



# Controlled Drugs: Learning from Incidents

North of England  
Commissioning Support

Partners in improving local health

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NECS supports the NHS England Area Team Controlled Drugs Accountable Officer in ensuring the safe management and use of controlled drugs within the North East & Cumbria region. Based on the commonly reported incidents and the lessons learned, we aim to share good practice across the region

## Gabapentin and pregabalin rescheduled on 1st April 2019

From 1st April 2019, amendments to the Misuse of Drugs Regulations 2001 and the Safe Custody Regulations 1973 come into force, which mean that pregabalin and gabapentin will be classified as Schedule 3 Controlled Drugs (CDs) and will be subject to the prescription writing requirements for Schedule 3 CDs

GP practices, who have controlled drugs via EPS enabled at their practice, will be able to prescribe all Schedule 2 and 3 CDs electronically, except for instalment FP10MDA prescriptions. Some system suppliers are still having issues with EPS.

### For GP practices:

- Ensure your practice team is aware of the change.
- Contact your system supplier to find out the date of the update to EPS.
- Identify and review all repeatable prescriptions for pregabalin and gabapentin.
- Stop repeat dispensing for gabapentin and pregabalin as early as possible before 1st April and put transition arrangements in place.
- Inform all patients currently taking pregabalin and gabapentin about the impact this change will have on their prescriptions. Ask them to ensure they request any prescriptions in plenty of time, to help the NHS to manage the transition process.
- Update digital systems that print out paper prescriptions to ensure the quantity appears in words and figures.

### For pharmacies:

- Ensure your pharmacy team is aware of the change in the law and understands the new process with regard to prescriptions for pregabalin and gabapentin.
- Communicate this change to patients. Ask them to speak to their GP practice.
- Communicate with care homes that you supply and agree suitable arrangements for prescriptions.
- Note that pregabalin and gabapentin will be included in the list of “exempted drugs” in the safe custody regulations which means that they will not be required to keep these drugs in the CD cabinet. This follows representations from PSNC and others that the usual storage arrangements for Schedule 3 CDs would not be practical for pharmacies to comply with, considering the significant number of prescriptions for these drugs PSNC’s response to the Home Office consultation.

Have you seen the NECS Medicines Optimisation website?

<http://medicines.necsu.nhs.uk/controlled-drugs/>

## Take care when prescribing and administering opioids

There have been a number of serious incidents involving the inappropriate prescribing and administration of opioids where patients have required emergency naloxone reversal. It is important to think carefully about all factors when prescribing opioids, in particular:

- ◆ Consider patient parameters - age, renal function, weight etc.
- ◆ Confirm any recent opioid dose, formulation and frequency of administration, including the use of breakthrough doses
- ◆ Ensure dose titration is appropriate and safe
- ◆ Check other medicines that have been prescribed for the patient
- ◆ Ensure the prescription is clear including which formulation is to be used
- ◆ Opioid patches - ensure only the new patch (es) is/are in use. Remove old patch and dispose of it safely
- ◆ Where required, continuous infusion of naloxone may be required after initial reversal

## Prescriptions issued for patients who are in prison

There have been a number of incidents where prescriptions have been issued for patients who are serving a custodial sentence (in prison).

GP practices should receive a fax from Durham Prison requesting a healthcare summary for those patients recently sentenced to a term of imprisonment. Practices are normally responding to this appropriately, however most are not clearly noting the patients incarceration on the medical record. This results in prescriptions being issued as a result of fraudulent requests being submitted to GP practices.

Patient medication records should indicate that no prescriptions are to be issued until there is evidence that the patient has been released, which is normally by way of a release healthcare summary from the prison.

## Use of FP10MDA prescriptions

FP10MDA prescriptions are blue and are used for prescribing and dispensing in instalments. They are only for schedule 2 controlled drugs plus buprenorphine, buprenorphine/naloxone and diazepam.

The prescriber must specify both the number of instalments and the interval between each instalment. A maximum of 14 days can be prescribed.

The following items were recently prescribed inappropriately in our area:

temazepam, risperidone, amitriptyline, acamprosate calcium.

Drug Name	Strength	Quantity	Frequency
Temazepam	25mg	10 tablets	PRN
Risperidone	2mg	10 tablets	PRN
Amitriptyline	25mg	10 tablets	PRN
Acamprosate Calcium	666mg	10 tablets	PRN

If you need advice, or have an idea for an article to be included in a future issue, please contact one of the Controlled Drugs Team Senior Medicines Optimisation Technicians or the CD Liaison Officer:

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