DRUG CLASSIFICATION SYSTEMS (p.1)

l. 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 ibprofin

  (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