

CD Appendix 06: Guidance for the safe and effective dispensing of Controlled Drugs

The NHS has issued guidance to protect patients from harm with regard to prescribing, dispensing and administering opioid medicines.

This guidance should be used alongside the LloydsPharmacy Pharmacy Standard Operating Procedures. Additional steps need to be incorporated into the dispensing process to ensure patient safety when dispensing opioid medicines.

The following opioids require particular care:

Buprenorphine, Diamorphine, Dipipanone, Fentanyl, Hydromorphone, Meptazinol, Methadone, Morphine, Oxycodone, Papaveretum and Pethidine.

Pharmaceutical Assessment

- Use available reference sources to ensure familiarity with therapeutic characteristics of opioids e.g. usual starting dose, frequency of administration
- If the patient is receiving an opioid for the first time check the prescribed dose is the usual starting dose for the route to be used
- If the patient is currently taking an opioid check the PMR for current information, and establish if there have been any changes to dose, strength or formulation
- Check that changes in dose, strength or formulation are appropriate and safe e.g. for oral morphine or oxycodone in adult patients, doses should not normally be more than 50% higher than previous dose
- Take care with prescriptions for multiple opioids. If the medication is being administered via a syringe driver check if other drugs are being administered at the same time and check compatibility – refer to reference sources or seek further advice if needed

Legal Assessment

- **Validity of form:** CD prescriptions are valid for 28 days from the **appropriate date** on the prescription. The **appropriate date** is either the date when the prescription was signed or any other date indicated on the prescription (by the prescriber) as a date before which the drugs should not be supplied- whichever is the later. The 28 day restriction includes all schedule 2, 3 and 4 CDs and also applies when any owings are supplied
- **Dosage instructions** for schedule 2 and 3 CDs should be clearly defined. Dosage instructions such as 'As directed' or 'Apply weekly' are not legally acceptable as they do not define the numbers of dosage forms that a patient should use or take at any one time

Interventions and Problem Solving

Contact the prescriber if:

- The patient has been prescribed a starting dose of an opioid which is higher than the usual dose for the formulation and route of administration being used
- The patient is already taking an opioid and the change in dose or strength appears to be unsafe
- The patient has missed three days' or more of prescribed medication that may have resulted in a loss of tolerance to the usual dose and therefore may cause overdose
- If the patient is prescribed any potentially interacting medicines
- If the patient is experiencing possible symptoms of opioid overdose

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Labelling and Assembly

- Ensure the correct product is selected on the labelling screen
- Care should be taken to ensure brand continuity of modified-release morphine preparations and fentanyl patches
- For patches check if a matrix or reservoir patch is required

Accuracy Checking

- Ensure all prescriptions for opioids are double checked by a qualified member of the dispensary team
- Ensure any calculations and ml to mg conversions/additions are double checked

Prescription Transfer

- Ensure the patient/carer is aware of what their medicines are for and how to take them
- Ensure the patient is aware of the potential of their medication to have interactions with other drugs particularly OTC products, and to always discuss this with the Pharmacist or prescriber

GUIDANCE

It is best practice to capture the signature of the patient/representative collecting a schedule 2 or 3 CD on the back of the prescription or prescription token.

This guidance also applies to EPS prescriptions and the signature should be captured on the back of the electronic token. Unlike paper prescription forms, age exempt EPS prescription tokens (under 16 years of age and 60 years and over) do not need to be submitted to the NHSBSA.

For more detailed guidance on dispensing EPS Controlled Drug prescriptions in England, please refer to the EPS2 Prescription Dispensing Guide.