



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

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From: **Head of Inspection and Investigation**

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Reference DH1/08/50870

Dear Colleagues

**Prescribing of Controlled Drugs by Nurse Independent Prescribers.**

1. The Department has been asked to clarify the legal position regarding the range of Controlled Drugs which may be prescribed by Nurse Independent Prescribers. The Misuse of Drugs Regulations (Northern Ireland) 2002, as amended, is the legislation which authorises and limits this prescribing activity.
2. Nurse Independent Prescribers are authorised to prescribe some specific Controlled Drugs but these can only be prescribed for the medical conditions indicated in the Regulations (see Table 1 below). At this time, **NO other Controlled Drugs listed in Schedules 1-5 of the Misuse of Drugs Regulations (Northern Ireland) 2002 are permitted to be prescribed by Nurse Independent Prescribers.**
3. Nurse Independent Prescribers must work within their own level of professional competence and expertise.
4. (Note that supplementary prescribers acting under and in accordance with the terms of a clinical management plan may be able, under that plan, to prescribe other Controlled Drugs.)

**5. Examples of Controlled Drugs that Nurse Independent Prescribers are NOT authorised to prescribe:**

- *Schedule 4:*
  - **clobazam** (Frisium® tablets)
  - **clonazepam** (Rivotril® tablets or injection)
  - **nitrazepam**
  - **zolpidem** (Stilnoct® tablets)
  
- *Schedule 5*
  - **pholcodine** (including Galenphol® products and Pavacol-D®)

**6. Table 1 Controlled Drugs which Nurse Independent Prescribers are authorised to prescribe under The Misuse of Drugs Regulations (Northern Ireland) 2002**

<b>Drug</b>	<b>Indication</b>
Buprenorphine	Transdermal use in palliative care
Chlordiazepoxide hydrochloride	Treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it
Codeine phosphate	-
Co-phenotrope	-
Diamorphine	Use in palliative care, pain relief in respect of suspected myocardial infarction or for relief of acute or severe pain after trauma, including in either case post-operative pain relief
Diazepam	Use in palliative care, treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it, tonic-clonic seizures
Dihydrocodeine tartrate	-
Fentanyl	Transdermal use in palliative care
Lorazepam	Use in palliative care, tonic-clonic seizures
Midazolam	Use in palliative care, tonic-clonic seizures
Morphine	Use in palliative care, pain relief in respect of suspected myocardial infarction or for relief of acute or severe pain after trauma, including in either case post-operative pain relief
Oxycodone	Use in palliative care

(A comprehensive list of Controlled Drugs in Schedules 1-5 of the Misuse of Drugs Regulations is available on the Home Office website [<http://www.homeoffice.gov.uk/documents/cdlist.pdf>]. Note that there have been some additions to the list and that some drugs have changed schedule since the list was published. Note also that the Home Office document refers to the “Misuse of Drugs Regulations 2001” which is the GB legislation, but similar in most respects to that in operation in Northern Ireland.)

7. In addition, Nurse Independent Supplementary Prescribers:

- Must have completed recognised Controlled Drug training, either through tutorial or online. Online training (which issues certificates) can be accessed at [www.medicinesni.com](http://www.medicinesni.com)
- Must indicate that they will be prescribing Controlled Drugs as part of their parameters of prescribing, and this needs to be agreed by the line manager and employer.
- Are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name. Trust or

board policies should be referred to in relation to individual drugs where generic prescribing may not be appropriate.

8. The legislation regarding Nurse Independent Prescribers and Controlled Drugs is under review. However, the current position is as stated above.

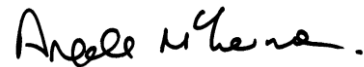
**ACTION: Boards and Trusts should ensure that the current legal position is brought to the attention of Nurse Independent Prescribers. This letter will be copied to pharmacist contractors.**

Should you have any queries in relation to the prescribing of Controlled Drugs by Nurse Independent Supplementary Prescribers, please do not hesitate to contact your HSSB Nurse Prescribing Adviser.

Yours sincerely,



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Head of Inspection and Investigation



Mrs. Angela McLernon  
Nursing Officer