

# FAQs Changes to the Misuse of Drugs Regulations in N.I. - March 2016

March 2016

## Summary of Controlled Drugs Legislation Changes

**Q1. Which medicines have changes to their legal controls as a result of the March 2016 amendments to Controlled Drugs legislation?**

**Temazepam** prescriptions are now subject to the full prescription writing requirements that apply to all other Schedule 2 and 3 CDs.

**Ketamine** has become a Schedule 2 CD like morphine and oxycodone.

**Q2. When do the changes become law?**

The amendments to the Misuse of Drugs Regulations (Northern Ireland) 2002 came into operation on 1st March 2016.

Changes in N.I. are  
effective from  
**1st March 2016**

## Temazepam - changes to prescription requirements

**Q3. What prescription writing requirements apply to all Schedule 2 and Schedule 3 CDs and now also apply to temazepam?**

- The drug name, form and strength are stated, e.g. temazepam 10mg tablets
- The total quantity to be supplied is stated in both words and figures, e.g. 28 (twenty eight)
- The dose is stated, e.g. 'one tablet at night'. 'As directed' is not permitted as a dose.
- All other required details present, eg date, patient details, prescriber's signature and details

Note: GP computer systems have been updated to reflect legal requirements.

## Ketamine — change to legal status

**Q4. What changes apply to ketamine from 1st March 2016?**

As a Schedule 2 CD, all presentations of ketamine are subject to the usual Schedule 2 CD controls with respect to requisitioning, supply, record keeping, storage, prescribing, administering and destruction. These also include:

- Full prescription writing requirements - see Q3
- Private prescriptions (for named patients) must be written on a PCD1 form
- Repeatable prescriptions and Repeat Dispensing Scheme prescriptions are not permitted.
- Prescriptions are valid for 28 days from date signed or date otherwise indicated
- Ketamine must be stored in a locked CD safe/cabinet/doctor's bag.
- Record keeping in a CD register is necessary for all stock received and supplied
- Emergency supplies are not permitted
- Patient/representative should be asked to sign the back of the prescription on collection
- GP and Pharmacy stocks must be destroyed under the supervision of an authorised witness

Note: In Primary Care, ketamine (amber drug) should be prescribed according to the regional shared-care guideline.

**See overleaf for a summary of the legal requirements for Schedule 2-5 Controlled Drugs**

## Summary of Legal Requirements - Controlled Drugs Schedule 2-5

Schedule <sup>1</sup>	2 (CD)	3 (CD No Reg)	4 Part I (CD Benz)	4 Part II (CD Anab)	5 (CD Inv)
Must be stored in a locked safe/ cabinet/doctor's bag	Yes <sup>2</sup>	Yes <sup>3</sup>	No	No	No
Prescription requirements including quantity in words and figures	Yes	Yes	No	No	No
Emergency supplies to patients permitted	No	No <sup>4</sup>	Yes	Yes	Yes
Repeatable prescriptions and Repeat Dispensing Scheme prescriptions permitted	No	No	Yes	Yes	Yes
Prescription valid for <sup>5</sup>	28 days	28 days	28 days	28 days	6 months
Prescription supply limited to 30 days as good practice	Yes	Yes	Yes	Yes	No
Private prescriptions to be written on standard form (PCD1)	Yes	Yes	No	No	No
Private prescriptions and stock requisitions sent by pharmacy to BSO	Yes	Yes	N/A	N/A	N/A
Can be prescribed by nurse/ pharmacist prescriber <sup>6</sup>	Yes	Yes	Yes	Yes	Yes
CD register to be maintained for stocks received and supplied/ administered.	Yes	No	No	No	No
Destruction only under authorised witness	Yes	No	No	No	No

- Schedule 2 e.g. morphine, diamorphine, oxycodone, fentanyl, ketamine and amphetamines.  
Schedule 3 e.g. tramadol, temazepam, flunitrazepam, midazolam and buprenorphine.  
Schedule 4 Part I e.g. diazepam, lorazepam, zolpidem, zopiclone, zaleplon.  
Schedule 4 Part 2 e.g. anabolic steroids, and growth hormones.  
Schedule 5 usually low strength S2 drugs, e.g. codeine linctus, co-codamol tablets.
- Except secobarbital
- Most S3 drugs are exempted—but temazepam, buprenorphine, flunitrazepam and diethylpropion must be stored securely.
- Except phenobarbital for epilepsy
- From the appropriate date. Either the date the prescription is signed or another date specified in the body of the prescription by the prescriber before which the medication must not to be supplied.
- Prescription of cocaine, diamorphine, dipipanone and their salts, or products containing these substances, for a person addicted to any CD in the Schedule to the 1973 Regulations is not permitted, except for the purpose of treating organic disease/injury. Prescribing must be according to professional standards and within the prescriber's personal competence.

### Further information

**For further details on the safe management and use of CDs in primary care, please refer to:**

- The Medicines Governance Website [www.medicinesgovernance.hscni.net](http://www.medicinesgovernance.hscni.net) Click on Primary Care, then Controlled Drugs, then Guidance.
- BNF Guidance on Prescribing - Section on Controlled drugs & Drug Dependence

**If you have any queries in relation to the CD legislation changes, please contact a member of the Pharmacy and Medicines Management Team in your local HSCB office.**