

To: All General Practitioners including
Dispensing Doctors
Practice Pharmacists
OOHs

All Community Pharmacists

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Dear Colleague

**GABAPENTIN AND PREGABALIN: SCHEDULE 3 CONTROLLED
DRUGS FROM 1ST APRIL 2019**

You will have recently received a letter from the Chief Medical Officer (HSS(MD) 2/2019) advising that following amendments to the Misuse of Drugs Regulations (Northern Ireland) 2002, gabapentin and pregabalin will become Schedule 3 controlled drugs from 1st April 2019.

The purpose of this letter is to highlight what this will mean in practice when prescribing and dispensing these drugs from this date. Please see Appendix 1 for 'Frequently Asked Questions'.

ACTION FOR GP PRACTICES AND COMMUNITY PHARMACIES:

Ensure your teams are aware of the change in legal status of gabapentin and pregabalin from 1st April 2019 and that they understand what this will mean in practice as summarised in Appendix 1.

Take steps as soon as possible to prepare for the change, for example, stop repeat dispensing, review current prescription quantities.

Inform patients about the impact this change will have on their prescriptions, for example, change from repeat dispensing and possible reduction in quantities. A patient poster is available to download at: <http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Clinical/Pain/gabapentanoids/Gabapentinoids-changing-to-Schedule-3-CD.doc.pdf>

One of the main reasons for this change is increasing misuse and abuse of these drugs and the harm being caused by these drugs in society (33 deaths in 2017). The level of prescribing of gabapentinoids in NI

continues to be an area of concern and we would encourage you to use this change in schedule as an opportunity to review your patients who are being prescribed these drugs. Resources are available to help prescribers with this review (Appendix 2).

Please contact your local Pharmacy Adviser if you have any further queries.

Yours sincerely,



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Gabapentin and Pregabalin: Changes to Prescribing and Dispensing from 1st April 2019 Frequently Asked Questions	
Safe Custody and Record Keeping	
Will gabapentin and pregabalin need to be stored in the CD cabinet?	No. There are no safe custody requirements but they should be stored securely.
Will records need to be kept in a CD register?	No
Prescriptions and Requisitions	
What prescription writing requirements will apply ¹ ?	<p>Prescriptions must include:</p> <ul style="list-style-type: none"> • Patient's name and address • Prescriber's name and address (which must be within the UK) • Date and signature of prescriber including indication of prescriber type e.g. doctor/other • Drug name, strength, form, and total quantity in words & figures • Dosage instructions - 'as directed' is not acceptable however 'one as directed' is allowable • Instalment quantities - if to be supplied in instalments e.g. weekly <p>Non HS prescriptions must be written on a PCD1 form (private prescription form for Schedule 2 and 3 CDs).</p>
What needs to be written on a stock requisition if required (HS or private) ¹ ?	<p>Requisitions must include:</p> <ul style="list-style-type: none"> • Name, address, profession and signature of the GP • Purpose for which the drug is supplied • Total quantity of the drug (both words and figures are not required).
<p>What if a prescription is issued:</p> <ul style="list-style-type: none"> • before 1st April 2019 but presented to the pharmacy after the date, or • on or after 1st April 2019 and does not comply with the new legal requirements. 	<p>The new legislation will apply. The general advice is to treat these prescriptions as you would other CD prescriptions which are not completed legally. Options include contacting the prescriber for a replacement prescription, or, if there is an immediate need for the medicine and there is likely to be a delay in obtaining a replacement, after exercising professional judgment, the pharmacist may decide to make a supply from the current prescription.</p> <p>Pharmacists may legally amend CD prescriptions for minor typographical errors – this includes adding the</p>

	total quantity in words if the prescription only specifies the total quantity in figures (or vice-versa, but not both). In such cases provided the pharmacist is confident the prescription is legitimate and unambiguous they may amend the prescription. Otherwise it needs to be amended by the prescriber.
Can gabapentin and pregabalin be issued as an emergency supply?	No, Schedule 3 CDs cannot be supplied in an emergency and cannot be faxed (except phenobarbital or phenobarbital sodium for epilepsy).
Can a prescription be issued for more than 30 days supply?	Although not a legal requirement, there is a strong recommendation that prescriptions are limited to a quantity necessary for up to 30 days' supply. Prescribers issuing more than a 30 day supply of gabapentin and pregabalin should be prepared to justify and record their decision. In line with this, prescribers may wish to review current prescription quantities.
Prescription validity	
How long are prescriptions for gabapentin and pregabalin valid for?	28 days from the date signed, or the appropriate date if specified. All owing balances must also be dispensed and collected within this 28 day period.
Are prescriptions written before 1 st April valid for 28 days or for 6 months?	The new legislation will apply to prescriptions presented after 1 st April and so these will be valid for 28 days.
Instalment Prescriptions	
Can gabapentin and pregabalin be prescribed on an instalment (e.g. weekly) basis?	Yes, if it is assessed that there is a clinical need for this, in line with the NI Drug Tariff. As a Schedule 3 CD with prescription writing requirements, the prescription will have to comply with instalment requirements i.e. the quantity to be supplied at each instalment must be stated as well as the interval to be observed.
Is an instalment prescription allowed for gabapentin and pregabalin lasting longer than 28 days?	Yes, as long as the first instalment is dispensed within the 28 day period.
Can gabapentin and pregabalin be dispensed into a Monitored Dosage System (MDS)?	Yes, if the pharmacist considers that there is a clinical need for this.

Repeat Dispensing	
Can gabapentin and pregabalin be issued on repeat dispensing prescriptions?	<p>No. The following action should be taken:</p> <p>GP Practices</p> <ul style="list-style-type: none"> • Patients receiving gabapentin and pregabalin on repeat dispensing should be identified, reviewed, and gabapentin and pregabalin removed from repeat dispensing. If appropriate, a replacement 'stand-alone' prescription can be issued. • Patients should be informed of the changes and the implications for obtaining future supplies. <p>Community Pharmacists</p> <ul style="list-style-type: none"> • Pharmacists should check repeat dispensing prescriptions that they currently hold for gabapentin and pregabalin and contact the prescriber to request a review. If appropriate, a replacement 'stand-alone' prescription can be issued. • Outstanding batch prescriptions should be endorsed 'not dispensed' prior to submission to BSO for processing.
Other	
Are there particular monitoring requirements for gabapentin and pregabalin?	Legislation ² introduced in 2015 requires that procedures for managing CDs must include best practice relating to the clinical monitoring of patients who have been prescribed CDs. Gabapentin and pregabalin should now be included within these procedures.
Can a patient's representative collect gabapentin and pregabalin from the pharmacy for them?	Yes. The patient/representative should be asked to sign the back of the prescription form stating they have collected the CD item.
How should gabapentin and pregabalin which is out of date/no longer required be destroyed?	<ul style="list-style-type: none"> • In line with normal practice, patients/carers should be encouraged to return medicines that are no longer needed or which are out-of-date to the community pharmacy for destruction. • Gabapentin and pregabalin must be denatured before disposal however destruction does not need to be supervised by an 'authorised witness'.

1. See section on Controlled Drugs and drug dependence in the BNF for further details.

2. <http://www.legislation.gov.uk/nisr/2015/278/contents/made>

Further guidance on managing controlled drugs for prescribers in primary care can be found at: <http://www.medicinesgovernance.hscni.net/primary-care/controlled-drugs/guidance/>

Appendix 2 Resources available to help practices review prescribing of gabapentinoids

- Main site: <http://primarycare.hscni.net/pharmacy-and-medicines-management/resources/pain/>
- Awareness of pregabalin abuse/misuses in NI Letter to GPs October 2016
http://primarycare.hscni.net/wpfb-file/hscb_letter_pregabalingpoc16-pdf-2/
- Pregabalin (Lyrica) Prescribing Review September 2012
http://primarycare.hscni.net/wpfb-file/pregabalin_review_sept_12-pdf-2/
- Pregabalin – Why is it worthwhile to review prescribing?
<http://niformulary.hscni.net/PrescribingNewsletters/MedicinesManagement/supplement/PS/Jun16/Pages/default.aspx>
- Understanding Persistent Pain Patient Information Booklet
http://outpatients.tas.gov.au/_data/assets/pdf_file/0003/172578/CSS_-_Physiotherapy_-_Understanding_Persistent_Pain_Booklet.pdf
- Self Management of Chronic Pain HSCB Newsletter
http://niformulary.hscni.net/PrescribingNewsletters/PDF/NIMM_2018/NIMM_NewsletterVol9PainSelfManagementApr18.pdf
- Neuropathic Pain-Non-Specialist Settings Support Tool
<http://niformulary.hscni.net/Formulary/Adult/PDF/HSCB%20Neuropathic%20Pain%20Guideline%20Mar%202014.pdf>