

EPS Controlled Drugs (CD) FAQs factsheet

This factsheet answers your frequently asked questions relating to Electronic Prescription Service CDs.

Receipt of EPS CDs

Q. Can EPS Schedule 2 / 3 CDs and medicines that are not controlled drugs be together on the same EPS prescription?

British National Formulary (BNF) guidance states that “Medicines that are not Controlled Drugs should not be prescribed on the same form as a Schedule 2 or 3 Controlled Drug.”

Q. For an EPS R2 prescription, does all the relevant information need to be on the EPS token?

No. Some information could be visible on your PMR screen but not on your token. The electronic prescription is the legal prescription.

Q. Can a prescriber issue an FPIOMDA instalment dispensing prescription electronically using EPS?

No. There is currently no equivalent to FPIOMDA for EPS, so prescribers must continue to use paper FPIOMDA forms. In England, only Schedule 2 CDs plus Buprenorphine, Buprenorphine/Naloxone (Suboxone) and Diazepam can be prescribed in instalments on an FPIOMDA form.

Q. What if I receive an EPS prescription for oral liquid methadone?

GP practices have been informed they should not prescribe oral liquid methadone via EPS. If this item is prescribed inadvertently the prescriber could be asked by the pharmacy owner to issue either a standard paper FPIO or a paper [FPIOMDA](#) form should continue to be used.

Q. Are ‘words and figures’ required on my PMR screen for paper Release 1 (R1) CD prescriptions?

No. Some PMR systems may show words on the PMR screen, but it is not a legal requirement that this information appear there. Words and figures are, however, required on the legal prescription, which for R1 is the barcoded paper prescription.

Processing EPS CDs

Q. Do I have to record which person collected the EPS CD on the token?

No. Best practice guidance to record the details of the person collecting the CD prescription remains in place; pharmacy owners may alternatively wish to record details of who collects a CD electronically (e.g. within the patient’s record). Alternatively, an EPS dispensing token (FPIODT) can be used for this purpose, and such tokens can be sent to the Pricing Authority as appropriate. Processing within the pharmacy using less paper helps to align with long-term NHS paperless objectives.

Q. Do the dispense and claim notification messages for a Schedule 2, 3 or 4 CD prescribed on an EPS prescription need to be submitted to the NHSBSA within 28 days of the date on the prescription?

Schedule 2, 3 or 4 CDs must be supplied within 28 days of the “appropriate date”. However, to claim reimbursement, pharmacy systems should allow you to send the dispense and claim messages after 28 days, given there may be scenarios (e.g. technical or internet outages) where it isn’t possible to submit a claim within 28 days, even though medicines were supplied in that time. Most but not all PMR systems enable messages to be sent after 28 in case of outage scenarios etc. Your PMR system may alert you to CD prescriptions yet to have dispense messages sent and approaching the end of the 28-day period of validity. Read more at: [How long is a prescription valid for?](#)

Q. An EPS prescription has both a Schedule 2, 3 or 4 CD and a non-CD prescription only medicine (POM) on the prescription. Does the 28-day period of validity to dispense apply to all medicines or only the CD?

Schedule 2, 3 or 4 CDs must be supplied to patients within 28 days of the “appropriate date”. This validity period doesn’t affect the usual period to supply the other POMs on the prescription. The 28-day validity period to supply a CD differs from the 180-day EPS technical time limit for sending dispense and claim messages for reimbursement and EPS technical purposes (see above).

Note: Some patient medication record (PMR) systems refer to item or prescription ‘expiry’ or similar, which may refer to the validity period or the 180-day EPS technical time limit.

Q. For paper prescriptions, I “mark” these with the date of supply. How do I do this for EPS prescriptions?

A method of “marking” the prescription “at the time of supply” should be decided/used to ensure compliance with the [Misuse of Drugs Regulations 2001](#). The dispense notification may be suitable for this but depending on local system configuration another patient medication record (PMR) process that records a date and leaves an electronic audit trail may be more suitable e.g. some PMRs have a ‘collected’ status. Physically marking the EPS dispensing token (FPIODT) is not suitable as this is not the legal prescription.

Read more about EPS controlled drugs:

- cpe.org.uk/eps-cds
- [Gabapentin and pregabalin briefing](#)