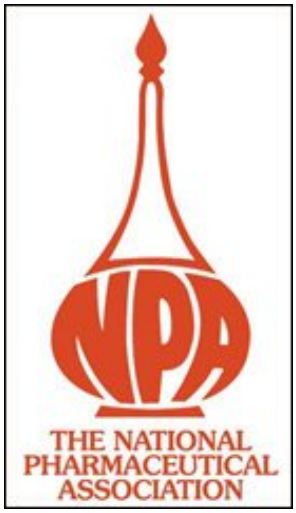

Response to MLX 298

Response of the National Pharmaceutical Association to Consultation letter MLX 298

Thank you for giving the National Pharmaceutical Association (NPA) the opportunity to comment on the proposals to permit supplementary prescribers to prescribe unlicensed medicines within a clinical management plan. The NPA represents the interests of community pharmacies. We provide a representative voice for its members as well as a range of services to help them with both the commercial and professional aspects of running their businesses. We have, in voluntary membership, around 11,000 community pharmacies, which comprises the majority of the 12,000 pharmacies in the UK.

The NPA supports the principles behind the proposals outlined in this consultation letter. In its response to the initial supplementary prescribing consultation, MLX 284, the NPA stated that the range of medicines suitable for supplementary prescribing should not be restricted as any limitations would reduce the benefits of this service to the NHS and to patients. We believe that removing the restrictions on the medicines that can be prescribed by supplementary prescribers will significantly enhance the contribution that supplementary prescribing can make to patient care. Patient safety can be assured because the supplementary prescriber is always required to work within a clinical management plan which will set out limits on prescribing. No significant action can be taken outside the plan without prior authorisation by the independent prescriber and it would then be amended appropriately. Thus, the NPA believes there is no need to restrict the range of medicines suitable for supplementary prescribing

Specials and extemporaneously prepared items
It would seem erroneous to allow supplementary prescribers to prescribe a reformulated product yet not allow them to prescribe a “special”, especially in cases where it may be pharmaceutically more appropriate to make up a medicine from the raw ingredients. For example, tablets crushed and suspended in a suspending agent may have a very limited shelf life yet a properly formulated, but unlicensed, product may be stable for much longer.

Unlicensed medicines
Levomepromazine (methotrimeprazine) is often used in palliative care. However, one of the most commonly used strengths of tablets, 6mg, is unavailable in the UK and must be imported on a named-patient basis. Because it is not licensed in the UK, supplementary prescribers may not prescribe it and must refer to the independent prescriber or prescribe the higher dose tablets or injection.

Direct supply of specials to supplementary prescribers
The NPA agrees that the restriction on the direct supply of specials to supplementary prescribers should be retained. We do not envisage that this will cause any unnecessary restrictions or compromise patient care.