



**General Authority for Health Services for the
Emirate of Abu Dhabi (GAHS)**

**A Guide to the Management of
Controlled Drugs in the Private Sector**

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About this document

When GAHS assumed responsibility for the Abu Dhabi Private Sector in July 2005, there were many challenges. One of the biggest challenges was to ensure that everyone in the private sector understood their responsibilities regarding controlled drugs and that there were procedures in place to help providers comply with the laws and regulations.

This document has been extensively reviewed by the Pharmacy section, especially the private sector Pharmacy inspectors and members of the Narcotics sub-committee.

It is expected that there will be frequent updates as practice develops and international regulations evolve. The comments of practitioners in the private sector are essential and GAHS welcomes comments from all health care providers who are involved with the use of controlled drugs.

Please send your comments to the

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1 Definition

The UAE is a signatory to the International Conventions on Narcotics and Psychotropics. These drugs are described by Federal law 14 for 1995. The schedules of this law are used as a guide when the Ministry of Health assigns a **mode of dispensing** to a prescription medicine. In addition to the basic classification of “prescription” medicines there are also; “Narcotic”, “CD_A” and “CD_B”. Examples of UAE registered medicines that are classified as Narcotic, CD_A or CD_B are given in appendix 1 and 2.

These “modes of dispensing” are defined as follows (see also table 1, page 3);

Narcotic

A narcotic mode of dispensing is assigned to;

a medicine containing an active ingredient listed in Schedules 1 to 6 of UAE Federal law 14 for 1995

(NB. only schedules 1-3 have medicinal uses and schedule 6 is internationally considered to be psychotropic. The classification of schedule 3 drugs is dependent upon the formulation - see CD_B below)

CD_A

A CD_A mode of dispensing is assigned to;

A medicine that contains an active ingredient listed in schedules 7 and 8 of the UAE Federal law for 1995, *or*

A medicine that has been assessed as having a significant potential for abuse and / or could be diverted for illegal use

CD_B

A CD_B mode of dispensing is assigned to;

A medicine that is used for psychiatric conditions *or*

A “schedule 3” medicine that avoids narcotic control due to its formulation *or*

Any other medicine that requires stricter control than that of “prescription”

2 Scope

This document describes how GAHS expects Private health facilities to manage Controlled drugs.

It is essential reading for any private sector health professional or administrator who is involved in caring for patients who require a controlled drug. It also provides a useful overview for others who are interested in the control of medicines such as law enforcement agencies.

It describes the medicines that are controlled and the procedures that must be in place to comply with the current UAE laws and Abu Dhabi regulations.

Individual establishments (pharmacies, drug stores, hospitals, day surgery centres and clinics) should have their own operating procedures covering controlled drugs; however, these guidelines will help them to ensure that they are complying with current laws and regulations.

This document also provides an overview of what GAHS inspectors expect to find when inspecting a private establishment.

Federal law 14 (1995) Schedules	MOH¹ assigned Mode of Dispensing	Abbreviation	Older UAE descriptions
1 – 6 (Narcotics)	Controlled Drug –Narcotic	Narcotic	Narcotics
7 – 8 (Psychotropics)	Controlled Drug -Class A	CD_A	Registered Prescription (RP)
Not scheduled according to Federal Law 14 (1995)	Controlled Drug -Class B	CD_B	Semi-Controlled, prescription (CP)
	Prescription Only Medicine	POM	Prescription Drug (P)
	Over the Counter	OTC	
	General Sale List	GSL	

¹ UAE Ministry of Health

3 UAE laws and regulations relating to Controlled drugs

In the UAE the basic requirements for the prescribing and supply of prescription medicines are described by Federal Law Number 4 for 1983. However, as in all countries, there are a small number of medicines that if not used responsibly, can lead to addiction and have the potential to be abused by individuals. These are therefore “Controlled Drugs”.

International conventions guide the control of these medicines and the UAE is a signatory to the International conventions for Narcotics and Psychotropics. Federal Law Number 14 for 1995 describes how these conventions are applied in the UAE, the UAE schedules of controlled drugs and the penalties for not complying with this law.

When a medicine is approved (registered) for use in the UAE the mode of dispensing is agreed. This is based upon the level of control in the source country and the level of control of the active ingredient according to UAE law.

The relationship between schedules and mode of dispensing is not fixed in existing UAE laws; however, table 1 above illustrates the relationship.

A list of the most common UAE controlled drugs arranged by mode of dispensing and schedule is attached in Appendix 1 & 2

Other documents that have influenced the control of medicines include a Ministerial decree from 1989 (No. 1060) which, among other things, limits the duration of private sector out-patient prescription of controlled drugs according to seniority and specialty of the physician. This is described in section 10 (below)

The “tables” of controlled drugs attached to Federal Law 4 (1983) were updated by a 1990 Ministerial decree (502) which described 5 groups of Controlled Drugs of which Groups 1-3 generally corresponded to Narcotics and Groups 4 and 5 corresponded to CD_A and CD_B. The terms “Group 4” and “Group 5” are still used by some people. However, these schedules have been superseded by Federal Law 14 and MOH regulations.

A 1995 MOH administrative decree (No. 68) describing the procedures for control of narcotics in Ministry of Health facilities and for the following 10 years this document shaped expectations in the private sector.

At the highest level of control, Narcotic there is little variation between the UAE and International classification of controlled drugs. All internationally recognised narcotics are classed as narcotics in the UAE; however, the UAE has promoted some other medicines to narcotic status due to concerns about their potential abuse in the UAE e.g. amphetamine is controlled internationally as a “psychotropic” but in the UAE, the mode of dispensing is Narcotic.

Furthermore, some medicines that are regular prescription items in other countries are subject to additional controls due to concern about their abuse in the UAE. The most common examples are antidepressants which are currently assigned a status of CD_B by the Federal drug registration committee.

Some drugs have been controlled due to abuse of a different kind. Misoprostol (Arthrotec®, Cytotec®) tablets have been used as an illegal abortion inducing drug and are controlled as a CD_A and Isotretinoin (Roaccutane®) has been controlled as a CD_B because of the high risk of teratogenesis when not used according to strict guidelines. Anabolic steroids have been abused by athletes and these are now controlled as CD_B.

4 Controlled Drug policy for the Abu Dhabi Private Sector

Patients in the Abu Dhabi Private Health Sector have access to controlled medicines for the management of acute and chronic disease in accordance with modern medical practice.

A range of policies are in place to minimise the risk of these medicines being diverted and abused.

Professionals in the private sector must comply with GAHS, National and International requirements for the control of Narcotics and Psychotropic medicines.

Narcotics are available only for use in hospitals. Requests from medical directors to make narcotics available for out-patients will be considered and the clinical need will be balanced against the need to prevent diversion and abuse.

Any updates to this policy will be communicated to the private sector.

5 Named responsible person for Controlled Drugs

Any establishment wishing to store and issue controlled drugs must assign the responsibility to a named individual. This should be a GAHS licensed pharmacist. In exceptional circumstances, a GAHS licensed physician can take this responsibility.

A specimen signature must be presented to the GAHS Private Pharmacy section and only this named individual can requisition registers or controlled medicines.

Forecasts, invoices and consumption reports must be signed by the Pharmacist (or Physician) who is responsible for the controlled drugs.

When the responsible pharmacist (or physician) goes on vacation they must transfer the responsibility to another pharmacist (or physician). GAHS Policy and Regulation directorate must pre-approve this transfer of responsibility.

At the time of hand-over, there must be a full stock count (inventory) and the two pharmacists must sign the registers to confirm the stock. It is useful to have a separate list of items and the stock level, signed and dated by the two parties. The key must be with the supervising pharmacist at all times.

If there will be no pharmacist available to take responsibility, e.g. the responsible person is going on vacation (or the pharmacy is closing temporarily) and cannot transfer the responsibility, then the controlled items must remain locked and inaccessible until the pharmacist returns. The GAHS inspectors must be contacted. They will check the closing balance with the responsible person immediately before their vacation and the key will be put in a sealed envelope. When the responsible person returns, the inspectors will visit the pharmacy to witness the opening of the key and check the stock balance. The absence of a responsible pharmacist for more than 6 months will be considered permanent and the pharmacy must dispose of their controlled items. Disposal of controlled items should be done by returning the items to the drug store from which they were purchased or by selling the stock to another pharmacy that is approved for controlled drug use. The sale and return of controlled items can only be done after the approval of the GAHS private sector inspectors.

6 Controlled Drug Registers and prescription forms

Registers must be maintained for controlled drugs. Narcotics and CD_A drugs can only be prescribed on the official controlled prescription form. The registers and prescription forms for Narcotics can only be obtained from the GAHS Central Medical Store. The registers and prescription books for CD_A drugs can be obtained from the GAHS Private Pharmacy Section. The cost is shown below;

Figure 1 Registers and prescription forms for Controlled drugs

Type of Controlled drug	Title	Cost Dh
Narcotic & Psychotropic (CD _A , RP)	Stores / Pharmacies Register for Narcotics (PH20) and Psychotropic drugs (PH17)	300
	Wards and Departments Register for Narcotics and Psychotropic drugs (PH18)	
Narcotic	Narcotic Drug Prescription book (PH11)	50
Psychotropic (CD _A , RP)	Psychotropic Drug Prescription book ()	
Psychotropic (CD _B , CP)	<i>Pharmacies and stores can design and use their own but it must include a record of each issue: date, quantity, issued to & balance</i>	

The Psychotropic register for use in pharmacies (previously known as a “PH17”) can be obtained from the Private Pharmacy Section at GAHS (see figure 2, below).

The current procedure for payment will be described on the GAHS web-site. This controlled stationary will only be issued to the person named as responsible for controlled drugs.

An example of the 2-part controlled prescription is shown in section 10, page 13

Private facilities may also receive controlled prescriptions from non-National out-patients who have been prescribed controlled (CD_A) medication at GAHS facilities.

An example of a typical controlled drug prescription issued by a GAHS facility (actual size is approximately A4) is shown in section 10, page 14. This prescription is a 3-part, “NCR” type form with a red margin on the right side. Each prescription has a unique reference number.

NB. Ensure that the date is written on this form at the time of prescribing

If this physician was not known to the pharmacist they could call the hospital and page the doctor to verify the doctor’s specialty and that he did write this prescription.

The patient information label will usually include the date of the consultation. If this is not included then the doctor **MUST** write the date of prescribing on the prescription.

7 Narcotic Annual forecasts

The UAE imports all its narcotic requirements and orders are placed many months in advance. GAHS requires private establishments to plan their consumption of Narcotic Drugs and make an annual forecast.

International regulations require the UAE to provide an annual forecast of the consumption of narcotics within the UAE. The report is sent by the Ministry of Health to the International Narcotic Control Board (www.incb.org).

The narcotic forecasts from the Abu Dhabi private sector must be sent to the GAHS Pharmacy Section and the Ministry of Health (until further notice). This enables the Ministry of Health to fulfil their national responsibilities and GAHS to arrange supplies).

The named responsible person must submit the annual forecast to GAHS by June 1st of the preceding year e.g. for 2007, the forecast must be received BEFORE June 1st 2006. A form for this is available for download from the GAHS web-site.

If an establishment wishes to increase the narcotic forecast they must notify the GAHS Pharmacy section and the Ministry of Health otherwise it could result in shortages for that establishment.

This is an important process and delays in submitting the forecast could result in shortages for the establishment and delays in renewing the GAHS licenses.

8 Procurement of Controlled Drugs

8.1 Narcotic procurement

Private establishments must procure their narcotics from the GAHS Central Medical Store.

New establishments applying to stock narcotics for the first time must apply to the Pharmacy section. The requirements for this first-time application are available from the GAHS Pharmacy section.

The demand voucher must state clearly the items required, the quantity required, the annual forecast and total amount received in the current year-to-date.

This demand should be submitted to the GAHS Private Pharmacy section for pricing and payment. There is a current price list for each narcotic item and the total order will be priced. The minimum charge per demand is Dh 300. The named responsible person then presents the order to the GAHS Central Medical Store (by appointment only - call 02 4448700 to arrange this) along with:

- Receipt of payment
- empty ampoules (exchanged 1 for 1)
- copies of narcotic prescriptions (one per dose), and
- incident reports relating to any broken or missing ampoules

The received narcotic must be taken directly to the establishment and entered in to the establishments' narcotic register on the same day (see below).

8.2 Controlled Drug (CD_A, psychotropic) procurement

Private establishments can procure their CD_As from the medical stores of approved agents as for any other prescription medicine. The delivery note (often combined as the invoice) is a very important document. It is important to have a "paper-trail" of all transactions and movements of controlled items.

The invoice / delivery note must be signed by the pharmacist at the time of receiving and must be retained for 5 years and available for review by authorised inspectors at any time. Currently there is no difference in the procurement requirements of CD_A or CD_B medicines.

9 Storage of Controlled Drugs

All controlled medicines (Narcotics, CD_A and CD_B medicines) must be stored in a locked cupboard. This is a requirement in the Pharmacy, Store and in any clinical area where the drugs are stored. In the pharmacy or store, access to this cupboard must be controlled by the named responsible person. In the clinical area access to the cupboard must be controlled by the person in charge, usually the nurse in charge of each shift but in operating theatres this may be an anaesthetist.

The law does not specify the exact type of cupboard; however, the named responsible person should ensure that it provides reasonable security. The following specification would provide reasonable security;

- The room containing the cupboard must be lockable when not occupied and have walls, ceiling and floor that cannot be easily broken.
- The room should not be easily accessible by unauthorised people and when it is not in the direct line of site of the supervising pharmacist, there should be an alarm that indicates when door has been opened

The cabinet should;

- Be steel with internal hinges
- Be securely fixed to the wall or floor
- Not be visible or accessible to the public
- Be connected to the establishment's security system

Although not specified by law, failure to ensure reasonable security for controlled drugs could be considered by the GAHS professional license as evidence of professional negligence.

Concerns about security should be discussed with the GAHS Private Pharmacy Section.

10 Prescribing Controlled Drugs

This section describes how to use the controlled drug prescription forms (Narcotic and Psychotropic). In addition to this, all in-patient prescriptions must appear in the patient's medication administration record and all prescriptions (in and out-patient) must also be recorded in the medical record.

10.1 Narcotic prescriptions

A narcotic can only be prescribed by a GAHS licensed physician for an inpatient and must be written on the approved Narcotic prescription form (see figures 4 & 5 on next pages).

Private sector prescriptions for out-patient narcotic supply are not usually allowed; however, exceptions will be considered following a request from a medical director (see Policy section above).

10.2 Psychotropic prescriptions

In Abu Dhabi, a psychotropic for an out-patient can only be prescribed by a GAHS licensed physician. There are special requirements for the psychotropics known as CD_A, previously known as "Registered Prescription (RP)" or "Group 4" drugs, and these must be prescribed on the official Psychotropic Prescription form (see section 6 and example in figure 2 below). Currently, there are UAE Federal restrictions on the duration of prescription supply of CD_A and CD_B drugs and this depends upon the status of the prescribing physician (see below).

Figure 3 Duration of prescription allowed for CD_A and CD_B drugs depends on the status of the prescriber

Prescriber status	Duration of prescription
General Practitioner	3 days
Specialist	2 weeks
Consultant	4 weeks
Psychiatry Specialist or Consultant	4 weeks

The Psychotropic drugs known as CD_B, previously known as "Controlled Prescription (CP)" or "Semi-controlled" or "Group 5" drugs can be prescribed on the private establishment's standard prescription form. The minimum requirements for these are described in section 11.2 (page 16).

In figure 2 below there is an example of an out-patient prescription for Xanax® (Alprazolam) which is a CD_A.

Figure 4 Example of a Controlled Prescription form used for out-patients in the Private Sector

الهيئة العامة للخدمات الصحية إمارة أبوظبي	
وصفة أدوية مراقبه	
No: 52001/200	الرقم
Name of the patient : Ahmed Ali	اسم المريض :
File No. : 123567	رقم الملف : Date of Birth : 1/6/58
Tel. : 6633618	تاريخ الميلاد :
Name of Doctor : Dr. Ibn Sina	العنوان : PO Box 123
Specialty & Licence No. : Psychiatry #456	اسم الطبيب المعالج :
Diagnosis : Anxious	التخصص ورقم الترخيص :
	التشخيص :
Xanax tablets 500 microgram	Quantity الكمية
	بالحروف Letter
1 morning and evening	Thirty 30

توقيع الصيدلي وختم الصيدلية	توقيع الطبيب المعالج
تاريخ الصرف :	التاريخ :

The prescription will also require the date on which it was written and the clinic stamp / seal and signature of the prescribing doctor.

The prescription dose is equivalent to 15 days of treatment; this is OK as this doctor is a Psychiatry specialist and is therefore allowed to prescribe up to thirty days of a controlled medicine.

11 Dispensing Controlled Drugs

11.1 Narcotic supply to wards and other clinical areas

All clinical areas must use a narcotic order book according to the hospital's design but complying with the following requirements;

- Two part voucher with serial number that records;
 - Clinical area requesting the narcotic
 - Item (Name, form, strength)
 - Quantity requested
 - No. ampoules returned (if relevant)
 - Quantity issued
 - Requested by
 - Issued by
 - Received on ward by

After reconciling the request with the empty ampoules, narcotic prescription forms and checking the authorised signature the narcotic is dispensed

The supply is recorded in the Pharmacy narcotic register including the serial number of demand voucher.

11.2 Dispensing Psychotropic (CD_A and CD_B) drugs

For Private facilities, in-patient CD_A drugs can be requested on a regular in-patient prescription or requisition. After checking the authorised signature and ensuring that the duration of supply is in agreement with the prescribers' status, the CD_A is dispensed.

NB. As with all prescriptions, the pharmacist must satisfy themselves that the prescription is genuine.

This is critical for prescriptions for CD_A medicines

The Federal law requires the pharmacist to have a prescription issued by a physician who is licensed to practice medicine (or veterinary medicine) in the UAE.

If the doctor is not known to the pharmacist then they must contact the prescriber to verify that they are working at the health centre / hospital and that they wrote the prescription for this patient. This should be recorded on the prescription and in the comments part of the register (see section 12, page 17 below)

The pharmacist should NOT call the phone number on the stamp but should independently find the clinic number using directory enquiries or an equivalent.

After verifying the data or if the doctor is known to the pharmacist, then they must check the identity of the patient. The patient must provide a government issued Photo-ID e.g. Passport, UAE Drivers License, UAE Health Card, UAE Labour card etc. The Pharmacist must

record the type and reference number of the Photo-ID on the prescription.

In accordance with Federal Law No.4 (1983) there are special requirements for an out-patient prescription written for a CD_A. These include;

- Use a Controlled Drug Prescription form
- Written in permanent ink
- Name and address of the patient
- Amount of medicine and dose instructions
- Total amount to be written in words and figures
- The prescription must have been written not more than 2 days earlier as each controlled prescription is only valid for 3 days [UAE Federal Law No. 4 (1983)]
- The dose must be within the manufacturers' dose range of the medicine
- Duration of supply must not exceed those described in section 10.2 above
- No repeat can be issued without the approval of the prescriber at the time of dispensing

There are no special prescription-requirements for ordering psychotropic CD_B drugs for in or out-patients and therefore these are ordered using a normal medical prescription.

In accordance with Federal Law No. 4 (1983), the minimum legal requirement for a medical prescription in the UAE includes;

- Prescriber must have a valid UAE medical license
- Name and stamp of the prescriber must be clear

12 Recording Controlled Drugs

In Pharmacies and Stores, the law requires all transactions relating to Narcotics and CD_A (Psychotropic) drugs to be recorded in a register.

These registers are available from GAHS (see section 6, page 7 above) except for the CD_B register which can be produced by the establishment. GAHS welcomes proposals regarding electronic record keeping but at the moment there are very few systems that satisfy the security requirements.

Separate registers should be kept for Narcotics, CD_A and CD_B.

At the level of the ward or department a Narcotics register is required but there is no legal requirement to keep a register for CD_A (psychotropic) drugs at ward or department level. However, GAHS recommends that each clinical area keeps a written or electronic record of received and issued controlled items. Inspectors can provide advice on this subject.

For Narcotic and CD_A drugs the register must;

- Be bound (cannot contain loose pages)
- Contain separate sections for each individual drug
- Have the name of the drug specified at the top of each page
- Have the entries in chronological order; the date of each transaction must be clear and each entry must be made on the same day of the transaction
- Have the entries made in indelible ink
- Not have cancellations, obliterations or alterations. If a correction is required, make a comment in the "Remarks" section and make the corrected entry in the next available line below
- Be kept at the establishment to which it relates and be available for inspection at any time. A separate register must be kept for each establishment
- Be kept for a minimum of five years after the date of the last entry
- Not be used for any other purpose

The private pharmacy and clinical area register entry must include a cross-reference to the Narcotic or CD_A prescription number for each issue. This can be included in the address section or remarks section of the register.

For Narcotics, missing or damaged stock, missing empty-ampoules or broken empty-ampoules must be reported to the GAHS Private Pharmacy Section using the facility's "Incident form".

A copy of the incident form must be sent to the Private Control section within 2 working days of the incident.

Other important Narcotic and CD_A Recording responsibilities include:

Clinical area: At shift changes, nurses must have a formal handover of the narcotic drugs including a check of the inventory

Hospital Pharmacy: Must keep an up to date specimen signature record of the prescribers and nurses who order narcotics drugs.

Ensure that there is a program of internal narcotic inspections at ward level. This should be agreed with the director of

- nursing and this should include an independent review of registers and inventory every 1-2 months
- Private Pharmacy: Keep all invoices and prescriptions for CD_As for 5 years
- Drug stores: Keep all invoices (from vendors) and delivery notes (to UAE customers) for CD_As for 5 years
- Private clinics Physicians in private clinics must NOT keep samples of controlled medicines. If the physician wishes to keep a controlled medicine in his office / clinic e.g. rectal diazepam, then he should write to GAHS requesting this privilege and describing how it will be stored and recorded. GAHS inspectors may visit to review the situation
- Veterinary hospitals Federal law 14 is very clear that, compared with physicians, Veterinary surgeons have an equal right to possess and administer narcotics and psychotropics as part of their clinical practice. In most cases, all the references to physicians in this document apply equally to Veterinary surgeons. Veterinary hospitals should contact GAHS for advice on how to ensure that they can use controlled medicines within the law.
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13 Administering Narcotics in Private Hospitals

Before a narcotic drug can be administered there must be a valid physicians order and a completed Narcotic Prescription form (figure 6 below).

The nurse in charge must have control of the Controlled Drug cupboard keys and remove the prescribed drug from the cabinet and with a witness (another nurse, the physician or a pharmacist), check the balance in stock. The cupboard is then re-locked and the dose can be prepared.

In some specialist settings, e.g. the operating room, the direct control of the narcotics may be under a physician and each anaesthetist may have their own dedicated narcotics cabinet and register.

Figure 6 Example of an In-patient “Narcotics Prescription form”

PH - 11	No. 0000001
وصفة عقار مخدر Narcotic Drug Prescription	
Hospital Name	: : اسم المستشفى
Section / Ward	: : القسم / العنبر
Patient Name	: : اسم المريض
Hospital No.	: : رقم ملف المريض
Gender / Age	: / : الجنس / العمر
Diagnosis	: : التشخيص
Drug, dosage form	: : العقار / شكل الجرعة
Strength & Unit	: : قوة العقار / الوحدة
The given dose in Words & Figures	: : الجرعة المعطاة بالحروف و الأرقام
Amount discarded	: : الكمية المستعنى عنها
Name & Signature / الإسم والتوقيع	
Doctor	: = الطبيب
Who Gave the Dose	: = أعطيت الجرعة بواسطة
Nurse in charge	: = الممرض المسئول
Date	: / / 20 Time :

Common questions

Measuring Oral liquids

Oral liquids e.g. Morphine solution 2mg/5mL must be measured using an oral syringe NOT a measuring cup or spoon.

Using an ampoule for more than one patient

For each narcotic ampoule that is used there should be at least one narcotic prescription form. A narcotic ampoule / vial can be used for more than one patient e.g. on a Neonatal Intensive care unit or Ketamine during an operating session. However, there must be a narcotic prescription form for each dose and the form must clearly state that there was another form relating to the same ampoule / vial. The reference number of the other form(s) should be recorded on each narcotic prescription form.

Discarding part-used / excess injection

If the dose requires only part of an ampoule the excess must be discarded in the presence of a witness before administering the dose. The discarding of the excess must be recorded in the register (counter-signed by the witness). The empty ampoule is returned to the cupboard.

Witnessing administration

Administration to the patient should be witnessed by a second nurse. If the dose is to be given via infusion the second nurse should witness the start of the infusion. The witness must sign the narcotic prescription sheet

Unused doses

If the dose has been prepared for administration but cannot be given for some reason e.g. patient refuses, the dose cannot be returned to stock. The dose must be discarded in the presence of a witness. The discarding of the unusable dose must be recorded on the narcotic prescription form (counter-signed by the witness).

After administration, the dose must be recorded in the register and the completed narcotic prescription form is filed according to the date.

14 Expired, damaged and patients' own medicines

If a health care facility has controlled medicines that are expired or damaged they must be separated from the active stock and removed as soon as possible.

Return the expired stock to the place it was obtained e.g. the GAHS medical store. The transfer should be recorded in the register

If the narcotic stock is damaged but the medicine is contained within sealed packaging e.g. broken ampoule within a sealed blister wrapping, it can be returned.

If the damage has resulted in the spillage of narcotic material then it must be reported to GAHS as an incident using the facilities incident form. After review by a GAHS inspector the broken item can be returned to the store and replaced (section 7)

Small quantities of CD_A and CD_B medication can be destroyed in the presence of a GAHS inspector

If patients bring unwanted controlled items the pharmacist should destroy these in the presence of the patient or their representative. This should be recorded in a separate section of the register. They must not be added to the stock.

15 Reports to GAHS

15.1 Private medical establishments and Pharmacies

In addition to the annual consumption forecast for narcotic drugs (due June 1st see section 7 above), private medical establishments and pharmacies must submit to the GAHS Pharmacy section, monthly reports of the receipts and consumption of narcotics and psychotropics.

These monthly reports must be received on the official forms before the 4th day of the month. The form can be downloaded from the GAHS web-site (www.gahs.ae). An electronic form can also be submitted by email.

Any missing or broken stock must be reported to GAHS as an incident using the facility's incident report form. To minimise delays the incident report can be faxed to 02 4443125. This then enables the inspectors to investigate the incident.

15.2 Drug stores

Drug stores must submit to the GAHS Pharmacy section, monthly reports of the receipts and issues of psychotropic medicines. The report should show, for each psychotropic, the quantity received and issued during the month plus a report showing total issues of CD_A & B's to each customer (Hospital and Pharmacy).

These reports must be received on the official forms before the 4th day of the month. The form can be downloaded from the GAHS web-site. An electronic form can also be submitted by email.

Currently, only one Drug Store in the Abu Dhabi private sector has got approval to store narcotics.

Any missing or broken stock must be reported to GAHS as an incident using the facility's incident report form. To minimise delays the incident report can be faxed to 02 4443125. This then enables the inspectors to investigate the incident.

16 Inspections and license renewal

Private pharmacies, private hospital pharmacies and drug stores can expect regular inspections from the GAHS Private Sector inspection team. A routine part of these inspections will be checking for compliance with the procedures described in this document.

The named responsible person and any other pharmacist on duty are expected to have a good understanding of these regulations and to demonstrate secure storage and clear procedures for handling controlled drugs in their establishment.

The inspectors will expect to have access to the Controlled drug cupboard (to check the balance), the register, narcotic and CD_A prescriptions and in pharmacies and stores, the invoice and delivery notes for narcotic and CD_A medicines.

Failure to submit the routine reports to GAHS will be noted and establishment licenses will not be renewed while narcotic and psychotropic reports are pending.

Non-compliance with the above procedures will be evaluated by the inspectors and reported to GAHS Private license committee and could result in fines, suspension or cancellation of the license.

The illegal supply, diversion or abuse of narcotics or psychotropics is a very serious criminal offence in the UAE and prosecution can lead to severe fines (Federal law 4 for 1983) and prison sentence, followed by deportation (Federal law 14 for 1995).

17 Transfers of Controlled drugs

The transfer of controlled drugs between private establishments is strictly controlled.

Narcotics CANNOT be transferred between private establishments. Unwanted stock must be returned to the GAHS Central Medical Store for destruction.

Unwanted CD_A and CD_B drugs can be returned to the licensed distributor from where it came but CANNOT be transferred to another private establishment.

If the distributor will not take the controlled items back in to stock (e.g. short shelf-life or damaged), the GAHS inspectors will recommend that remaining stock should be destroyed in the presence of an inspector.

Any other transfer of controlled drugs would be considered to be an illegal supply and could be subject to severe penalties.

The only exception is the right of Pharmacy Inspectors to take samples of medicine from private establishments for analysis or as evidence in an investigation. In these situations there are strict requirements for record keeping including entries in the register and a detailed inspector's report.

18 Importing Controlled drugs

If a private hospital urgently requires a controlled drug (for human use) that is not available in the GAHS Central Medical Store or the private sector, they should apply to the GAHS Provider Policy & Regulation director for permission to import the drug.

In exceptional cases, permission may be given to a private hospital to import the item for a specific patient. After getting approval, the private hospital must then arrange the necessary import permits from the Federal authorities.

On arrival in the UAE the controlled item must be cleared according to Federal procedures and delivered direct to the hospital.

19 Veterinary use of Narcotics and Psychotropics

Federal law 14 (1995) gives authority for veterinary surgeons to use narcotic and psychotropic medicines for the care of animals.

Most of the controlled drugs used are specifically formulated for animal use. These are not stocked by the GAHS Central Medical Store and it is unusual for human medicines to be used to treat animals.

Progressive veterinary hospitals are likely to need a range of controlled drugs as part of their surgical activities including; Buprenorphine, Fentanyl, Ketamine, Morphine, and benzodiazepines

Veterinary surgeons and their hospitals are licensed by the Ministry of Environment and Water (formerly Agriculture and Fisheries). If a veterinary establishment is licensed then they can be legally supplied with controlled drugs with the same privileges as a physician.

GAHS encourages these veterinary hospitals to contact GAHS so that they can get their controlled drugs from the Central Medical Store and to follow all the above procedures including periodic inspections.

Appendix 1 Common UAE controlled drugs (active ingredients)

Below is a list of commonly used UAE controlled drugs (active ingredient, not comprehensive) arranged by current mode of dispensing (Narcotic, CD_A and CD_B). For full information refer to the GAHS Pharmacy section or the Poisons and Drug Information Centre (800 424).

Narcotic (Active ingredients)

Alfentanil	Fentanyl	Pentazocine
Amphetamine	Ketamine	Pethidine
Buprenorphine (≥2mg tab)	Methadone	Remifentanyl
Codeine (≥30mg tab)	Methylphenidate	Sufentanyl
	Morphine	

CD_A (Active ingredients)

Acitretin	Flupentixol	Prostaglandin
Alprazolam	Fluphenazine	Quetiapine
Aripiprazole	Haloperidol	Risperidone
Bromazepam	Isotretinoin	Sulpiride
Buprenorphine 200 microgram tablets and 500 microgram injection	Lorazepam	Sultopride
Butorphanol	Medazepam	Temazepam
Chlordiazepoxide	Mephenoxalone	Thiopentone
Chlorpromazine	Midazolam	Tiapride
Clobazam	Misoprostol	Tramadol
Clonazepam	Nalbuphine	Trifluoperazine
Clorazepate	Olanzapine	Zaleplon
Diazepam	Phenobarbitone	Ziprasidone
Dihydrocodeine	Pimozide	Zolpidem
Droperidol	Prazepam	Zuclophenhtixol
Flumazenil	Prochlorperazine	
	Propofol	

CD_B (active ingredient list) is continued on the next page

CD_B (Active ingredients)

Amitriptyline	Flupenthixol	Orphenadrine
Baclofen	Fluvoxamine	Oseltamivir
Benzhexol	Imipramine	Oxazepam
Biperiden	Isotretinoin	Paroxetine
Buspirone	Lithium Carbonate	Pholcodine
Carisoprodol	Maprotiline	Pimecrolimus
Citalopram	Menotrophin	Procyclidine
Clomipramine	Mesterolone	Propoxyphene (with paracetamol)
Codeine (≤30mg tab and liquid)	Methocarbamol	Pyrisuccideanol
Cyclobenzaprine	Mianserin	Reboxetine
Dextromethorphan	Milnacipran	Sertraline
Diphenoxylate	Minaprine	Somatropine
Dothiepin	Mirtazapine	Somatropine
Duloxetine	Moclobemide	Testosterone
Escitalopram	Naltrexone	Ticlopidine
Estradiol	Nandrolone	Tizanidine
Norethisterone	Nefazodone	Tretinoin
Norgestrol	Noscapine	Trimipramine
Etonogestrel	Octreotide	Vecuronium
Ethinylestradiol	Oestradiol	Venlafaxine
Fluoxetine	Norethisterone	
	Opipramol	

Appendix 2 Common UAE controlled drugs (Trade names)

The following list (2 pages) shows some of the TRADE Names of those controlled items that are registered as medicines in the UAE

Narcotic (Trade names)

Ketalar	Ritalin	Subutex
Physeptone	Sosegon	Ultiva

CD_A (Trade names)

Abilify	Diapam	Nobrium	Stesolid
Anexate	Diprivan	Noctran	Stilnox
Arthrotec	Dogmatil	Nubain	Tekam
Ativan	Dormicum	Orap	Temgesic
Barnetil	Dorsilon	Prolixin	Tiapridal
Buccastem	Frisium	Propess	Tramal
Clopixol	Gardinal	Risperdal	Tramundin
Cytotec	Genprid	Rivotril	Tranxene
Deanxit	Haldol	Serenace	Valium
Dehydrobenz- peridol	Intraval	Seroquel	Xanax
Demetrin	Largactil	Sonata	Zaldiar
DHC continus	Lexotanil	Stadol	Zeldox
Dialag	Limbitrol	Stelazine	Zyprexa
	Neotigason	Stemetil	

CD_B (trade name list) is continued on the next page

Controlled medicine ~ UAE Trade name list continued

CD_B (Trade names)				
123 Cold	Codaphed	Fluneurin	Norgesic	Serzone
Actifed	Codaphed plus	Fluoxone	Nuvaring	Sirdalud
Compound	Codilar	Fluran	Oxetine	Somadryl compound
Actifed DM	Codipront	Flutin	Paracodol	St. Joseph cough
Activelle	Codis	Fluxetyl	Phensedyl	
Adol Cold	Coldex-dD	Genotropin	Primotestone	Sterandryl
Adol Compound	Cymbalta	Insidon	Progyluton	Stivane
Adumbran	Deca durabolin	Intard	Prothiaden	Surmontil
Akineton	Decutan	Ixel	Proviron	Sustanon
Algaphan	Dextrokuf	Ixel	Prozac	Tamiflu
Anafranil	Dextrolag	Kafosed	Remeron	Ticlid
Andriol	Diarsed	Kemadrin	Revacod	Tixylix
Artane	Diaxine	Kliogest	Rhinotussal	Tofranil
Athymil	Dicton	Lagaflex	Riaphan	Trexan
Aurimel	Distalgesic	Linz	Roacutane	Tripofed dm
Aurorix	Edronax	Lioresal	Robaxin	Trisequens
Benztrone	Efexor	Lomotil	Robaxisal	Tryptizol
Bepro	Elidel	Ludiomil	Robitussin-CF	Tuscalman
Broncholar	Estracomb	Menogon	Romilar	Tussifin with codeine
Broncholar forte	Estrofem	Muscadol	Saizen	Unifed DM
Bronchophane	Faverin	Myogestic	Salipax	Vesanoid
Buspar	Femoston	Noracod	Sandostatin	Virormone
Camcolite	Flexiban	Norcuron	Saroten	Zoloft
Cantor	Flozak	Norditropin	Sedofan DM	
Cipralext	Fluanxol	Norflex	Sedofan-P	
Cipram	Flumed DM	Norflex	Seroxat	
Climen	adult			