NHS
West Essex
Clinical Commissioning Group

Controlled drug changes to the legal classifications of tramadol, lisdexamfetamine, zopiclone and zaleplon – check your prescriptions are legal

Legislation was laid before parliament on 20th May 2014 and the following legislative changes will come into force on **Tuesday 10 June 2014**:

Tramadol will become a schedule 3 controlled drug (CD No Register POM), but will be exempt from Safe Custody Regulations.

Lisdexamfetamine will become a schedule 2 controlled drug (CD POM)

Zopiclone and **Zaleplon** will become schedule 4 part 1 controlled drugs (CD Benz POM)

We recommend you:

1. **Inform all prescribers of the changes**
2. **Inform your repeat clerks of the changes and the prescription requirements so they can ensure the legal requirements are met.**
3. **Inform your dispensary staff so they can make the changes required.**
4. **Take this opportunity to remind all prescribers we recommend a maximum of one month's supply for schedule 2, 3 and 4 CDs in line with the Misuse of Drugs Regulations.**
5. **Ensure all prescriptions for CDs have clear directions on them**

The table below summarises various characteristics of the affected drugs that will apply from **Tuesday 10 June 2014**.

	Tramadol	Lisdexamfetamine	Zopiclone	Zaleplon
Designation from 10th June 2014	Schedule 3 (CD No Reg POM)	Schedule 2 (CD POM)	Schedule 4 (Part I)	Schedule 4 (Part I)
Safe Custody Regulations apply	No	Yes	No	No
Controlled Drug Prescription requirements*	Yes	Yes	No	No
Prescription valid for	28 days	28 days	28 days	28 days
Address of the prescriber required to be within the UK	Yes	Yes	No	No
EEA and Swiss prescribers can legally prescribe	No	No	Yes	Yes
Emergency supply	No	No	Yes	Yes
Controlled drug Requisition necessary	Yes	Yes	No	No
Requisition to be marked by supplier	Yes	Yes	No	No
License required to import or export	Yes	Yes	Yes	Yes
Denature before disposal*	Yes	Yes	Yes	Yes

Details of the legislation can be found in **SI 2014/1275 The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) (England, Wales and Scotland) Regulations 2014**.

***Prescription for Schedule 2 and 3 controlled drugs must include:**

- The address of the patient.
- The age/date of birth if the patient is under 12 years old.
- The dose and cannot be expressed as "to be taken as directed".
- The form of the medicine. The form must be expressed as tablets, capsules, patches, oral solution etc.
- The strength if the medicine is available in more than one strength.
- The total quantity must be written in words and figures. It must also be written in the number of dosage units. Dosage units are tablets, capsules, ampoules, patches, millilitres etc.
- The signature of the prescriber.
- The date. You can only supply the medicine(s) within 28 days of the date specified (including any owings). The prescriber may specify a later date for the supply in the prescription directions by adding a supply date in addition to the date of signing. The prescription is valid for 28 days from the latest of these two dates.
- The address of the prescriber, which must be within the United Kingdom.
- There must be particulars to indicate what type of prescriber they are. For example, are they a doctor or another type of prescriber

Reminder of Top 10 Good Prescribing Tips to manage prescribed drug dependence.

1. Each patient on these medications has a named GP and if the named GP is absent a minimum quantity is given.
2. The Practice should inform OOH of these patients so that they cannot obtain supplies from them.
3. The Practice should ensure when referring these patients to another health care provider e.g secondary care, that they are aware not to issue any specific drugs the patient is taking liable to abuse and these will be issued by the GP.
4. No patient should be issued with more than 28 days' supply.
5. A whole practice / MDT approach is needed to stop escalation – It is sustainable because it is built into the system.
6. If any concerns or risks then issue no more than 7 day supply and consider daily prescribing.
7. The GMC Good Prescribing Practice identifies patients prescribed a controlled or other medicine that is commonly abused or misused as a cohort who should be reviewed regularly. We recommend a three monthly face to face review with a view to decreasing the dose if the patient is on high doses.
8. At initiation and at each review consider:
    - What is the indication for treatment?
    - Has functionality been assessed?
    - Have expectations and goals of treatment been agreed and documented?
    - Is there a history of any mental health condition?
    - Is there a history / family history of abuse?
    - Could someone else be taking these medicines? We have had incidents where prescribed medication has been sold or being used by a close member of the family / friend
    - Is the patient taking the medication as you think s/he is? We have had examples of patients sucking fentanyl patches
    - Is the patient getting any supplies from another source? e.g secondary care / privately / buying any medication over the counter /unofficial internet supplies / illegal ' street' supplies of prescribed medicines
    - Consider whether a written patient agreement would be beneficial.
    - Consider whether a named pharmacy would be beneficial
    - If the patient does not engage with you it is safer not to prescribe and seek advice than to prescribe
    - If the patient request medication early, a review with the named GP is recommended.
    - Have you got the right drug name? – oxynorm and oxycontin are often prescribed interchangeably. NPSA recommend prescribing by brand name.
    - Have you got the right dose, frequency, and quantity?
    - Patches – check duration and counsel patient on use.
    - Counsel Patient re: Driving – See DVLA recommendation
9. Review repeat prescribing systems so early requests / over ordering can be identified and referred to the named GP.
10. If you suspect a patient may be dependent on prescribed medication contact CDAT Specialist for advice.

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