

Private Prescriber Guidance for Community Pharmacies

This is based on information contained in the following legislation:

- [CEL2007 16 Private Requisition Forms for Schedules 1, 2 and 3 Controlled Drugs](#)
- [HDL2006 27 Private CD Prescriptions and Changes to NHS Prescriptions](#)

Private prescribers must use the following documentation to obtain Schedule 2 and 3 controlled drugs (CDs):

- **Private Prescribers Controlled Drug Prescription (PPCD) – (appendix 1)**
This form is used by private prescribers for the provision of controlled drugs (CDs) for private patients.
- **Controlled Drug Requisition Form (CDRF) – (appendix 2)**
This form is used by private prescribers to obtain stock of controlled drugs from community pharmacies for the immediate treatment of patients; for use before the patient's needs can be met by giving a prescription in the ordinary way.

Private prescribers are allocated a six-digit prescriber identification number (issued by the relevant NHS agency) which must be included on the PPCD form, or CDRF. PPCDs or CDRFs for Schedule 2 or 3 CDs should not be dispensed/supplied by a community pharmacy if they do not contain this identifier.

These PPCDs and CDRFs should only be used by the prescriber to whom they are issued.

Private prescribers can be referred to the NHS Lothian if they require a private prescriber identification number.

This document includes the following details:

- PPCD requirements
- Supplying CDs against a PPCD
- CDRF requirements
- Supplying CDs against a CDRF
- Submission of PPCDs and CDRFs to NHS National Services Scotland
- Sample PPCD, CDRF and CD34 forms

1. Private Prescribers Controlled Drug Prescription Requirements

As with NHS prescriptions, private prescriptions for Schedule 2 and 3 CDs must contain the following:

- Patient name and address
- Drug name
- Dose ('as directed' on its own is not permitted)
- Formulation
- Strength (where appropriate)
- Total quantity/dosage units of the preparation in both words and figures (for liquids, total volume in ml)
- Prescriber name, signature, and address (the name and address will be pre-printed on the prescription)
- Date of issue
- For instalment prescriptions, specify the instalment amount AND instalment interval
- The words "for dental treatment only" written on it if issued by a dentist

Length of treatment and prescription validity regulations also apply. For more information, please see [A Guide to Good Practice in the Management of Controlled Drugs in Primary Care - Scotland](#).

2. Supplying Controlled Drugs against a PPCD form

- A pharmacy supplying CDs must be reasonably satisfied that the prescription is a genuine document. This means that it should be the original document. Faxed or other electronically transmitted CD prescriptions are not currently permitted.
- The pharmacy must be reasonably satisfied that the signature on the prescription is that of the person claiming to have signed the prescription and that they are engaged in the occupation stated on the prescription.
- The pharmacy must endorse the PPCD with details of supply, including the quantity supplied, date supplied, and the name and address of the pharmacy.

3. Controlled Drug Requisition Form (CDRF) Requirements

The CDRF for Schedule 2 and 3 CDs must contain the following:

- Signature of the private prescriber
- Name of the private prescriber
- Address of the private prescriber/practice address
- Profession of the private prescriber
- Private prescriber code
- Drug name, form, strength, and quantity
- Date
- Purpose of the requisition

No more than 2 items can be ordered on a CDRF.

4. Supplying Controlled Drugs against a CDRF

- A pharmacy supplying CDs must be reasonably satisfied that the CDRF is a genuine document. This means that it should be the original document. Faxed or other electronically transmitted CD prescriptions are not currently permitted.
- The pharmacy must be reasonably satisfied that the signature on the CDRF is that of the person claiming to have signed the CDRF and that they are engaged in the occupation stated on the prescription.
- The pharmacy must endorse the CDRF with details of supply, including the quantity supplied, date supplied, contractor code, and the name, address, and telephone number of the pharmacy.
- Where a CDRF is collected by a messenger on behalf of the private prescriber, a written authorisation must be provided to the pharmacy confirming the messenger can receive the CDRF order on behalf of the private prescriber. The supplying pharmacist needs to be reasonably satisfied that the authorisation is genuine and must retain it for two years.

5. Submission of PPCD and CDRF forms

- Pharmacies are required to submit the original PPCDs and CDRFs (not the copy) to NHS National Services Scotland along with a [Declaration Relating to Private Controlled Drug Prescriptions form](#) (CD34) (appendix 3).
- The pharmacy must retain a duplicate or photocopy for their own record requirements which should be retained for two years.
- CD34 forms can be obtained from National Services Scotland. Contact details are available on National Services Scotland website. [Order prescription stationery | National Services Scotland \(nhs.scot\)](#)

Any concerns or queries relating to Controlled Drugs should be directed to the NHS Lothian Controlled Drug Governance Team at: Loth.ControlledDrugGovernance@nhs.scot

Appendix 1 – Sample Private Prescription Controlled Drug (PPCD) Form (page 1)

FORM PPCD(1)	
Pharmacy Stamp	Name <input type="text"/>
	Address <input type="text"/>
	Postcode <input type="text"/>
No of Days Treatment <input type="text"/>	CHI No <input type="text"/>
Age if under 12 years Yrs / Mths <input type="text"/>	
Specimen	
Signature <input type="text"/>	Date <input type="text"/>
99999 GMC No 99999999 Dr A Smith Tel No 9999 999 9999 The Clinic 1 Main Street Anytown XX99 X99	
Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy 09000900	

Appendix 1 – Sample Private Prescription Controlled Drug (PPCD) Form (page 2 - overleaf)

FORM PPCD(1)	
PART 1 Schedule 2&3 Controlled drugs	
Collectors of Schedule 2 & 3 CDs should print and sign their name:	
Cross ONE box	I am the patient <input type="checkbox"/> patient's representative <input type="checkbox"/> Collectors of Schedule 2&3 CDs sign here:
Print name	
Print address if different from overleaf	
PART 2 Notes	
PART 3 Data Protection Statement	
<p>This prescription will be passed to the NHS National Services Scotland (NHSNNS), a Special Health Board in the National Health Service Scotland (NHSScotland), for the purpose of statistical analysis of prescribed drugs. The information may also be used within the NHSScotland to prevent errors in prescribing and dispensing of controlled drugs and may be disclosed to organisations outside the NHSScotland that have a lawful entitlement to receive it. This prescription will be confidentially destroyed no later than 6 months after the month in which it was received by NHSNNS, unless it has been disclosed to another organisation.</p>	

Appendix 2 – Sample Controlled Drug Requisition Form (CDRF)

FORM CDRF Private requisition for schedules 1, 2 and 3 controlled drugs

Customer Details
Profession: GP ☐ Dentist ☐ Pharmacist ☐ Nurse ☐ Other
(Please specify)

Name & Main Employer/Practice Address
Delivery address if different:

Telephone No:

Prescriber Code:

Signature:

Date of Order:

Item Name & Formulation	Size/Strength	Quantity No. of dose units/volume	Supplied Y/N
1			
2			

NO MORE THAN 2 ITEMS PER FORM

Purpose for which drugs are required - please tick whichever apply

For use within the Scottish Prison Service ☐ For use within Pharmacy ☐

For use within Practice/Surgery ☐ For stock ☐

For use within hospice ☐ For onward distribution within Scotland ☐

Other (please state reason briefly)

Supplier Details

Name of Business Address Telephone No	Pharmacy Stamp
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Contractor Code

09200920

Appendix 3 – Sample Declaration Relating to Private Controlled Drug Prescriptions CD34

FORM CD34 (Scotland)

DECLARATION RELATING TO PRIVATE CONTROLLED DRUG PRESCRIPTIONS

Please write with black ballpoint in BLOCK CAPITALS

Dispensing Month:

Date of Dispatch:

First Half Month: ☐

Second Half Month: ☐

Full Month: ☐

PSD Contractor Code:

Pharmacy Stamp:

Business Name:

Address:

Postcode:

Private Controlled Drug Prescriptions:

Forms:

Items:

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