

# Schedule 2 Controlled Drugs Register

Name and Address of Premises


The following list of Schedule 2 Controlled Drugs should be recorded in this Register:

Drug Name	Drug Name	Drug Name
Abstral	Hydromorphone	Palfium
Actiq	Instanyl	Palladone
Alfentanil	Marinol	Papavertum
Amfetamine	Matrifen	Pethidine
Cocaine	Medicinal Opium	Phenazocine
Codeine Phosphate Injection	Medikinet IR	Physeptone
Concerta XL	Methadone	Quinalbarbitone
Cyclimorph	Methadose	Rapifen
Dexamfetamine	Methex	Rapifen amps
Dexedrine	Methylamfetamine	Rapiject
Dextromoramide Tartrate	Methylphenidate	Remifentanil
DF118 injection	Minijet Morphine	Ritalin
Diagesil	Morcap SR	Secobarbital
Diamorphine	Morphgesic	Seconal Sodium
Diconal	Morphine	Sevredol
Dihydrocodeine Injection	MST Continus	Sublimaze
Dipipanone HCl	MXL	Synastone
Dipipanone/Cyclizine	Narphen	Targinact
Dronabinol	Oramorph Conc soln	Tilofyl
Durogesic	Oramorph SR	Tuinal
Effentora	Osmach	Ultiva
Fentalis Reservoir	Oxycodone	Zomorph
Fentanyl	Oxycontin	
Filnarine SR	Oxynorn	

This list is extensive but not exhaustive and this does not diminish the requirement to exercise clinical judgement and to fulfil your medico-legal responsibilities.

# Record Keeping Regulations

A separate page of this register must be used for each individual drug together with the name of the drug to which the entry relates, specify the strength and form of the drug at the head of the page. A class is any of the drugs specified together with its salts and stereoisomer and also includes preparations containing these drugs. Entries should be made on the day of the receipt / supply (or on the next day if this is not possible).

For example: **Drug name:** Morphine **Strength:** 10mg **Form:** Tablet

**Records must show:**

- Entries written by hand in chronological sequence (i.e. date order) in ink or otherwise so as to be indelible
- Date on which obtained
- Name and address from whom received
- Quantity obtained
- Date supplied
- Name and address of person supplied / administered to
- Details of authority to possess – prescriber or licence holder's details\*
- Quantity supplied / amount administered
- Person collecting Schedule 2 controlled drug (patient/patient's representative / healthcare professional, name and address)
- Was proof of identity requested of patient/patient's representative (Yes/No)
- Was proof of identity of person collecting provided (Yes/No)
- Balance
- Signature of person dispensing drug

As well as the above information to be recorded in the Register, additional though related information can also be recorded. This includes running balances (stock held) as well as any other information considered desirable.

The following list of Schedule 2 Controlled Drugs should be recorded in this Register:

Generic	Brand	Generic	Brand	Generic	Brand
<b>Alfentanil</b>	Rapifen	<b>Hydromorphone</b>	Palladone, Palladone SR	<b>Morphine</b>	Cyclimorph Morphgesic SR MST Continus MXL Oramorph Sevredol Zomorh
<b>Codeine Injection</b>		<b>Medicinal Opium</b>			
<b>Diamorphine</b>		<b>Methadone</b>	Methadose Physeptone Synastone		
<b>Dihydrocodeine</b>	DF 118				
<b>Dipipanone</b>	Diconal	<b>Methylphenidate</b>	Concerta XL Medikinet IR Medikinet XL Ritalin		
<b>Fentanyl</b>	Abstral				
	Actiq				
	Durogesic DTrans				
	Effentora				
Fentanyl Reservoir		<b>Oxycodone</b>	Oxycontin Oxynorm Targinact		
Instanyl					
Matrifen					
Osmach					
Sublimaze		<b>Pethidine</b>			
Tilofyl		<b>Remifentanil</b>	Ultiva		
		<b>Secobarbital</b>	Tuinal		

Avoid abbreviations whenever possible.

**NO ATTEMPT SHOULD BE MADE TO REMOVE PAGES.** Entries should not be altered, erased or obliterated. If an error is made, annotate the incorrect entry with a mark, and the word "ERROR", then make a margin (top or side) entry with a corresponding mark and the words "Error should read....." The author must then sign and date the amendment.

Please note all brands of classes requiring recording may not necessarily be listed in the table above.

It would be poor practice not to record running balances (stock held).

\* In the case of Personal Administration the 'Authority' to be recorded will be the GP administering the Controlled Drug. Where the drug has been supplied under the authority of a valid prescription the name of the doctor signing the prescription should be recorded.

Unique Register Reference Number  
**C3R**

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Abstral					Diamorphine					Marinol				
Abstral					Diamorphine					Marinol				
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Actiq					Diconal					Matrifen				
Actiq					Diconal					Matrifen				
Alfentanil					Dihydrocodeine Injection					Medicinal Opium				
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Alfentanil					Dihydrocodeine Injection					Medicinal Opium				
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## **Attention**

You are nearing the end of your Schedule 2 Controlled Drugs Register.

To order a new copy, please telephone Surelines Ltd on 01604 859000.

For more information on our services, including Controlled Drugs Training,

visit [www.surelines.com](http://www.surelines.com)

## Destruction of Schedule 2 Controlled Drugs - The Law

There will be occasions when a surgery or pharmacy wishes to destroy Schedule 2 Controlled Drugs. There are two clear categories of such, patient returns and the contractor's own unissued stock. Such drugs should only be denatured in approved Resin Kits to the extent that they cannot be recovered, retrieved and re-used; and may then be disposed of according to the protocols of the responsible Primary Care Organisation based on current guidance of the Environment agency.

**Patient returns** - which if you choose to accept them, may only be destroyed by the receiving surgery or pharmacy. The receipt and destruction of such must not be recorded in this register.

**Contractor's own unissued stock or stock returned from other authorised possessors of Schedule 2 Controlled Drugs** - The destruction of these must be recorded in this register. Contractor's own unissued stock, usually, will only need to be destroyed because it is out of date stock and if Schedule 2 Controlled Drugs would have been recorded by law, in the purchases register. The surgery or pharmacy's unissued stock cannot be denatured without an approved outside witness. Such persons include Home Office Inspectors', Royal Pharmaceutical Society of Great Britain or its successor body for inspection and other persons authorised by The Secretary of State. All Primary Care Organisations include some such authorised persons. This authorised person can only witness denaturing. The Home Office states they should not be given the drugs to take away for destruction. They may however take a small sample of the drug which is to be destroyed for forensic purposes.

The Controlled Drugs Register of Purchases and Supplies should record the particulars of the date of destruction, the form and quantity of the drug destroyed. This must be signed and dated by the authorised person who has been present and witnessed the destruction.

It should be noted that the Royal Pharmaceutical Society Inspectors do not under normal circumstances witness destruction of Controlled Drugs in doctors' surgeries.

### Recycling - The Law

The Home Office view is that it is illegal to recycle returned Controlled Drugs.

The NHS Prescription Service states that it is fraudulent to claim for recycled Controlled Drugs and that they cannot pay the dispensing fee on its own. Once dispensed Controlled Drugs have left a surgery or pharmacy, they must not be re-used. Patient returns, if the surgery/pharmacy chooses to accept them, should be denatured by them with a witness and a record made which should be signed and dated.

### Disposal - The Law

There are no provisions under the misuse of drugs legislation directly relating to disposal of Controlled Drugs. There is vicarious liability if Controlled Drugs are disposed of in an unsafe or reckless manner under various statutes and common law including Health & Safety legislation and specifically the Waste Regulations (2005). The Environment Agency and various stakeholders concerned with the control and safety of unwanted, unused or patient returns of controlled drugs have discussed this issue. General Medical Practices and other primary care institutions should seek advice from their Primary Care Organisation or regulatory professional body as to the current guidance and relaxation from the Agency's strict interpretation of Hazardous Waste Regulations. Protocols vary, but in the absence of local guidance the following procedures may be followed.

**Liquid dose controlled drug formulations** should be put in the dedicated Controlled Drug Destruction Kit (CDDK).

**Solid dose controlled drug formulations** should be removed from their outer packaging and placed into the dedicated CDDK. Likewise for powders, taking special care and precautions not to inhale or spill any of the powder.

**Parental formulations** Remove outer packaging. The ampoules should be carefully crushed with a pestle inside an empty plastic container. After ensuring all ampoules are broken, all the residue should be placed in the CDDK (care with broken glass).

**Fentanyl patches** The active ingredient in fentanyl patches can be rendered irretrievable by removing the backing and folding the patch over upon itself.

Care should be taken when dismantling or cutting fentanyl patches, especially the non-matrix variants which can leak. Disposable gloves must be worn to avoid absorption through the skin. The patches then being placed in the CDDK.

Once the above procedures have been carried out, the instruction to add the liquid to the kit should be followed. It is advisable therefore to keep the waste liquid content to a minimum. Kits to assist in the denaturing of controlled drugs are commercially available from Surelines Ltd.

**Syringe drivers** Syringes that have been used for patients should be treated and disposed as special waste as they may still contain some controlled drugs within them.