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§5–404.

(a) Schedule III consists of each controlled dangerous substance:

(1) listed in this section;

(2) added to Schedule III by the Department under § 5–202(b) of this title;

or

(3) designated as a Schedule III controlled dangerous substance by the federal government unless the Department objects under § 5–202(f) of this title.

(b) (1) Substances listed in Schedule III include:

(i) nalorphine; and

(ii) except as provided in paragraph (2) of this subsection, an anabolic steroid consisting of a material, compound, or preparation that includes:

1. boldenone;

2. chlorotestosterone;

3. clostebol;

4. dehydrochlormethyltestosterone;

5. dihydrotestosterone;

6. drostanolone;

7. ethylestroenol;

8. fluoxymesterone;

9. formobulone;

10. mesterolone;

11. methandienone;

12. methandranone;

13. methandriol;

14. methandrostenolone;

15. methenolone;
16. methyltestosterone;
17. mibolerone;
18. nandrolone;
19. norethandrolone;
20. oxandrolone;
21. oxymesterone;
22. oxymetholone;
23. stanolone;
24. stanozolol;
25. testolactone;
26. testosterone;
27. trenbolone; and
28. any isomer, ester, salt, or derivative of a substance listed in

this paragraph.

(2) The following substances are not included in Schedule III:

- (i) an estrogen, progestin, or corticosteroid; or
- (ii) a substance covered by paragraph (1) of this subsection if:
 1. expressly intended for administration through implants to cattle or other nonhuman species; and
 2. approved for that use by the Food and Drug Administration.

(c) (1) Unless listed in another schedule, a substance is listed in Schedule III if the substance includes a material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system:

- (i) benzphetamine;
- (ii) chlorphentermine;

- (iii) clortermine;
- (iv) mazindol; and
- (v) phendimetrazine.

(2) Subject to paragraph (3) of this subsection, substances in Schedule III include:

- (i) a salt of a substance listed in this subsection;
- (ii) an optical, position, or geometric isomer of a substance listed in this subsection; or
- (iii) a salt of an isomer of a substance listed in this subsection.

(3) Unless listed in another schedule, a salt, isomer, or salt of an isomer described in paragraph (2) of this subsection may be included in Schedule III only if the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation.

(d) Unless listed in another schedule, a substance is listed in Schedule III if the substance includes a material, compound, mixture, or preparation that contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:

(1) except those substances that are specifically listed in other schedules, a substance that contains any quantity of a derivative of barbituric acid, or a salt of a derivative of a barbituric acid;

- (2) chlorhexadol;
- (3) glutethimide;
- (4) lysergic acid;
- (5) lysergic acid amide;
- (6) methyprylon;
- (7) pentazocine;
- (8) sulfondiethylmethane;
- (9) sulfonethylmethane; and
- (10) sulfonmethane.

(e) (1) Substances listed in Schedule III include a material, compound,

mixture, or preparation that contains limited quantities of any of these narcotic drugs or their salts:

(i) not more than 1.80 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(ii) not more than 1.80 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(iii) not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(iv) not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(v) not more than 1.80 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(vi) not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(vii) not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(viii) not more than 100 milligrams of opium per 100 milliliters or per 100 grams, or not more than 5 milligrams per dosage unit; and

(ix) not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(2) Substances listed in Schedule III include a compound, mixture, or preparation or salt of a compound, mixture, or preparation and another active medicinal ingredient that is not listed in another schedule and that contains:

(i) amobarbital;

(ii) secobarbital; or

(iii) pentobarbital.

(3) If not combined with one or more active medicinal ingredients that are listed in another schedule, substances listed in Schedule III include a suppository dosage form or salt of a suppository dosage that contains:

- (i) amobarbital;
- (ii) secobarbital; or
- (iii) pentobarbital.

(f) Substances listed in Schedule III include:

(1) dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a U.S. Food and Drug Administration–approved product; and

(2) ketamine, its salts, isomers, and salts of isomers.

(g) The Department may not add a substance to Schedule III under § 5–202 of this title unless the Department finds:

(1) a potential for abuse of the substance that is less than that for the substances listed in Schedule I and Schedule II;

(2) well documented and approved medical use of the substance in the United States; and

(3) evidence that abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

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