DRUG CLASSIFICATION SYSTEMS (p.1)

1. Drug Names
   a. chemical name
      e.g. 7-chloro-1,3-dihydro-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one

   b. generic/nonproprietary name
      e.g. diazepam
      note: if prescribing physician has written “may be substituted”, pharmacist may then substitute another generic equivalent for a brand name drug; Managed care, Medicare, etc. usually insist on generics (less expense)
      note: many insurance plans have a “formulary” (list of drugs – usually generics – which they will approve for use with their patients) from which the doctor must choose…even it is not his/her 1st choice…

      chemical equivalence vs. biological equivalence vs. clinical equivalence

   c. trade/brand/proprietary name
      e.g. Valium
      e.g. Medavil, Advil, Nuprin & Motrin are all using the generic ibuprofin

   (d. “street”/slang name)

2. Drug Classification Systems
   a. via neurotransmitter systems affected
      e.g. all drugs that are serotonin agonists/antagonists
      (see The Biochemical Basis of Neuropharmacology by Cooper, et al)

   b. via clinical effects
      sedative-hypnotics       anxiolytics       anticonvulsants
      stimulants              antidepressants
      analgesics              antipsychotics
      hallucinogens/psychedelics mood stabilizers
2. Drug Classification Systems (cont.)

c. CNS “stimulants” vs. CNS “depressants”
   “uppers” vs. “downers”

d. via chemical structure

e. by availability
   OTC vs. Rx vs. illicit

f. by how obtained
   “natural” (herbal) drugs vs. synthesized drugs

3. Scheduled Drugs
   Schedule I-IV
   I – very prone to abuse, no medicinal value
   II – very prone to abuse, but some medicinal value
   III – mod. abuse, but medicinal value
   IV – little/no abuse potential, and medicinal value