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
228	PMA	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
229	Prazepam	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
230	Pregabalin	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
231	Procyclidine	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
232	Proheptazine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
233	Properidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
234	Propiram	Narcotic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
235	Propylhexedrine	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
236	Pseudoephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
237	Psilocine, Psilotsin	Psychotropic Schedule I	Prohibited
238	Psilocybe sp.& Amanita mushrooms (Magic Mushrooms)	Narcotic Schedule IV	Prohibited
239	Psilocybin mushrooms	Narcotic Schedule IV	Prohibited
240	Psilocybine	Psychotropic Schedule I	Prohibited



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241	Pyrovalerone	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
242	Racemethorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
243	Racemoramide	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
244	Racemorphan	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
245	Rolicyclidine (PHP, PCPY )	Psychotropic Schedule I	Prohibited
246	Secbutabarbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
247	Secobarbital	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
248	STP, DOM	Psychotropic Schedule I	Prohibited
249	Sufentanyl	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
250	Synthetic Cannabinoids (Cannabimimetics)	NARCOTIC SCHEDULE – I	Prohibited
251	Tabernanthe Iboga (Iboga tree)	Narcotic Schedule IV	Prohibited
252	Temazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
253	Tenamfetamine (MDA)	Psychotropic Schedule I	Prohibited
254	Tenocyclidine (TCP)	Psychotropic Schedule I	Prohibited
255	Tetrahydrocannabinol	Psychotropic Schedule I	Prohibited
256	Tetrazepam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
257	Thebacon	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
258	<i>Thebaine</i>	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
259	<i>Thiofentanyl</i>	NARCOTIC SCHEDULE – I	Prohibited
260	TMA	Psychotropic Schedule I	Prohibited
261	Tramadol	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
262	Triazolam	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
263	Trimeperidine	NARCOTIC SCHEDULE – I	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
264	Vinylbital	Psychotropic Schedule IV	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required



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265	Zaleplon	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
266	Zipeprol	Psychotropic Schedule II	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
267	Zolpidem	CD (Psychotropic Schedule IV)	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider is required
268	Zopiclone	CD	Quantity for the period of stay or a maximum three months use whichever is less. Medical prescription or attested medical report by health provider 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.**