**Abstract: Gabapentin to Cyclobenzaprine: A Case of Acute Reversible Iatrogenic Psychosis Influenced by Schedule V Classifications**

A 23-year-old African-American male with a past medical history of a Grade II/IV astrocytoma and severe thoracic kyphoscoliosis, presented in the ED from federal custody when guards noted altered mental status. A week prior to admission, the prison removed gabapentin from its formulary and the patient's pain medication was changed to Cyclobenzaprine 10 mg TID. On interview, the patient claimed he saw someone chasing him in his cell and was noted by staff to be 'acting crazy' a week prior. He has no medical history of psychiatric disorders and drug panel came back negative. When patient was taken off Cyclobenzaprine, his acute psychotic symptoms resolved within 24 hours. Because of Gabapentin’s synergistic effects with opioids, it has become a schedule V drug in multiple states, with Louisiana considering adopting the new scheduling. Reclassification of gabapentin as a Schedule V drug may lead to higher rates of prescription of alternatives such as cyclobenzaprine in populations at risk of drug abuse. Additionally, Cyclobenzaprine has a similar chemical structure to TCA’s, which have been shown to induce psychosis, as well as anticholinergic and antihistaminergic effects. Our case highlights the importance of careful monitoring after changing from gabapentin to cyclobenzaprine. In setting of Gabapentin's rescheduling as a Schedule V drug, we recommend extensive psychiatric history taking, monitoring of anticholinergic and antihistaminergic adverse events, and monitoring of acute psychiatric symptoms, when switching to cyclobenzaprine.