

	Schedule 2 (CD POM)	Schedule 3 (CD No Reg POM)	Schedule 4, Part I (CD Benz POM)	Schedule 4 Part II (CD Anab POM)	Schedule 5 (CD INV P/POM)
<b>Examples</b>	Opiates (morphine, methadone, diamorphine), major stimulants (amphetamines), medical cannabis	Minor stimulants / barbiturates (buprenorphine, , phenobarbitone, temazepam, tramadol, pregabalin, gabapentin)	Benzodiazepines (zaleplon, zolpidem, zopiclone)	Anabolic & androgenic steroids (human chorionic gonadotrophin – HCG), somatropin, testosterone	Codeine, Pholcodine, and morphine in medicinal products of <i>low strength</i>
<b>Additional Rx requirements</b>	Yes	Yes	No	No	No
<b>Additional <i>Private</i> Rx requirements</b>	Yes	Yes	No	No	No
<b>Validity</b>	28 days	28 days	28 days	28 days	6 months
<b>Prescriber address must be in UK</b>	Yes	Yes	No	No	No
<b>EEA &amp; Swiss prescribers can legally prescribe</b>	No	No	Yes	Yes	Yes
<b>Repeats allowed</b>	No	No	Yes	Yes	Yes
<b>Emergency Supplies allowed</b>	No	No (phenobarbital for epilepsy)	Yes	Yes	Yes
<b>Requisition necessary</b>	Yes	Yes	No	No	No
<b>Requisition to be marked by supplier</b>	Yes	Yes	No	No	No
<b>Retain invoices for 2 years</b>	No	Yes	No	No	Yes
<b>Safe custody (CD cabinet)</b>	Yes (except for secobarbital also known as quinalbarbitone)	Most drugs exempt but the following require safe storage: temazepam, buprenorphine	No	No	No
<b>License to import and export</b>	Yes	Yes	Yes	Yes, unless its in the form of medicine for administration by a person to himself	No
<b>Records in CD register</b>	Yes	No	No	No	No
<b>Must ascertain ID of person collecting CD</b>	Yes	No	No	No	No
<b>Must record person collecting in register.</b>	Yes	No	No	No	No
<b>IF HCP, record name and address</b>	Yes	No	No	No	No
<b>Record whether proof of ID requested and provided</b>	Yes	No	No	No	No
<b>Denature before disposal</b>	Yes	Yes	Yes	No	No

## Prescription Requirements for Controlled Drugs

e) In the case of a private prescription be on a standardised form: **FP10PCD** in England; **PPCD(1)** in Scotland; **WP10PCD** in Wales (not necessary if prescribed by vet)

c) Indelible  
Handwritten  
Computer-generated  
Typewritten  
Rubber stamped

j) if instalments, amount and intervals of instalments

a) must be signed by the prescriber in writing

b) must be dated \* 28 days validity, this includes oiwings. Sometimes the prescriber may specify a **start** date on the prescription in addition to this date. The Rx is valid for 28 days from the start date.

Pharmacy stamp  <small>Please don't stamp over age box</small>	Age 56 years  D.O.B 01/01/1964	Title, Forename, Surname & Address Mr I.Piggle Night Garden Road London SW1A 1AA	
Number of day's treatment		NHS Number	
Endorsements	<p>Morphine sulfate 10mg modified-release tablets</p> <p>Take ONE tablet TWICE DAILY</p> <p>Supply 60 (sixty) tablets</p>		
Signature of Prescriber <i>R. Kipling</i>		Date 28/02/2020	
For Dispenser No. Of Prescns. on form	Dr R. Kipling Cream Cake Surgery Cherry On Top Road W1 RJ0 <div style="background-color: yellow; display: inline-block; padding: 2px;">123456</div>		

i) Name and address of patient

g) specify the dose to be taken . "As directed" or "when required" is not allowed; but **"ONE to be taken as directed / when required"** is acceptable.

- the form and where appropriate the strength of the preparation

- The **total quantity** in both words and figures must be included, or the number of dosage units (i.e. tablets, patches, ampoules etc) in both words and figures

k) the Department of Health and the Scottish Government have issued strong recommendations that the **maximum quantity** of schedule 2, 3 or 4 controlled drugs prescribed **should not exceed 30 days**. This is **not a legal restriction**

d) Prescribers address

f) in the case of a private prescription for a CD for human use, must contain the prescriber's ID number (this is not their GMC no.)

h) The words for dental treatment only if issued by a dentist