

7<sup>th</sup> January 2011

To: All Community Pharmacists  
All GPs

Dear Colleague

### **Supplying Medication without a Prescription**

Following a number of serious adverse incidents the Health and Social Care Board (HSCB) and the Department are writing to GPs and Pharmacists to remind them of the correct procedures for the issue of prescriptions and the supply of medicines.

The Medicines Act 1968 requires that prescription only medicines (POMs) may be sold or supplied by retail only in accordance with a prescription from an appropriate practitioner. It should be noted that this also applies to patients in nursing or residential homes. Pharmacists should not supply medication without having a valid prescription.

**Medication should not be issued and a prescription then requested retrospectively to “cover” the supply.**

There is, however, provision made for emergency supplies of POMs within the relevant legislation and Terms of Service. In summary, an emergency supply may be requested in two ways:

#### **1. At the Request of the Patient**

POMs may only be supplied to patients without a prescription when:

(a) the pharmacist has interviewed the person requesting the medicine and is satisfied:

- that there is an immediate need for the POM, and that it is impracticable in the circumstances to obtain a prescription without undue delay;
- that treatment with the POM has on a previous occasion been prescribed by a prescriber\* for the person requesting it, and;
- as to the dose that it would be appropriate for the person to take;

(b) no greater quantity shall be supplied than will provide 5 days' treatment of phenobarbital, phenobarbital sodium\*\* or Controlled Drugs in Schedules 4 and 5 **OR** 30 days treatment for other POMs (exceptions are listed in the Pharmaceutical Society of Northern Ireland's [the Society] *General Legal Requirements* <http://www.psni.org.uk/documents/599/GuideLegalRequirements+MedsHumanUsePPOMGSL.pdf>);

(c) that an entry shall be made by the pharmacist in the Prescription Only Register on the day of the supply, or, if impracticable, the next day following (entry requirements are detailed in the Society's *General Legal Requirements* referred to above);

(d) that the container or package must be labelled appropriately (labelling requirements are detailed in the Society's *General Legal Requirements* referred to above) and;

(e) that the POM is not a substance specifically excluded from the emergency supply provision and does not contain a Controlled Drug specified in Schedule 1, 2 or 3 to the Misuse of Drugs (Northern Ireland) Regulations 2002 except for phenobarbital or phenobarbital sodium\*\* for the treatment of epilepsy. For details see the Society's *General Legal Requirements* referred to above.

It should be noted that this type of supply is a private transaction between the pharmacy and the patient. An emergency supply is a discreet act and must not be used as a loan facility against the authority of a prescription issued at a future time.

Quantities for up to 30 days treatment are permitted for some medicines but pharmacists should use their professional judgement regarding the appropriateness of the quantities they supply.

## **2. At the Request of the Prescriber\***

POMs may only be supplied without a prescription at the request of a prescriber\* provided:

- (a) that the pharmacist is satisfied that the prescriber\* by reason of some emergency is unable to furnish a prescription immediately;
- (b) that the prescriber\* has undertaken to furnish a prescription to the pharmacy business within 72 hours;
- (c) that the POM is supplied in accordance with the directions of the prescriber\* requesting it;
- (d) that the POM is not a Controlled Drug specified in Schedule 1, 2 or 3 to the Misuse of Drugs Regulations (Northern Ireland) 2002 except for phenobarbital or phenobarbital sodium\*\* for the treatment of epilepsy. For details see the Society's *General Legal Requirements* referred to above, or the BNF under *Emergency supply of medicines*;
- (e) that an entry shall be made by the pharmacist in the Prescription Only Register on the day of the supply, or, if impracticable, the next day following (entry requirements are detailed in the Society's *General Legal Requirements* referred to above).

The pharmacist should consider the medical consequences of **not** supplying a POM in an emergency. If the pharmacist is unable to make an emergency supply of a medicine, they should advise the patient how to obtain essential medical care.

Communications regarding the issue of prescriptions and dispensing of POMs, for emergency supply under point 2 above, should be made directly between the prescriber\* and the pharmacist. The POM (Human Use) Order 1997 requires that the pharmacist be satisfied that the supply has been requested *by a prescriber\** and clause 276 of the GMS contract states that "In a case of urgency a *prescriber* may request a *chemist* to dispense a drug or medicine before a prescription form or repeatable prescription is issued or created." Involvement of third parties, such as receptionists and counter assistants, can lead to confusion with serious consequences for individual patients. Where possible, surgeries should consider sending a fax copy of the prescription to the pharmacy. Please note that a faxed prescription does not fall within the definition of a legally valid prescription and the prescriber must furnish the original prescription to the pharmacy business within 72 hours. Faxed prescriptions must comply with Data Protection legislation.

*\*A prescriber is defined as a doctor, a dentist, a supplementary prescriber, a community practitioner nurse prescriber, a nurse independent prescriber, a pharmacist independent prescriber, an optometrist independent prescriber or a doctor or dentist from the European Economic Area or Switzerland. (Note that not all types of prescribers have authority to prescribe controlled drugs, and that some types have limitations imposed by legislation. See also the paragraph below for EEA and Swiss doctors and dentists.)*

*\*\* As far as emergency supplies of controlled drugs and EEA and Swiss prescribers and their patients are concerned, a recent legislative provision permits pharmacists, from 20<sup>th</sup> December 2010, to consider making emergency supplies of Schedule 4 or 5 controlled drugs pursuant to requests from these EEA and Swiss doctors and dentists or their patients. The provision does not extend to any Schedule 2 or 3 controlled drugs, including phenobarbital and phenobarbital sodium.*

If you have any further queries please do not hesitate to contact your Medicines Management Adviser

Yours sincerely



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