Controlled Drugs Update



Prescription writing requirements for CDs

Prescribers can sometimes forget to include all controlled drug writing requirements on a script, especially when hand writing. This may render the prescription illegal and cause delay in dispensing the medication to patient as community pharmacist will need to contact the prescriber to confirm intent and/or write a

new prescription.

Issue

Background Information

Pharmacists are only able to amend prescriptions for Schedule 2 and 3 CDs where there are:

- minor spelling mistakes; or
- minor typographical mistakes

Where the total quantity of the controlled drug/number of dosage units is specified in either words or figures but not both, a pharmacist can add either the missing works or figures as required (but not both).

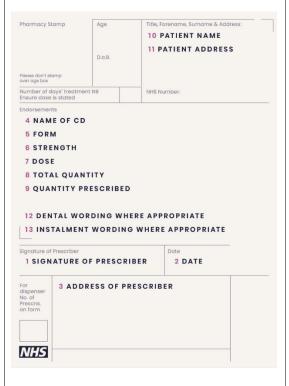
The pharmacist needs to have exercised due diligence, be satisfied that the prescription is genuine and that the supply is in accordance with the intention of the prescriber.

Each separate amendment should be indelible and clearly attributable to the pharmacist (e.g., name, date, signature and GPhC registration number).

Advice, references and resources

The Misuse of Drugs (Amendment No. 2) Regulations 2006 (legislation.gov.uk)

Medicines, Ethics and Practice 46, section 3.6.7 'Prescription requirements for Schedule 2 and 3 Controlled Drugs'



28 Day Validity Period

Controlled drug prescriptions are valid for 28 days after the 'appropriate date'. The appropriate date is either the signature date or any other date indicated on the prescription (by the prescriber) as a date before which the item should not be supplied – whichever is later.

Number of days' supply

It is best practice to challenge prescriptions that request more than 30 days' supply. The Department of Health and Social Care have issued strong recommendations that prescriptions for Schedule 2, 3 and 4 CDs are limited to the quantity necessary for up to 30 days' treatment. A prescription for a controlled drug can be issued for a longer period of time at the prescriber's discretion where there is a genuine clinical need, and it does not pose an unacceptable risk to patient safety.

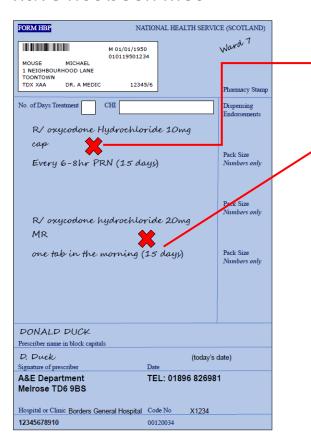
EXAMPLES OF DOSES THAT ARE NOT LEGALLY ACCEPTABLE

- As directed
- · When required
- PRN
- As per chart
- Titration dose
- Weekly (this is just a frequency and not a dose)
- Decrease dose by 3.5ml every four days
- Twice a day

EXAMPLES OF DOSES THAT ARE LEGALLY ACCEPTABLE (NB: LEGAL ACCEPTABILITY DOES NOT AUTOMATICALLY INDICATE CLINICAL APPROPRIATENESS)

- · One as directed
- · Two when required
- One PRN
- Three ampoules to be given as directed (better still three ampoules to be given over 24 hours as directed)
- · One to two when required

A recent, anonymised example of an illegal HBP Rx received by community pharmacy...can you spot why the writing requirements have not been met?



DOSE: 'Every 6-8hr PRN' is not an acceptable direction as it does not state how many oxycodone 10mg capsules should be taken at one time.

TOTAL QUANTITY: not stated. '15 days' [supply]' is not sufficient; the total quantity must be written in WORDS and FIGURES e.g.

'Please supply 15 (fifteen) x 10mg capsules'

If a handwritten script is not written in a way that satisfies the legal writing requirements, the community pharmacist will make contact with the relevant prescriber/department, giving the reason for the call as 'Controlled drug prescription written by [prescriber] on [date] is not legal'.

The community pharmacist will confirm if a new prescription is required and how this should be sent to the dispensing pharmacy.