Dear All

You may have seen already the Home Office consultation on pregabalin and gabapentin at https://www.gov.uk/government/consultations/pregabalin-and-gabapentin-proposal-to-schedule-under-the-misuse-of-drugs-regulations-2001 because both drugs are considered to present a risk of addiction, potential illegal diversion and medicinal misuse.

The aim of the consultation is to increase the legislative controls on the two drugs and 3 options are set out:

1. Control pregabalin and gabapentin as Class C Drugs under the 1971 Act and place both in Schedule 3 to the 2001 Regulations, applying the provisions of the Misuse of Drugs (Safe Custody) Regulations 1973 (the 1973 Regulations).
2. Control pregabalin and gabapentin as Class C Drugs under the 1971 Act and place both in Schedule 3 to the 2001 Regulations (but exclude the application of safe custody requirements),
3. Control pregabalin and gabapentin as Class C Drugs under the 1971 Act and place both in Part 1 of Schedule 4 to the 2001 Regulations.

Option 1 is recommended by the Advisory Council on the Misuse of Drugs (ACMD) and the preferred option in the consultation.

Option 1 The Impact Assessment suggests that the costs to businesses generally, are expected to be negligible, but notes that there may be costs for community pharmacy and invites the sector to respond to the consultation. The costs for contractors would relate, primarily, to the safe custody requirement, given the number of prescriptions for both drugs and the size of their containers. If contractors were not able to store the two drugs in their existing controlled drugs cabinet, they would need to purchase and install another one, which could cost hundreds of pounds. The additional cost burden does not appear to be justified given that the primary aim of the proposal is to address misuse of the drugs when prescribed legitimately.

Option 2. Paper or hard copy prescriptions for both drugs would be required and the change from EPS to paper could be problematic for all concerned, patients, GPs and pharmacies; as well as the ongoing issues when patients' prescriptions are 'split' between paper and electronic forms. Option 2 would seem to be less onerous once electronic prescriptions can be written routinely for schedule 3 controlled drugs, which I understand could be sometime in 2018. (These points could also be made in relation to option 1.)

Option 3 should not be an issue for contractors.

If you have any thoughts or information on this, please do share these or send them to me.

There is a short response form in the consultation document and I suggest the key is to disagree with option 1, explain why and state an approximate cost to each contractor.

PSNC will respond to the consultation after its meeting on 9/10 January 2018 and I will let LPCs see a

copy of our response by 15 January 2018, but you may want to reply before then.

May encourage you to respond before the deadline of 22 January 2018.

Thank you

Gordon

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