1. Introduction

The possession, handling and supply of controlled drugs is governed by the Misuse of Drugs Act 1972 and the Misuse of Drugs Regulations 1985.

These guidelines have been prepared to assist GPs and Nurse prescribers in ensuring their practice complies with the regulations. The terms “must” or “must not” mean that the matter is a legal requirement. Recommendations for good practice are described separately and are clearly indicated. Appendix 1 outlines the legal requirements and recommended good practice for each section of the guidance.

Drugs are divided into 5 schedules in the regulations, in decreasing order of restriction:

- Schedule 1 covers drugs with no recognised medicinal use e.g. cannabis and LSD
- Schedule 2 includes drugs such as diamorphine, morphine, pethidine etc (see appendix 2)
- Schedule 3 includes drugs such as buprenorphine and temazepam (see appendix 2)
- Schedule 4 includes anabolic steroids and benzodiazepines
- Schedule 5 includes opiate medication included in conventional painkillers and cough mixtures e.g. co-proxamol, Gee’s linctus, codeine phosphate tablets etc

This document covers the handling of drugs falling into Schedules 2 and 3. These drugs are marked CD in the BNF. A summary of drugs contained in each schedule at the time of writing is given in Appendix 2.

2. Standard Operating Procedures (SOP)

All healthcare providers holding CD stocks on the premises must have, and must comply with, an approved Standard Operating Procedure. For GP practices, this means that the SOPs should be agreed with the PCT Accountable Officer.

The regulations state that SOPs must contain the following:

Northamptonshire tPCT Controlled Drugs Guidance
• Who takes overall responsibility for controlled drugs
• Who has access to the controlled drugs
• Where the controlled drugs are stored
• Security in relation to the storage and transportation of controlled drugs
• Disposal and destruction of controlled drugs
• Who is to be alerted if complications arise
• Record keeping, including the maintenance of a register for stock CDs and the maintenance of a register of patient returned CDs
• Auditing procedure (i.e. stock checks)

The Department of Health has also stated that SOPs should also cover the following:
• Ordering and receipt of CDs
• Assigning responsibilities

SOPs are required for every part of the CD “journey” from procurement (ordering, receipt, transport), safe storage, supply, administration, destruction and guidance on dealing with an incident. A sample format is included on the department of health website: http://www.dh.gov.uk/assetRoot/04/14/25/63/04142563.pdf

In addition, practices will be required to make a periodic declaration to the PCT as to whether they hold stocks of CDs on the premises; those that do will be monitored as to whether they comply with the SOP that is in place.

3. Controlled Drugs Register (CDR)

3.1 General

The Misuse of Drugs Act 2001 was amended in July 2006 to make clear that the record keeping requirements of the CDR outlined in the regulations are a minimum, and do not prevent the recording of additional information. Consequently the following additional information may be recorded in the CDR – subject to Parliamentary approval, it is anticipated that these will eventually form part of the regulations:
• Running balances
• Prescriber identification number or professional registration number where known
• Name and professional registration number of the dispenser

All healthcare professionals who hold personal CD stock must keep their own CDR and are personally responsible for keeping this accurate and up to date. It is recommended that the individual register is NOT stored inside the doctor’s bag.

Northamptonshire tPCT Controlled Drugs Guidance
As a minimum, where controlled drugs are kept on practice premises (not simply in the main surgery), a central register is maintained. For dispensing practices with more than one dispensary and controlled drug cupboard, a register is required for each cupboard. The Department of Health strongly recommends, however, that each doctor should also keep an individual register; recording any details of schedule 2 controlled drugs supplied to him as well any dispensed or personally administered. Subject to parliamentary approval, it is anticipated that this will become a legal requirement.

Every transaction for a Schedule 2 drug (and their salt preparations) **must** be recorded in the controlled drugs register.

### 3.2 Inspection

Home office inspectors have the power to inspect individual GP and practice CD registers. Changes to the Misuse of Drugs Act, from 1st January 2007, now allows both the PCT and the police to periodically inspect GP practices in relation to the management or use of CDs, including the CDR.

### 3.3 The register

The register **must**:
- be a bound book (not loose leaf or card indexed)
- have the class of drug written at the head of each page (with separate pages for each class i.e. name and strength of each CD)
- be written in indelible ink
- show drugs obtained and drugs supplied, in chronological order
- have entries made the same day or the day following the transaction
- have no alterations (corrections must be added as a margin or footnote)
- be kept on the premises to which it relates
- be available for inspection by an authorised person
- be kept for 2 years from the date of the last entry

**It is recommended that:**
- two members of staff should initial the register, one of whom would be a witness
- a separate page be kept for each form and strength of each drug
- a running stock balance be kept for each item, which can help identify any discrepancies (this is likely to become law)
- stock checks are recorded
- electronic CDRs to be kept for 11 years after the date of the last entry (this will become a legal requirement, subject to Parliamentary approval)
- Suitable registers are available from:

Northamptonshire tPCT Controlled Drugs Guidance
3.4 Electronic CDR

The regulations now allow – but do not require – the register to be held on a computerised system, which is attributable and capable of being audited and which comply with the best practice guidance under the National Health Services Act (1977). Where computerised records are held:

• Safeguards should be incorporated in the software to ensure the author of each entry is identifiable
• Entries cannot be altered at a later date
• A log of all data entered is kept and can be recalled for audit purposes

3.5 Entries for CDs received

Entries for CDs received **must** show:

• the date on which the supply was received
• the name and address of the supplier
• the amount received
• the name, form and strength of the CD received

**It is recommended that:**

• two members of staff initial the register, one of whom would be a witness
• batch numbers and expiry date be recorded

3.6 Entries for CDs supplied

All entries **must**:

• show the date on which the supply was made (the entry is not made until the patient or their representative collect the drug)
• give the name and address of the person for whom it was prescribed, supplied or personally administered
• give particulars regarding the authority of person who prescribed the item (or if supplying for a GPs bag – the person in possession of the item)
• record the quantity supplied
• show the name, form and strength in which the drug is supplied

**It is recommended that:**

• two members of staff initial the register, one of whom would be a witness

Northamptonshire tPCT Controlled Drugs Guidance
• batch numbers and expiry date be recorded
• a note of CD prescription issue be made in the patient’s notes.
• a record of CD administration also be made in the patients’ notes/computer record detailing:
  o date
  o approx. time of administration
  o strength
  o presentation and form
  o batch number
  o expiry date

Additionally:
• Where the supply has been made by a dispensing practice against a prescription, and the person collecting the prescription is a healthcare professional acting in their professional capacity on behalf of that patient, the dispenser must:
  o obtain that persons name and address
  o request evidence of their identity, where the professional is not personally known to the dispenser

• Where the supply has been made by a dispensing practice against a prescription, and the prescription is being collected by the patient or the patients representative (but not a healthcare professional), the dispenser may:
  o request evidence of the persons identity
  o refuse to supply the drug if he is not satisfied of the identity of that person

4. Obtaining controlled drugs

These requirements apply to all Schedule 2 and 3 controlled drugs (except temazepam and phenobarbitone)

4.1 Supplied on signed order to stock the practice CD cupboard or GP bag

Practices/GPs must purchase stocks of CDs to be held as stock or in GP bags.

CDs must be obtained from the supplier using a requisition (see Appendix 2) The supplier may be a community pharmacist or a wholesaler.

In the event of an error being made by the supplier (wrong drug or wrong quantity) the details of the item(s) received should be recorded in the register as usual, then a record made of the item(s) being returned to the supplier when/if this occurs.
4.2 Transferred from practice stock to GP bag

(Where a central register, not an individual register, is maintained for practice stock)

Controlled drugs may be transferred from the practice stock to the individual doctor’s bags.

Whilst it is not necessary to raise a requisition to cover this transaction, it would be good practice to do so, and a record of the transfer must be made in the central register and in the GP’s individual register so that the audit trail is complete.

4.3 Supplied on FP10 for individual patient

The handwriting requirements for Schedule 2 & 3 controlled drugs no longer apply – only the signature needs to be in the prescribers handwriting.

- The patient’s NHS number may be included on all prescriptions for CDs
- Quantities must still be written in words and figures
- Prescriptions for any controlled drug are only valid for 28 days from the date on the prescription
- GPs are strongly advised to restrict prescriptions for controlled drugs to one months supply. In exceptional circumstances, where the prescriber believes more than 30 days supply is clinically indicated and would not pose a threat to patient safety, the prescriber should make a note of the reasons in the patient notes and be prepared to justify his/her decision if required. Pharmacists also have to satisfy themselves of the clinical appropriateness of more than 30 days supply before dispensing such a prescription; therefore prescribers should be aware that queries may be made by the dispensing pharmacist.
- Such supplies must be supplied to, and used by, that patient only.
- Any excess must be destroyed.
- GPs must not write patient-specific prescriptions to be dispensed to top-up practice or personal stock even if the CD was used for that patient. There have been charges of fraud considered against doctors using prescriptions in this way

N.B. Emergency supplies of CDs, by pharmacists, with the exception of Phenobarbital for epilepsy, cannot be made for individual patients.

4.3 Personally administered

The cost of personally administered injections can be claimed from the PPA provided the patient is registered with that GP’s practice. (This includes temporary patients. There is no facility at present for practitioners to claim from the PPA the cost of medication administered to patients not registered with their own practice e.g. treatment given on call).
The GP should complete a prescription form (this can be done using the computer as only the signature now has to be in the prescribers handwriting) stating the total quantity in words and figures as well as the form of drug administered.

The doctor should endorse the prescription form with the word “administered” and then date it. This process aims to avoid unauthorised individuals attempting to reuse such “prescriptions” to obtain CDs illegally. It is recommended good practice that the person writing the FP10 is not the same individual personally involved in the administration of it.

The prescription must not be submitted for dispensing but should be sent to the PPA at the end of the month with the vaccine personal administration claims, etc.

4.4 Supplied on private prescription for an individual patient

The amended regulations require that all private prescriptions for schedule 2 & 3 controlled drugs must be written on FP10PCD prescription forms. Additionally:

- Each individual doctor intending to prescribe schedule 2 & 3 CDs privately, must inform the PCT
- Each individual doctor will subsequently be allocated a unique 6-digit private prescriber code, which must be used on each prescription issued, and is different from the current NHS prescriber code.
- The quantity of schedule 2, 3 and 4 CDs to be prescribed at any one time should not exceed 30 days

FP10PCD prescription forms are ordered via the PCT (01536 480446)

5. Storage of controlled drugs

Storage requirements apply to all Schedule 2 controlled drugs plus temazepam, buprenorphine, diethylpropion and flunitrazepam)

5.1 Legal requirements

- All drugs requiring safe custody (all schedule 2, plus temazepam, buprenorphine, diethylpropion, flunitrazepam) must be stored under lock and key in a suitable receptacle
- Only the GP or authorised dispenser should have access.
- A locked receptacle includes a locked doctor’s bag. However the courts have held that a locked car is not a locked receptacle (Rao vs Wyles 1949)
5.2 Good practice

- In the surgery the receptacle means a locked cabinet or safe. It should be preferably made of steel, with suitable hinges, fixed to a wall or the floor with rag bolts or similar (a list of suppliers of suitable cabinets is available from the PCT Prescribing and Pharmacy Policy office).
- Ideally the safe/cabinet should be within a cupboard or some other position to avoid easy detection by intruders, but in any event should not be visible through an outside window.
- Sets of keys and authorised persons must be kept to a minimum; the keys should not be left on open view or accessible to unauthorised persons.
- The room containing the safe/cabinet should be lockable and tidy around the safe/cabinet area to avoid drugs being misplaced.
- Ideally the cabinet or the room containing it should be alarmed.
- Stock should be kept to a minimum and nothing should be displayed outside to indicate that controlled drugs are kept within that receptacle.
- When out of the surgery the doctor’s bag should be locked with the keys kept separately from the bag. If the bag is left in the doctor’s car, the bag must be out of sight and the car must be locked. The bag must not be left in the car overnight. We would recommend that the individual register is NOT stored inside the doctor’s bag.

6. Stock control and checking procedures

These requirements apply to Schedule 2 and 3 controlled drugs

6.1 The Law:

Procedures for stock control and checking of CDs are not required by law but are strongly suggested as good practice.

6.2 Good practice:

- One person should have responsibility for stock control and maintaining the practice register. We would suggest this be organised by and be the responsibility of the clinical governance lead.
- A suitable member of staff should act as the witness to countersign documentation e.g. practice nurse or dispenser.
- All CD stocks and records should be checked regularly. We would suggest this is done monthly- any discrepancies can be more easily resolved if the check is carried out frequently. We would suggest that a quarterly check should be considered as a minimum
- The stock check should be recorded in the register.

Northamptonshire tPCT Controlled Drugs Guidance
• If discrepancies are discovered they should be investigated by the practice clinical governance lead and the outcome recorded
• Practices may wish to invite their local Prescribing Adviser to perform an annual check on CD stock and handling procedures.

7. Invoice requirements

All invoices for all controlled drugs must be retained for two years.

8. Dispensing of controlled drugs

GPs may delegate responsibility for dispensing medicines to their patients to employed staff. The Practice and the Partners take liability for any errors.

8.1 Dispensing - Good Practice

Procedures for checking dispensed medicines should be in place for all dispensing. We would strongly recommend that the dispenser ensures that this check takes place when controlled drugs are dispensed. The Dispensing Doctors’ Associations Guidelines for Dispensing Doctors 1999 states “The doctor must check all prescriptions for controlled drugs”.

Additionally – it is recommended good practice that except in exceptional circumstances, the person prescribing the CD should not also personally undertake any of the following tasks: preparing, transporting, administering, or dispensing the CD.

The law relating to the correct writing of a prescription for a controlled drug applies equally to GP dispensaries as to pharmacies. This means that all prescriptions must be in accordance with the legal requirements, including a proper direction for usage, such as one to be taken twice daily. A prescription for a dose of “As directed” is not legal.

Labelling of dispensed or supplied items:

On occasion it may be necessary for the GP to make a supply of tablets/capsules to a patient.

The Law:
The container must bear:
• Name of patient

Northamptonshire tPCT Controlled Drugs Guidance
8.2 Collection of dispensed controlled drugs by patients

Dispensing practices should also be aware that patients (or their representatives) collecting prescriptions for schedule 2 or 3 controlled drugs are required to sign the appropriate box on the reverse of the prescription.

8.3 Collection of dispensed controlled drugs by practitioners

On occasion it may be necessary for a GP or a nurse to collect a controlled drug on behalf of a patient. There is no legal restriction preventing this.

Delivery of controlled drugs, which are now the property of a patient, places the practitioner in a potentially difficult position. Our recommendation therefore is that this is avoided wherever possible.

On occasions it may be essential to deliver the medication; it should be noted that the practitioner is then fully accountable for its carriage. We would also suggest that the GP or nurse requests that the collection is documented by the pharmacist/dispenser.

(NMC advise that nurses may collect prescriptions on behalf of patients provided they are fully accountable for their safekeeping. It would be good practice to ensure that the nurse is going straight to the patient’s home after collection of the medication).

The pharmacist or GP dispenser must request ID from the health professional collecting the CDs and may keep a record of this.

9. Destruction of controlled drugs

Guidelines from the Royal Pharmaceutical Society of GB for methods of destruction of controlled drugs are given in Appendix 3.

9.1. Expired stock

The Law:

Northamptonshire tPCT Controlled Drugs Guidance
Expired practice stock of schedule 2 controlled drugs can be destroyed by a member of the practice staff but this must be witnessed by one of the following:-

- a Police Officer
- a home office drugs inspector
- a PCT pharmacist* appointed by the PCT Accountable Officer
- A Registered Medical Practitioner who has been appointed to the PCT Professional Executive Committee or the PCT Board with responsibility for Clinical Governance or Risk Management
- An authorised person cannot witness the destruction of CDs that have been supplied to them or by them.

The following must be entered into the CD register:

- drug name
- form
- strength
- quantity
- date of destruction
- Signature of the person denaturing the drug
- signature of the person in whose presence the drug was destroyed (witness)

**Good practice:**
The PCT recommends that destruction of Schedule 3 drugs should be documented in the same way.

If the practice invites the locality Prescribing Adviser to perform an annual check on CD stock and handling procedures, this could be used as an opportunity to identify expired stock needing destruction. Destruction can then be arranged with the PCT pharmacist responsible for destruction*. If more frequent destruction is required, separate arrangement should be made with an authorised person.

The PCT pharmacist responsible for destruction is

Vicki Bray  
Highfield  
Cliftonville Road  
Northampton  
NN1 5DN  

01604 615394

**9.2 CDs belonging to patients**

**The Law:**

Northamptonshire tPCT Controlled Drugs Guidance
Doctors and pharmacists can legally destroy drugs returned by a patient or a patient’s representative without making a record or using a witness.

**Good practice:**
We would strongly recommend that practitioners advise patients or their representatives to return unwanted CDs to the local community pharmacy (or practice dispensary if supplied from there).

Practice staff should be made aware of the list of medicines that should be referred to a pharmacist or dispenser.

Practitioners should be aware of the potentially difficult position in which they are placed if they accept unwanted controlled drugs into their own possession. A decision should be made on an individual basis, taking into account the circumstances and the relative risk of leaving drugs of misuse in a patient’s home.

If a practice dispensary does accept unwanted controlled drugs back from patients, the drugs MUST NOT be entered back into stock. The patient is only legally entitled to supply (return) the CD to the doctor for DESTRUCTION.

The following information should be recorded, either on a dedicated page of the register or in a separate record:

- date of return
- each item returned including drug name, form, strength and quantity
- the name and address or registration number of the patient they were prescribed to
- the signature of the accepting member of staff
- the signature of the patient or patient’s representative (not staff)

At a suitable time, a practice manager or senior dispenser plus another member of staff should destroy these returned items, with both signing next to the above entry to state that the drugs have been destroyed.

### 10. Monitoring and inspection

The new legislation places additional responsibilities on the PCT to ensure the appropriate management of controlled drugs across the PCT, which includes certain responsibilities in relation to monitoring contractors.

Additionally, as previously mentioned, the Home Office is able to inspect premises and to be furnished with records relating to the supply or receipt of CDs upon request, including the CDR.

The PCT responsibilities in relation to GP contractors, include: Northamptonshire tPCT Controlled Drugs Guidance
• to approve SOPs which are in place, and to ensure practices are following the SOPs in relation to their own practise
• to obtain periodic declarations from practices relating to whether CDs are held on the premises
• monitoring controlled drugs activity (prescribing)

This guidance is dated September 2007
Review date September 2009
### Appendix 1
Summary of legal requirements in relation to controlled drugs

<table>
<thead>
<tr>
<th>Standard Operating Procedure (SOP)</th>
<th>Legal requirement/good practice</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic declarations are made to the PCT stating whether CD stocks are held on practice premises</td>
<td>Legal requirement</td>
<td></td>
</tr>
<tr>
<td>Appropriate SOPs are in place where the practice holds stocks of CDs</td>
<td>Legal requirement</td>
<td></td>
</tr>
<tr>
<td>Where SOPs are in place, these have been approved by the PCT</td>
<td>Legal requirement</td>
<td></td>
</tr>
<tr>
<td>Where SOPs are in place, the practice complies with their content</td>
<td>Legal requirement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Drugs Register (CDR)</th>
<th>Legal requirement/good practice</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A CD register is in use which complies with the Misuse of Drugs Act requirements</td>
<td>Legal requirement</td>
<td>See section 3.3</td>
</tr>
<tr>
<td>Healthcare professionals (holding their own CD stock) keep their own CDR</td>
<td>Legal requirement</td>
<td></td>
</tr>
<tr>
<td>A CDR is maintained for each premise where CD stocks are held</td>
<td>Legal requirement</td>
<td></td>
</tr>
<tr>
<td>As a minimum, a central register is maintained for each of the practice premises</td>
<td>Legal requirement</td>
<td>It is strongly recommended that individual registers are also maintained – this is likely to become a legal requirement</td>
</tr>
<tr>
<td>Running balance is maintained</td>
<td>Good practice</td>
<td>Likely to become a legal requirement in future</td>
</tr>
<tr>
<td>Controlled Drugs Register (CDR) continued</td>
<td>Legal requirement/good practice</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Prescriber identification number or professional registration number is recorded in the CDR</td>
<td>Good practice</td>
<td>Subject to parliamentary approval, will become legal requirement</td>
</tr>
<tr>
<td>Name and, where applicable, the professional registration number of the dispenser is recorded in the CDR (dispensing practices)</td>
<td>Good practice</td>
<td>Subject to parliamentary approval, will become legal requirement</td>
</tr>
<tr>
<td>CDR is held on a computerised system</td>
<td>Allowed – provided it complies with NPC best practice</td>
<td><a href="http://www.npc.nhs.uk/pdf/CDI_Competency_Framework.pdf">www.npc.nhs.uk/pdf/CDI_Competency_Framework.pdf</a></td>
</tr>
<tr>
<td>Every transaction is included in the CDR</td>
<td>Legal requirement</td>
<td>See section 3.3, 3.5 and 3.6</td>
</tr>
<tr>
<td>CDRs are retained for 2 years after the last date of entry in the register</td>
<td>Legal requirement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Drugs supply</th>
<th>Legal requirement/good practice</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDs obtained from a supplier to be made on a signed requisition form</td>
<td>Legal requirement</td>
<td>See Appendix 3 and section 4.1</td>
</tr>
<tr>
<td>CDs obtained from stock to supply GP bags to be recorded in the CDR</td>
<td>Legal requirement</td>
<td></td>
</tr>
<tr>
<td>FP10 prescriptions need to be signed by the prescriber</td>
<td>Legal requirement</td>
<td>Form must be stated, quantity in words and figures, and a dose specified eg “when required” is not legal; “one when required” is legal.</td>
</tr>
<tr>
<td>Private prescriptions for CDs need to be written on FP10(PCD) forms for that named prescriber only</td>
<td>Legal requirement</td>
<td>Private prescriptions issued for schedule 2 &amp; 3 must also contain the prescribers unique 6-digit code (this is not the same as the GP code)</td>
</tr>
<tr>
<td>Dispensed CDs must be fully labelled</td>
<td>Legal requirement</td>
<td></td>
</tr>
</tbody>
</table>
(including dosage instructions)
<table>
<thead>
<tr>
<th>Controlled Drugs storage</th>
<th>Legal requirement/good practice</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule 3 CDs (temazepam, buprenorphine, diethylpropion and flunitrazepam) need to be stored under lock and key in a suitable receptacle</td>
<td>Legal requirement</td>
<td>This can include a Doctors bag. See section 4.4 for specific guidance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Drugs invoices</th>
<th>Legal requirement/good practice</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed orders and invoices should be retained for 2 years from the date on which the last delivery under it was made</td>
<td>Legal requirement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Drugs destruction</th>
<th>Legal requirement/good practice</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock CDs can only be destroyed by an individual authorised by the Home Office</td>
<td>Legal requirement</td>
<td>See section 9</td>
</tr>
<tr>
<td>Destroyed CDs should be entered into the CD register</td>
<td>Legal requirement</td>
<td>Patients should be advised where possible to return any unwanted CDs to their community pharmacy; however, where practices receive returned CDs, it is recommended that patient returned CDs are recorded in a separate register (to include date of return, date of destruction, quantity, name, form, strength, person destroying and a witness to the destruction)</td>
</tr>
</tbody>
</table>
Appendix 2 - Requisitions for schedule 2 and 3 controlled drugs

To obtain supplies of schedule 2 and 3 the GP must supply a requisition to the supplier of the drugs. This **must**

- be in writing, not be computer generated
- specify the total quantity of the drug and the purpose for which it is required
- state the GPs name, address and profession
- be signed by him and dated

Note that the requisition **cannot** be signed by the practice manager.

**EXAMPLE:**

Dr Harry Smith MB BS MRCGP  
Dr Susan Jones MB DRCOG  
Dr John Black MB CHB  

St John’s Medical Centre  
Heartlands Court  
Anytown  
Tel 05567 546839  

20th November 2004

Mr A Pothecary  
The Pharmacy  
Anytown

**Requisition for controlled drugs**

Please supply me with 15 ampoules of diamorphine (75mg) for the care of patients treated by members of St John’s Medical Centre.

Please invoice us in the usual way

Yours sincerely

John J Black

John Black  
General Medical Practitioner
Appendix 3- Destruction of Controlled Drugs.

Out of date CDs should be destroyed in the following way with a CD denaturing kit supplied by PHS laboratories, or ordered from a pharmaceutical wholesaler), with an appropriate, authorised witness. Only once drugs have been fully denatured may the resultant mixture be added to the pharmaceutical waste disposal bins.

- solid dose formulations should be removed from blister packaging and placed in the container.
- ampoules should be snapped at the neck. Those with liquid in them can be added to the destruction kit. Those with powder in (e.g. diamorphine) should be mixed with a small amount of water until all the contents have dissolved and then added to the denaturing kit.
- Fentanyl patches- remove the backing, fold over the patch on itself and add to the CD denaturing kit or general medicine waste container.
- liquid formulations-for small amounts add to the denaturing kit. Larger quantities should be mixed with cat litter until fully adsorbed and then added to the general medicine waste container.

NB Care Standards require Care Homes to keep controlled drugs for 7 days following the death of a patient.
APPENDIX 4 – CONTROLLED DRUG SCHEDULES

The lists set out in this appendix are not comprehensive.

Schedule 1 (CD Lic.)

bufotenine  coca leaf  lysergide  psilocin
bufotenone  dimethyltryptamine  mescaline  tryptamin
bufotenone  lysergamide  opium (raw)

Schedule 2 (CD)

alfentanil  Durogesic  MST Continus  pethidine
amphetamin  fentanyl  Narphen  phenazocine
cocaine  glutethimide  Omnopon  phenoperidine
codeine phos. inj.*  heroin  Operidine  Physeptone
Cyclimorph  hydrocodone  opium (medicinal)*  quinalbarbitone
dexamphetamine  hydromorphone  opium tincture  Rapifen
dextromoramide  methadone  Oramorph conc. soln.  Rapiject
Dexedrine  Marinol  Oramorph SR  Ritalin
Dexedrine  methampheta mine  Oramorph UDV 30mg  Seconal sodium
dipipanone  methylampheta mine  Oramorph UDV 100mg  Sevedol
dronabinol  morphine*  Sublimaze

* Drugs which are classed as Schedule 5 when combined with other substances in a maximum strength and dose as specified in the Regulations

Schedule 3 (CD No Reg.)

amylobarbitone  Equagesic  methylphenobarbitone  Sodium Amytal
Amytal  Equanil  pentazocine  Soneryl
barbitone  flunitrazepam  pentobarbitone  Subutex
buprenorphine  Fortagesic  phentermine  Temgesic
butobarbitone  Gardenal  Proladone  temazepam
cyclobarbitone  Ionamin  methylphenidate  methylphenidate
diethylpropion  Meprate  Prominal  Rohypnol
diethylpropion  methylphenidate  Prominal  Rohypnol
Duromine  meprobamate  Profasi inj.  Restandol

Schedule 4 – Part I (CD Anab.)

Anavar  Gonadotrophon  methenolone  oximestrone
bolderone undec.  growth hormones  acetate  oxymetholone
chorionic gonadotrophin  human chorionic  methenolone  Pergyn
clenbuterol HCl  gonadotrophin (HCG)  enanthate  Primoteston
clostebol acet.  Humatrope  methyltestosterone  Depot
decca-Durabolin  mesterolone  nandrolone  Profasi inj.
drostanolone  mesterolone  Norditropin  Pro-Viron
eyethylstibamine  methandienone  norethandrolone  Restandol
Genotropin inj.  methandriol  oxandrolone  Saizen
<table>
<thead>
<tr>
<th>Schedule 4 – Part II (CD Benz.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
</tr>
<tr>
<td>alprazolam</td>
</tr>
<tr>
<td>Ativan</td>
</tr>
<tr>
<td>bromazepam</td>
</tr>
<tr>
<td>chlordiazepoxide</td>
</tr>
<tr>
<td>clobazam</td>
</tr>
<tr>
<td>clonazepam</td>
</tr>
<tr>
<td>Dalmane</td>
</tr>
<tr>
<td>Dialar</td>
</tr>
<tr>
<td>Diazemulsul</td>
</tr>
<tr>
<td>diazepam</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule 5 (CD Inv.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
</tr>
<tr>
<td>Actifed Comp. linc.</td>
</tr>
<tr>
<td>ammonium chloride &amp;</td>
</tr>
<tr>
<td>morphine mixt. BPC</td>
</tr>
<tr>
<td>aromatic chalk with</td>
</tr>
<tr>
<td>opium mixt. BPC</td>
</tr>
<tr>
<td>aspirin &amp; papaveretum</td>
</tr>
<tr>
<td>Benylin with Codeine</td>
</tr>
<tr>
<td>camphorated opium tinc. BP</td>
</tr>
<tr>
<td>chalk &amp; opium mixt.</td>
</tr>
<tr>
<td>chloroform &amp; morphine tinc. BP</td>
</tr>
<tr>
<td>co-codamol</td>
</tr>
<tr>
<td>co-codaprin</td>
</tr>
<tr>
<td>Codafen Continus</td>
</tr>
<tr>
<td>Codanin</td>
</tr>
<tr>
<td>codeine linc. BP</td>
</tr>
<tr>
<td>codeine phosphate tabs. 15mg, 30mg</td>
</tr>
<tr>
<td>Codis 500</td>
</tr>
<tr>
<td>co-dydrapramol</td>
</tr>
<tr>
<td>Collis Browne’s mixture, tabs.</td>
</tr>
<tr>
<td>co-proxamol</td>
</tr>
<tr>
<td>Copholco</td>
</tr>
<tr>
<td>Copholcoids</td>
</tr>
<tr>
<td>Cosalgescic</td>
</tr>
<tr>
<td>DF118 elix.</td>
</tr>
<tr>
<td>DF118 Forte tabs.</td>
</tr>
<tr>
<td>DHC Continus</td>
</tr>
<tr>
<td>Diarest</td>
</tr>
<tr>
<td>Dimotane Co</td>
</tr>
<tr>
<td>Diocalm tabs.</td>
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<tr>
<td>Distalgescic</td>
</tr>
<tr>
<td>Doloxene</td>
</tr>
<tr>
<td>Doloxene Compound</td>
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References


Safer Management of Controlled Drugs (CDs): Private CD prescriptions and other changed to the prescribing and dispensing of controlled drugs (CDs). Department of Health, June 2006 (Final Guidance).

Safer Management of Controlled Drugs (CDs): Changes to record keeping requirements. Department of Health, October 2006 (Final Guidance).


Medicines, Ethics and Practice - a guide for pharmacists. RPSGB July 2006

CD guidance for GP practices. West Gloucestershire PCT