

# Controlled Drugs (CDs) Summary of Information

Schedule	Schedule 2 CD POM	Schedule 3 CD No Reg POM	Schedule 4 Part A CD Benz POM	Schedule 4 Part B CD Anab POM	Schedule 5 CD Inv POM/P
<b>Examples (NB not exhaustive)</b>	Diamorphine Fentanyl Morphine Oxycodone Pethidine Amphetamine/ Lisdexamfetamine Methylphenidate	Buprenorphine Midazolam Phenobarbital Temazepam Tramadol Pregabalin Gabapentin	Clonazepam Diazepam Lorazepam Nitrazepam Zolpidem Zopiclone Zaleplon Sativex (cannabinoid)	Sustanon Testosterone products	Codeine Co-codamol Dihydrocodeine Co-dydramol Pholcodine Oral morphine 10mg/5mls
<b>Storage 'Safe custody'</b>	Requirements to be stored in a locked cabinet	Requirements to be stored in a locked cabinet Exemptions: Tramadol Midazolam Phenobarbitone Pregabalin Gabapentin	No storage requirements	No storage requirements	No storage requirements
<b>Ordering (Requisition)</b>	Requisition required to order these*	Requisition required to order these*	No requisition required	No requisition required	No requisition required
<b>Prescribing</b>	Legal requirements apply**	Legal requirements apply**	No specific CD legal requirements apply (standard Rx requirements still apply)	No specific CD legal requirements apply (standard Rx requirements still apply)	No specific CD legal requirements apply (standard Rx requirements still apply)
<b>Records</b>	Must record in CD register when received and supplied. Routine witnessed stock counts should be carried out.	No record keeping required	No record keeping required	No record keeping required	No record keeping required
<b>Validity of prescription</b>	28 days	28 days	28 days	28 days	6 months

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<b>Destruction</b>  <b>Denatured means 'Rendered irretrievable'</b>  <b>Identify if patient return or expired/obsolete/unwanted stock</b>	Must be denatured prior to disposal using CD denaturing kits.  # If stock, needs authorised witness and record in CD register.  If patient return, no authorised witness required BUT good practice to have another in-house staff member witness and make record in non-CD register.	Must be denatured prior to disposal using CD denaturing kits.  If stock or patient returned CDs, best practice to have in-house staff member witness.	Must be denatured prior to disposal using CD denaturing kits.  If stock or patient returned CDs, best practice to have in-house staff member witness.	No requirement to be denatured prior to disposal but must be placed in green pharmaceutical waste bins	No requirement to be denatured prior to disposal but must be placed in green pharmaceutical waste bins

## \*CD Requisition

Since Nov 2015, a mandatory requisition form (FP10CDF) for Schedule 2 & 3 CDs available on the NHS Business Services Authority website MUST be used for ordering.

## \*\*Legal Prescribing Requirements (for Schedule 2 and 3)

- Clearly defined dose (not 'to be taken when required' or 'as directed')
- Must specify how much to be taken (i.e., ONE patch, TWO tabs)
- Form of drug (e.g., tablets, ampoules, liquid, patches)
- Strength (only legally required if >1 strength exists)
- Total quantity in words and figures (not the dose, or total amount of active drug, but total quantity of dosage units e.g., 30 (thirty) tablets. If liquid, then total volume e.g., 100 (One hundred) ml)
- If an instalment prescription, must have daily dose and instalment amount
- **Length of treatment should be no more than 30 days**
- Not suitable for Repeat Dispensing, Emergency Supply (including NUMSAS)

**CD Accountable Officer:** any CD questions/issues/destruction, contact via <mailto:england.southwestcontrolleddrugs@nhs.net> More information can be accessed via - [NHS England and NHS Improvement South West » Controlled Drugs](#)

# Includes expired, obsolete and unwanted stock

For **received** Schedule 2 CDs, record:

- Date supply received
- Name and address from whom received
- Quantity received

For **supplied** Schedule 2 CDs, record:

- Date supplied
- Name and address of recipient
- Details of authority to possess
- Quantity supplied
- Details of person collecting: patient, patient's representative or healthcare representative (if the latter, also name & address)
- Whether proof of identity was requested of the person collecting
- Whether proof of identity was provided