



**This is an alphabetical list of INCB and MOH&P controlled Narcotics / Psychotropics / Controlled (CD) and Semi Controlled (SCD) 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	Agomelatine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
12	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
13	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
14	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
15	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
16	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
17	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
18	<i>Alpha-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
19	<i>Alpha-methylthiofentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
20	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
21	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
22	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
23	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
24	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
25	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
26	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
27	Amitriptyline	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
28	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
29	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
30	<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
31	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
32	Asenapine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
33	Atomoxetine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
34	Baclofen	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
35	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



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36	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
37	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
38	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
39	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
40	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
41	<i>Beta-hydroxy-3-methylfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
42	<i>Beta-hydroxyfentanyl</i>	NARCOTIC SCHEDULE – IV	Prohibited
43	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
44	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
45	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
46	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
47	Biperiden	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
48	Brolamphetamine	Psychotropic Schedule I	Prohibited



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49	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
50	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
51	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
52	Bupropion	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
53	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
54	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
55	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
56	<i>Cannabis Plant</i>	NARCOTIC SCHEDULE – IV	Prohibited
57	<i>Cannabis Resine</i>	NARCOTIC SCHEDULE – IV	Prohibited
58	Cannabis Sativa (Indian Hemp)	Narcotic Schedule IV	Prohibited



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59	Carisoprodol	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
60	Catha Edulis (Khat,Kat)	Narcotic Schedule IV	Prohibited
61	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
62	Cathinone	Psychotropic Schedule I	Prohibited
63	Chlordiazepoxide	SCD (Psychotropic Schedule IV )	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
64	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
65	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
66	Chlorzoxazone	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
67	Citalopram	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
68	Claviceps Purpurea (Ergot)	Narcotic Schedule IV	Prohibited
69	Clidinium + Chlordiazepoxide	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
70	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
71	Clomipramine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
72	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
73	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
74	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
75	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
76	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
77	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
78	<i>Coca leaf</i>	NARCOTIC SCHEDULE – I	Prohibited



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
79	Cocaine	NARCOTIC SCHEDULE – I	Prohibited
80	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
81	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
82	Codeine <30MG/UNIT DOSE (in combination)	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
83	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
84	Concentrate of poppy straw	NARCOTIC SCHEDULE – I	Prohibited
85	Corynanthe Yohimbe (Bark)	Narcotic Schedule IV	Prohibited
86	Corynanthe Yohimbe (Yohimbe Bush)	Narcotic Schedule IV	Prohibited
87	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
88	Cyclobenzaprine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
89	Datura (Datura Stramonium)	Narcotic Schedule IV	Prohibited
90	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





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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
91	Desomorphine	NARCOTIC SCHEDULE – IV	Prohibited
92	DET	Psychotropic Schedule I	Prohibited
93	Detomidine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
94	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
95	Dextromethorphan	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
96	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
97	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
98	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
99	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
100	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



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101	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
102	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
103	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
104	<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
105	<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
106	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
107	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
108	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
109	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
110	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
111	Diphenoxylate HCL ≤ 2.5mg / UNIT DOSE (in combination)	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
112	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



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113	DMA	Psychotropic Schedule I	Prohibited
114	DMHP	Psychotropic Schedule I	Prohibited
115	DMT	Psychotropic Schedule I	Prohibited
116	DOET	Psychotropic Schedule I	Prohibited
117	Dothiepin	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
118	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
119	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
120	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
121	Duloxetine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
122	<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
123	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
124	Ephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum one month use whichever is less.



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
125	Ergot mushroom	Narcotic Schedule IV	Prohibited
126	Erythroxyton Coca (Coca)	Narcotic Schedule IV	Prohibited
127	Escitalopram	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
128	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
129	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
130	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
131	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
132	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
133	Eticyclidine	Psychotropic Schedule I	Prohibited
134	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
135	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
136	Etorphine	NARCOTIC SCHEDULE – I	Prohibited



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137	Etoperidone	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	Etryptamine	Psychotropic Schedule I	Prohibited
139	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
140	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
141	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
142	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
143	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
144	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
145	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
146	Fluoxetine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
147	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
148	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



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149	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
150	Fluvoxamine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
151	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
152	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
153	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
154	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
155	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
156	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
157	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
158	<i>Heroin</i>	NARCOTIC SCHEDULE – Iv	Prohibited
159	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
160	Hydromorphinol	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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161	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
162	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
163	Hyoscyamus Niger (Henbane)	Narcotic Schedule IV	Prohibited
164	Imipramine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
165	Ipomoea sp. (Morning Glory)	Narcotic Schedule IV	Prohibited
166	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
167	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
168	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
169	Ketobemidone	NARCOTIC SCHEDULE – I	Prohibited
170	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
171	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



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172	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
173	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
174	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
175	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
176	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
177	Lithium Carbonate	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
178	Lophophora Williamsii (Peyote)	Narcotic Schedule IV	Prohibited
179	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
180	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
181	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
182	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





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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
183	Maprotiline	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
184	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
185	MDE, N-ethyl MDA	Psychotropic Schedule I	Prohibited
186	MDMA	Psychotropic Schedule I	Prohibited
187	Meclobemide	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
188	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
189	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
190	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
191	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
192	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
193	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
194	Mescaline	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
195	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
196	Mesterolone	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
197	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
198	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
199	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
200	<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
201	Methafetamine 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
202	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
203	Methcathinone	Psychotropic Schedule I	Prohibited
204	Methocarbamol	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
205	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
206	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
207	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
208	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
209	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
210	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
211	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
212	Mianserin	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
213	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
214	Milnacipran	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
215	Minaprine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
216	Mirtazapine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
217	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
218	MMDA	Psychotropic Schedule I	Prohibited
219	Moclobemide	SCD	Quantity for the period of stay or a maximum one month use whichever is less.
220	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
221	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
222	Morning Glory	Narcotic Schedule IV	Prohibited
223	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
224	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
225	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
226	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
227	MPPP	NARCOTIC SCHEDULE – I	Prohibited
228	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
229	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
230	Naltrexone	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
231	Nefazodone	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
232	N-hydroxy MDA	Psychotropic Schedule I	Prohibited
233	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
234	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
235	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
236	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
237	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
238	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
239	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
240	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
241	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
242	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
243	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
244	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
245	Noscapine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
246	Octreotide	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
247	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
248	Opipramol	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
249	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
250	Orphenadrine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
251	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
252	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
253	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
254	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
255	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
256	Paliperidone	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
257	Papaver Somniferum (Opium)	Narcotic Schedule IV	Prohibited
258	<i>Para-fluorofentanyl</i>	NARCOTIC SCHEDULE – I	Prohibited
259	Parahexyl	Psychotropic Schedule I	Prohibited
260	Paroxetine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
261	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
262	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
263	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
264	PEPAP	NARCOTIC SCHEDULE – I	Prohibited



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
265	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
266	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
267	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
268	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
269	Peyote Cactus	Narcotic Schedule IV	Prohibited
270	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
271	Phenampramide	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
272	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
273	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
274	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
275	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
276	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





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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
278	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
279	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
280	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
281	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
282	Pholcodeine (in combination)	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
283	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
284	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
285	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
286	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
287	Piptadenia Pregrina	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
288	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
289	PMA	Psychotropic Schedule I	Prohibited
290	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
291	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
292	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
293	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
294	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
295	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
296	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
297	Propofol	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
298	Propoxyphene	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
299	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
300	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
301	Pseudoephedrine	Controlled according to United Nations Convention 1988	Quantity for the period of stay or a maximum one month use whichever is less.
302	Psilocine, Psilotsin	Psychotropic Schedule I	Prohibited
303	Psilocybe sp.& Amanita mushrooms (Magic Mushrooms)	Narcotic Schedule IV	Prohibited
304	Psilocybin mushrooms	Narcotic Schedule IV	Prohibited
305	Psilocybine	Psychotropic Schedule I	Prohibited
306	Pyrisuccideanol	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
307	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
308	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
309	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
310	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
311	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
312	Rolicyclidine (PHP, PCPY )	Psychotropic Schedule I	Prohibited
313	Secbutabarbital	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
314	Secobarbitol	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
315	Sertindol	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
316	Sertraline	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
317	Somatropine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
318	STP, DOM	Psychotropic Schedule I	Prohibited
319	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
320	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
321	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
322	Synthetic Cannabinoids (Cannabimimetics)	NARCOTIC SCHEDULE – I	Prohibited



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
323	Tabernanthe Iboga (Iboga tree)	Narcotic Schedule IV	Prohibited
324	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
325	Tenamfetamine (MDA)	Psychotropic Schedule I	Prohibited
326	Tenocyclidine (TCP)	Psychotropic Schedule I	Prohibited
327	Testosterone	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
328	Tetrahydrocannabinol	Psychotropic Schedule I	Prohibited
329	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
330	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
331	<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
332	<i>Thiofentanyl</i>	NARCOTIC SCHEDULE – I	Prohibited
333	Thiopentone	CD	Quantity for the period of stay or a maximum one month use whichever is less. Medical prescription and attested medical report is required
334	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
335	TMA	Psychotropic Schedule I	Prohibited
336	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
337	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
338	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
339	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
340	Trimipramine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
341	Vecuronium	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
342	Venlafaxine	SCD	Quantity for the period of stay or a maximum one month use whichever is less and need a Medical prescription.
343	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
344	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
345	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
346	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



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SL #	GENERIC NAME - (Alphabetical Order)	CATEGORY (Control Level)	Allowed Quantity & Documents to be kept with the traveller
347	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
348	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
349	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.**