Rescheduling of Gabapentin and Pregabalin as Schedule 3 Controlled Drugs

Briefing Note

1. From 1 April 2019, gabapentin and pregabalin will be reclassified as Schedule 3 controlled drugs under the Misuse of Drugs Regulations 2001, and Class C of the Misuse of Drugs Act 1971.

2. The reclassification will be effective from 00:00am on 1 April 2019.

3. This means that in addition to the normal prescription requirements for prescription only medicines (as required by the Human Medicines Regulations 2012), prescriptions for Schedule 3 controlled drugs must also contain the following (as outlined in the Misuse of Drugs Regulations 2001):
   - Dose (which must be clearly defined; ‘as directed’ is not acceptable)
   - Date on which it was signed
   - Address of the prescriber
   - Formulation
   - Strength (where appropriate)
   - Total quantity or dosage units of the preparation in both words and figures
   - An appropriate date: prescriptions are valid for 28 days after the appropriate date on the prescription. The appropriate date is either the signature date or any other date indicated on the prescription (by the prescriber) as a date before which the drug should not be supplied – whichever is the later.

4. The Department of Health and Social Care has issued strong recommendations that the maximum quantity of Schedule 3 drugs prescribed should not exceed 30 days.

5. Emergency supply is not permitted. There must be a valid controlled drug prescription to obtain supplies from a pharmacy.

6. From 1 April 2019, it will be illegal to supply pregabalin and gabapentin through repeat dispensing, e.g. paper FP10 RD form or electronic repeat dispensing (eRD). This means prescribers must not issue repeatable prescriptions. (This is distinct from issuing a repeat prescription, to be requested and issued on a monthly basis by the practice, with either an electronic signature or wet signature attached.)

7. Practices which are already using the EPS Schedule 2 & 3 Controlled Drugs functionality by 31 March 2019 can continue to use EPS for controlled drugs.

8. Suppliers of EPS systems will update their systems by 31 March 2019 to support the change to the classification of gabapentin and pregabalin. The timing of this will depend on system suppliers and NHS Digital will publish this information on its
website when it is available. Your system supplier will have further details. EMIS has already started deploying these changes and expects to have its systems updated by 15 February 2019.

9. Although system suppliers will make these changes prior to 1 April 2019, gabapentin and pregabalin prescriptions should not be treated as Schedule 3 controlled drugs until 1 April 2019. Pharmacies will not be remunerated for the Schedule 3 controlled drug fee for prescriptions issued before 1 April 2019 even if the prescription is written in a way that complies with the regulations.

Recommended actions:

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 1 April 2019 and put transition arrangements in place for patients.
- 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 about this change to patients. Ask them to speak to their GP practice.

It is not helpful or appropriate for anyone to stockpile these medicines.

If you have any questions about the change please speak to your NHS England regional contracts manager.