

## **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 <u>Declaration Relating to Private Controlled Drug Prescriptions form (CD34)</u> (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. <u>Order prescription stationery | National Services Scotland (nhs.scot)</u>

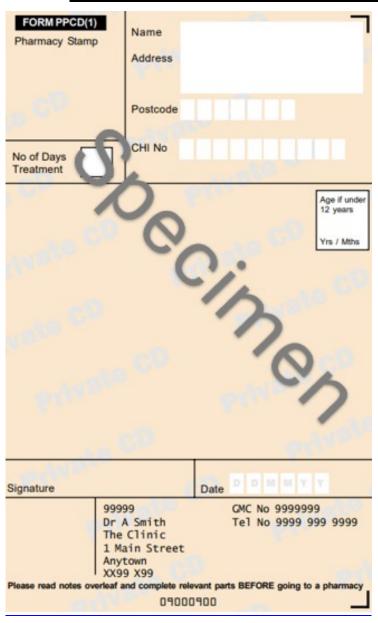
Any concerns or queries relating to Controlled Drugs should be directed to the NHS Lothian Controlled Drug Governance Team at: Loth.ControlledDrugGovernance@nhs.scot

Document ID: Originator: Review Date: NHS Lothian  $Priv\_Presc\_Guid\_Comm\_Pharm\_v1.0.220225$ 

NHS Lothian February 2028 Version 3.1 Supersedes: Approved by: Date approved:

:: N/A y: CDAO Executive Group red: 22<sup>nd</sup> February 2025

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

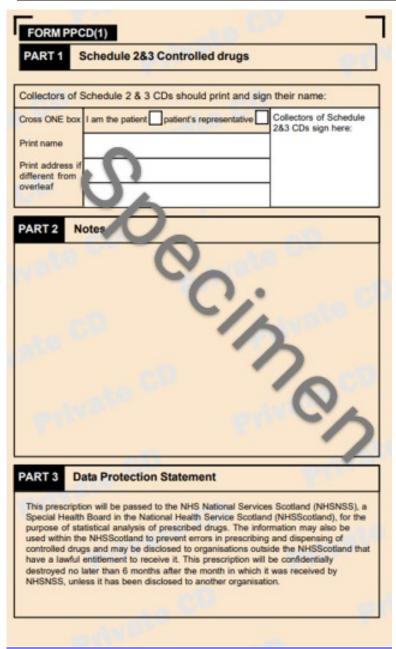


Document ID: Priv\_Presc\_Guid\_Comm\_Pharm\_v1.0.220225

Originator: NHS Lothian
Review Date: February 2028
NHS Lothian Version 3.1

Supersedes: Approved by: Date approved: N/A CDAO Executive Group 22<sup>nd</sup> February 2025

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



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# Appendix 2 - Sample Controlled Drug Requisition Form (CDRF)

Profession: GP	Dentist Pharmac	pist Nurse	Other (Please specify)		
Name & Main Employer/Practice Address			De	livery address if different	ent
Telephone No:	0				
Prescriber Code Signature:	9				
Date of Order:	4	0			
Item Name & F	ormulation		ze/Strength Qua	intity of dose units/volume	Supplier Y/N
1		9	1		
2					
	2 ITEMS PER FORM			CV.	
	drugs are required - ple Scottish Prison Service		er apply For use within Ph	armacy	
For use within Pra			For stock		
For use within hos	pice		For onward distrib	oution within Scotland	
Other (please state Supplier Details	e reason briefly)				
Name of Busine	155			Pharmacy Sta	mp
Address					
Telephone No					

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# Appendix 3 - Sample Declaration Relating to Private Controlled Drug Prescriptions CD34

