# Medicines Shortages Guidance

SP3AA
Scottish Practice Pharmacy and Prescribing Advisers Association

Community Pharmacy Scotland

PRIMARY CARE
COMMUNITY PHARMACY
GROUP

# Introduction

As all pharmacy teams will be aware, shortages are unfortunately a common occurrence and have been for many years.

We at CPS and our colleagues leading pharmacy primary care services in NHS Scotland Boards have been working together to clarify and pull together in one place the processes and tools that pharmacy teams already have available to them so that you can review your operations and minimise any unnecessary additional workload or impact on patients when you cannot source a medicine for your patients, or the market price exceeds the reimbursement price.

# Scenario 1

## This medicine is priced above tariff but is still available – what can I do?

**There is a well-established process in place:**

- Ensure continuity of care for the patient
- Collect as much information as possible about the pricing from your suppliers
- Submit this information on the **CPS Shortages App** or website
    - Be as specific as possible about the product you are experiencing issues with, and the suppliers you have been in touch with
    - The more reports and the more complete the information the CPS team have, the better. This forms a part of the evidence that we need when applying for adjusted prices and we are generally successful where the evidence is overwhelming, though there are no guarantees
- After supplying the medicine, keep an eye on the **Adjusted Prices App** so that you can make a judgement as to when you wish to submit the prescription so as to minimise or eliminate any potential loss made.
- Adjusted prices, if granted, apply for the whole month – so any prescriptions submitted for pricing at the end of the month will be paid at the adjusted price.

# Scenario 2

## I cannot source this medicine at all – what can I do?

**You and your team are experts in medicines procurement, and will go to great lengths to secure a supply for your patients, whether this is checking with suppliers you don't usually use or working with other pharmacies in the area to find a solution – we still see this sort of problem-solving as the first line approach when you come up against a shortage, but as you will be aware, sometimes even this isn't enough.**

- Once you have satisfied yourself that there is absolutely no way to obtain the prescribed medicine, there are a few options open to you before resorting to requesting a new prescription from the prescriber. Professional judgement and any relevant guidance should be applied to assess any patient safety impact on a given course of action (e.g. switching anti-epileptic brands).

- Your local Health Board may publish more detailed guidance about individual lines, but we have worked closely with our NHS pharmacy colleagues to ensure that the information below is accepted across **all** NHS boards as appropriate action which can be taken to resolve shortages.

- We cannot stress enough that it is only by applying the correct electronic endorsements that accurate payment will be made for what has been supplied. The paper endorsement should also be amended to match the electronic claim message.

# Scenario 2 (continued)

## I cannot source this medicine at all – what can I do?

**In all of the examples below, you will have to ensure that either the electronic endorsement of "PC" is added to reflect that you have consulted with the prescriber, or the electronic endorsement of "PMR" to reflect that you have made a professional decision based on the information that you have available on your own records.**

You can change the formulation of the prescribed medication if you have assessed this to be clinically appropriate.

- For example, you can change Omeprazole capsules to Omeprazole tablets.

You can change the strength and quantity on a prescription to achieve the same dose and duration of supply for your patient.

- For example, against a prescription for 28 Amlodipine 10mg with instructions to take ONE daily, you may dispense 56 Amlodipine 5mg and change the directions accordingly to take **two** daily. You will be reimbursed for what is supplied.

You can also do this if both items are non-part 7.

- For example, if in the above example it was the brand ISTIN that was prescribed and substituted.

You can change a prescription for a non-part 7 branded drug to the equivalent generic.

- For example, against a prescription for 84 Glucophage 500mg tablets, you may dispense the generic: 84 Metformin 500mg tablets, taking into consideration any clinical differences between formulations and whether this requires prescriber oversight (e.g. difference in bioavailability). You will be reimbursed for what is supplied.
- In this example, you would have to confirm the change with the prescriber and use the "PC" endorsement in line with the Medicines Act.

# Scenario 2 (continued)

## I cannot source this medicine at all – what can I do?

**However, there are some actions which may be inappropriate:**

Although technically possible, it is not appropriate to routinely change a prescription for a part 7 generic drug to an equivalent non-part 7 brand

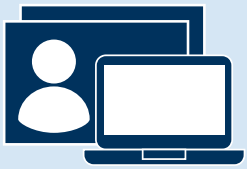
- For example, against a prescription for 84 Metformin 500mg tablets, you should not dispense the brand: 84 Glucophage 500mg tablets unless specifically advised to do so by your NHS Board.

Although technically possible, it is not advisable to change one drug for another.

- For example, it would require input from a prescriber to change a patient from one beta-blocker to another – and would need the GP practice to update the patient record accordingly.
- You can use your local NHS Board formulary to help you propose an alternative medication to the prescriber.

Some medication with a narrow therapeutic range or significant differences in bio availability may require specialist input

- For example, changing from one brand of Tacrolimus to another would require monitoring.



If you have any questions, please contact Adam or Amanda in the policy office at CPS, or your local NHS Board pharmacy team.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