MEDICINES MANAGEMENT GUIDE TO PRESCRIBING

Section 3 – Prescribing situations and issues (general)

Contents

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Review date – June 2026

3.1 PRESCRIBING NEW PRODUCTS

(Acknowledgement to MeReC Bulletin 1998; 9:21-24)

The principles outlined in this section of the document apply equally to the prescribing of medicines, dressings, stoma and continence products.

If a Primary Care Prescriber is asked to prescribe a new treatment with which they are not familiar, they should seek advice, and the ICB Medicines Optimisation Team can help.

Some new medicines may offer distinct advantages over current therapies. However, there is often a lack of good quality demonstrable evidence at the time of launch to be able to define their place in therapy. In addition, the safety profile of a new drug cannot be fully assessed as only a few thousand patients may have been exposed to it by the time it is licensed.

Drugs that are newly licensed and are being monitored intensively by the Medicines & Healthcare products Regulatory Agency (MHRA) can be identified in the BNF by the black triangle symbol ▼

To avoid exposing patients to an unknown risk of adverse events, GPs need to have a careful, critical approach to the use of new drugs to ensure their use is appropriate. Extreme vigilance is needed to detect and report possible adverse effects; thereby ensuring patients are not exposed to unnecessary risks.

Adverse Drug Reactions (ADR) – Yellow Card Scheme

An adverse drug reaction (ADR) can be reported online using the Yellow Card Scheme at

http://yellowcard.mhra.gov.uk/

Additional information about the Yellow Card Scheme and the reporting of ADRs can be found at http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Reportingsuspectedadversedrugreactions/index.htm

Guidance from the GMC can be found at this link

Before prescribing any new innovative treatments that have not been assessed by the APC, it is recommended that the GP practice discusses this with a member of the ICB Medicines Optimisation Team to make sure that they have access to all available evidence on safety and effectiveness.

The transfer of prescribing for new drugs, initiated by hospital consultants, should only be considered in cases where the drug has been added to the hospital formulary through due process, i.e., ratification by the Area Prescribing Committee or Drugs and

Therapeutics Committee. Consultants should not refer the prescribing of these drugs to primary care as a means of bypassing their approved hospital / joint formulary.

The Area Prescribing Committee (APC) will keep abreast of developments nationally and locally e.g., NICE, good practice guidelines, local priorities, Trust DTC decisions and identified problem areas. In doing this they will consider the implications of and make recommendations for the managed entry of new drugs (further information about the role of the APC can be found in section 2).

Before prescribing a new drug/product, a prescriber should consider:

- Is it a truly new medicine, or merely an attempt at patent extension e.g., a novel formulation or isomer of a former medicine?
- Does this medicine provide evidence-based, demonstrable benefits to patients?
- Can pharmaceutical company claims be substantiated?
- When should this medicine be used in preference to current treatment decisions, and will it give better outcomes?
- What are the licensed indications?
- Is it a specialist treatment?
- Are there any published comparative safety data and has it been widely used?
- Are there any monitoring requirements?
- Are there any clinically important drug interactions?
- Are there particular groups of patients in which this medicine should not be used or used with care?
- Is there any independent guidance from the ICB Medicines Optimisation Team, the APC
- Is there good quality, demonstrable evidence that it is more cost-effective than existing treatments?
- What impact would prescribing this medicine have on the whole health economy?

Specialist Pharmacy Services provide a list of new product evaluations that are freely available to NHS staff via the internet. The list is updated monthly and is available at New Medicines News – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

3.2 GENERIC PRESCRIBING RECOMMENDATION / WHEN TO PRESCRIBE BY BRAND

Surrey Heartlands ICB supports the British National Formulary (BNF) guidance that "***Where non-proprietary ('generic') titles are given, they should be used in prescribing."*** As such, the ICB does not support the prescribing of branded medicines where the medicine is available generically.

The exceptions to this include:

- Where there is a difference in bioavailability
- Where modified release preparations are not interchangeable
- Where there are important differences in formulation
- Where products contain more than one ingredient
- Where administration devices have different instructions for use
- Where the product is a biological (see below)
- In exceptional circumstances, where the cost of the generic product is considered to be disproportionately excessive (subject to agreement through the MCG or in accordance with local ICB recommendations)

Full information relating to these exceptions and the advice from Surrey Heartlands ICB can be found on the PAD - Guidelines : Generic prescribing (res-

3.2.1 Biological Medicines

A number of biological medicines are now available to prescribe with subsequent development of similar products. The original/existing product is usually referred to as reference or originator and the new product(s) as biosimilars. Biological products are fundamentally different from standard chemical products in terms of their complexity, and it is unlikely that the biosimilar product will have an identical structure to that of the "reference" product, thereby requiring evidence of safety and efficacy before approval. In this regard, biosimilars are different to the more familiar generic products.

MHRA guidance for biological products indicates that it is good practice to use the brand name (to ensure that automatic substitution does not occur; and when reporting any suspected ADR, that the product name (brand) rather than substance name (drug) is used.

As of June 2023, biological drugs likely to be prescribed in primary care and therefore prescribed by brand include:

- enoxaparin sodium
- insulin glargine
- somatropin

- insulin Lispro
- insulin aspart

A full list of biosimilars authorised by the European Medicines Agency can be found HERE.

Additional information and guidance on biological medicines can be found on the PAD Guidelines : Biological medicines (res-systems.net)

3.3 UNLICENSED OR "OFF LABEL" MEDICINES

Medicines should be licensed for the indication for which they are intended. However, there are clinical situations when the use of unlicensed medicines or use of medicines outside the terms of the licence (i.e., 'off-label') may be judged by the prescriber to be in the best interest of the patient on the basis of available evidence. Such practice is particularly common in certain areas of medicine: for instance, in paediatrics where difficulties in the development of age-appropriate formulations means that many medicines used in children are used off-label or are unlicensed.

When a GP chooses to prescribe a product outside the terms of its licensing agreement, the product liability passes to the GP.

Before prescribing outside the licensed indications the GP should be confident that a reasonable body of medical opinion would support the use of the product in that way (Bolam principle). However, recent court judgements and Human Rights legislation may mean that the 'Bolam test' may not always be a suitable defence. If in doubt, prescribers are advised to seek guidance from the ICB Medicines Optimisation Team or their defence organisation, if appropriate.

All GPs are advised not to prescribe an unlicensed product if requested to do so by secondary care unless they have full clinical knowledge and understanding of the products efficacy and safety and are prepared to accept clinical responsibility for the use of the product in each patient. Under these circumstances a shared care agreement may be appropriate.

For specific information about unlicenced medicines agreed for use within Surrey Heartlands ICB please access the Prescribing Advisory Database. In circumstances where no formal documentation is available, prescribers should ensure that they have full access to appropriate information and clear documentation with the initiating clinician regarding their specific responsibilities in the care of the patient. In some cases, if the recommendation arises from outside of Surrey Heartlands ICS, the host organisation may have appropriate documentation that would fulfil this requirement.

Many medicines initiated by the paediatricians in secondary care are not licensed for children but their use is medically accepted practice, i.e., off-label use. Providing that the drug, indication and dose is included in the Children's BNF then formal

documentation may not be required for the transfer across to primary care to take place. GPs are advised to seek advice from the ICB Medicines Optimisation Team and their medical defence organisation (on each occasion), as appropriate.

For further information see:
Recommendations to prescribers for the use of unlicensed medicines and licensed medicines for unlicensed indications". This is accessible on the PAD together with other resources *on specials and advice on administering medicines to patients with swallowing difficulties.*

The MHRA provide useful information on "Off-label or unlicensed use of medicines: prescribers' responsibilities" at the following link: https://www.gov.uk/drug-safety-update/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities

GMC guidance may also be of use to prescribers:
Good practice in prescribing and managing medicines and devices (gmc-uk.org)

3.4 *PRESCRIBING SITUATIONS NOT COVERED BY THE NHS*

3.4.1 Private Referral

Responsibility for prescribing between Primary & Secondary/Tertiary Care (published by NHS England in 2018) supersedes (EL(91)127) and states:

> *"Clinical responsibility for prescribing should sit with those professionals who are in the best position and appropriately skilled to deliver care which meets the needs of the patient*."

The NHS provides a comprehensive service, available to all. Access to NHS services is based on clinical need, not an individual's ability to pay. As such, where an NHS GP refers a patient (privately or otherwise) to a consultant for advice but retains clinical responsibility for the patient, then the GP should issue the necessary prescriptions at NHS expense.

In the situation where the Consultant retains clinical responsibility, for example, where he continues to administer any treatment or the treatment is recognised to be specialist in nature, then, it is the Consultant who should issue the prescriptions.

The NHS prescriber is not obliged to issue NHS prescriptions for recommended treatment if this is outside their normal practice and expertise or does not follow national or local guidance.

If the recommendation does not follow local or national guidance, the NHS prescriber should not prescribe but may substitute with a clinically appropriate alternative.

For further information see:
"NHS Medication recommended during or after a private Episode of Care"
This is accessible on the Prescribing Advisory Database

3.4.2 Private Service for travel vaccination

For immunisations for conditions for which there are no reimbursement arrangements (e.g., Hepatitis B, Rabies), GPs may levy a charge directly to the patient under Schedule 5 Fees and Charges of The National Health Service (General Medical Services Contracts) Regulations 2004 – see Section 8.4.5 for additional information.

Patients can be charged directly for some vaccinations but note:

- You CANNOT charge for advice
- You CANNOT charge if the service is available on the NHS
- You can write a private prescription or charge patients for the stock and the administration
- The level of charge is for the practice to determine. It is advisable for practices to develop a protocol which is available to patients or included in the practice leaflet.

For further information see:
Medicines Management Guide to Prescribing Section 8

3.4.3 Malaria Prophylaxis

Anti-malarial drugs, for the **prophylaxis** of malaria, may not be prescribed on the NHS.

The Department of Health issued guidance in 1995 (FHSL(95)7) suggesting that medication for malaria prophylaxis should be provided on a private prescription. This was supported by a change in the GMS Regulations to permit GPs to charge for such prescribing. However, the guidance does not apply to the treatment of malaria or the use of the treatments specified below for any other indications.

For the prevention of malaria doxycycline, and mefloquine (Lariam®) may be prescribed on private prescription as they are Prescription Only Medicines.

Other medicines for the prevention of malaria are available for purchase “over the counter” at community pharmacies, including chloroquine, proguanil, and a combination of atovaquone plus proguanil. Patients should be advised to purchase sufficient prophylactic medicines to cover the period of their travel, please refer to up-to-date information in the BNF. The importance of prevention, e.g., using mosquito nets, suitable clothing, and insect repellents to protect against being bitten, should be stressed.

Remember the four steps (ABCD) to prevent suffering from malaria in UK travellers:

- Awareness of risk
- Bite prevention
- Chemoprophylaxis
- Diagnose promptly and treat without delay

Advice in relation to recommended malaria prophylaxis can be accessed on the NaTHNaC website www.nathnac.org and the TRAVAX website www.travax.nhs.uk (if your practice has purchased a subscription).

Other useful advice can be found by clicking on the link below which provides advice from Public Health England (PHE):
https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk

3.4.4 Emergency travel kits

Emergency travel kits are available in two forms:

- The "basic kit" contains items such as disposable needles and syringes, IV cannulae, sutures and dressings
- The "POM" kit contains additional items such as plasma substitutes and medicines. A private prescription is required for the latter

Neither kit is available on the NHS but the kits are available through community pharmacies.

3.5 *PATIENTS TRAVELLING OR MOVING ABROAD - ACCESS TO NHS CARE*

NHS funding and healthcare abroad, in other European countries, including emergency care, is now the responsibility of NHS England. For further information refer to the NHS England's commissioning guidance on "Who Pays" B1578_i_who-pays-framework-final.pdf (england.nhs.uk)

3.5.1 Right to cross-border healthcare treatment within the European Economic Area (EEA)

From 1st January 2021 the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (CBHD), no longer applies to the UK. However, patients whose treatment has been applied for, authorised or commenced, on or before 31 December 2020 will be able to complete their treatment and seek reimbursement.

Patients may be entitled to NHS funding for planned state healthcare treatment in an EU country or Switzerland through the "S2 route." Further information on the "S2 route" can be found on the NHS Choices website.

Alternatively, contact the European Cross Border Healthcare Team on 0113 824 9653 or email England.europeanhealthcare@nhs.net

3.5.2 Patients travelling for three months or less

Under NHS legislation, the NHS ceases to have responsibility for people when they leave the U.K. However, to ensure good patient care it is advised that patients carry an approved Insurance Card to enable them to access medically necessary state-provided healthcare in most EU countries and Switzerland. Following the United Kingdom's exit from the EU the following cards are available:

- a UK Global Health Insurance Card (UK GHIC)
- a UK European Health Insurance Card (UK EHIC), if you have rights under the Withdrawal Agreement
- an existing EHIC will remain valid until the expiry date on the card

Patients are advised to check specific entitlements and appropriate health advice prior to travel and obtain adequate holiday insurance cover. Further information is available on NHS Choices website.

Apply for UK EHIC or UK GHIC)

- Online at Get healthcare cover for travelling abroad - NHSBSA
- By phone on **0300 3301350**

Beware! Unofficial websites offering EHIC's.

An internet search will produce a number of unofficial sites offering to process your UK GHIC or UK EHIC application or a fast-track service. These sites often ask for a processing or service charge.

ALWAYS use the official site Get healthcare cover for travelling abroad - NHSBSA to get your free UK GHIC or UK EHIC

3.5.3 Pre-existing conditions

Medication required for a pre-existing condition should be provided in sufficient quantity to cover the journey and to allow the patient to obtain medical attention abroad. If the patient is returning within the timescale of a normal prescription (usually one and no more than three months) then this should be issued, providing it is clinically appropriate.

Patients travelling abroad should always have clear information about any existing medical conditions and medications and should keep a written record. This may be required to export their medication or to bring it back into the UK. The generic names, as well as the trade names, may be required to accurately identify any medicines.

3.5.4 Just-in case treatments

An NHS prescription should not be provided for medication which is requested solely in anticipation of the onset of an ailment whilst outside the UK, but for which treatment is not required at the time of prescribing (e.g., travel sickness, altitude sickness).

Patients should be advised to purchase these items locally prior to travel; advice is available from community pharmacists if required. A private prescription may be provided for any prescription-only medicines.

3.5.5 Taking controlled drugs abroad

Department of Health guidance recommends that, in general, prescriptions for controlled drugs should be limited to a supply of up to 30 days treatment. Exceptionally (to cover a justifiable clinical need and after consideration of any risk) a prescription can be issued for a longer period, but the reasons for the decision should be recorded in the patient's notes.

Patients who are carrying certain controlled drugs abroad or into the UK *for less than three months* for their own personal use do not need a personal export or import licence. They should carry a letter from the prescribing doctor with the following details:

- patient's name, address and date of birth
- a list of the medicines prescribed, including doses, strength, frequency and total quantity; it must be evident that the patient is not carrying more than a 3-month supply from both the travel dates and quantities of medication listed on the letter or prescription
- the signature of the person who prescribed your drugs and their professional registration details
- the full travel itinerary including outward and return dates of travel

Controlled drugs should be:

- carried in original packaging
- carried in hand luggage (airline regulations permitting)
- carried with a valid personal import/export licence (if necessary; see below)

Persons travelling abroad (or visitors travelling to the UK) in *excess of three months* and carrying controlled drugs will require a personal export or import licence. A personal licence has no legal standing outside the UK and is intended to assist travellers passing through UK customs controls with their prescribed controlled drugs.

It is always advisable to contact the embassy, consulate or high commission of the country to be visited regarding their policy on the import of controlled drugs, as the legal status of UK prescription only (POM) controlled drugs varies between countries.

For further information see:

Travelling with medicine containing controlled drugs

3.5.6 Patients travelling abroad for more than three months

NHS England Standard General Medical Services Contract states that a patient should be removed from the list of a practice if the patient has "*been absent from the United Kingdom for a period of more than three months".* The test for the practice informing NHS England ought to be this person has retained a sufficient connection to the UK to continue to be habitually resident here and thus can justify remaining on the practice list.

The BMA GPC advice on Prescribing in General Practice advises that "The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad of up to three months. If a person is going to be abroad for more than three months, then only a sufficient supply of his/her regular medication should be provided to enable them to get to the destination and find an alternative supply. NHS prescriptions must never be obtained by relatives or friends on behalf of patients who are currently abroad, irrespective of such factors as owning a house in the UK or paying UK taxes."

It is for the prescriber to consider this guidance and decide in which circumstances they will give up to three month's supply of medicines, e.g., drugs that require frequent monitoring may not be prescribed or length of supply may be limited due to safety concerns.

It is wise for the patient to check with the manufacturer that medicines required are available in the country being visited. It is also worth advising that some UK prescription only medicines can be purchased without a prescription from pharmacies in some countries.

3.6 *TEMPORARY RESIDENTS / VISITORS TO THE UK*

Entitlement to free NHS services is a complex matter and depends on many factors. The regulations concerning entitlement to NHS treatment in England and additional advice concerning overseas visitors can be found on the NHS Choices website: http://www.nhs.uk/nhsengland/aboutnhsservices/uk-visitors/Pages/accessing-nhs-services.aspx

A GP remains clinically responsible for the duration of the treatment that they prescribe. It is therefore advised that prescribing for Temporary Residents should reflect the time the patient is under the temporary care of the GP. Thus, if a patient is registered for 14 days any prescription should be for a very limited period. However, some flexibility may be needed to support patients in seeking further medical advice, e.g., from their own GP on their return home. In general, such prescriptions should not exceed 28 days, and it will often be appropriate for them to be shorter.

3.6.1 Asylum seekers and refugees

Refugees, asylum seekers and refused asylum seekers can register for and receive primary care free of charge in the same way as any other patient.

Refused asylum seekers are not necessarily entitled to secondary NHS care free of charge. Their ability to access care depends on:

- whether the care is immediately necessary/urgent or non-urgent
- whether specific exemptions apply.

For further information see:

NHS Choices:

www.nhs.uk/nhsengland/aboutnhsservices/uk-visitors/Pages/accessing-nhs-services.aspx

GOV.UK (Public Health England):

www.gov.uk/guidance/nhs-entitlements-migrant-health-guide

CQC:

http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-36-registration-treatment-asylum-seekers-refugees

BMA:
Refugees' and asylum seekers' entitlement to NHS care - Refugee and asylum seeker patient health toolkit - BMA

3.6.2 Emergency or Immediately Necessary treatment

Practices have a contractual duty to provide emergency treatment and immediately necessary treatment free of charge for up to 14 days.

This applies to any person within their practice area:

- who has been refused application for inclusion in the practice's list of patients
- who isn't registered with another provider of essential services
- whose application for acceptance as a temporary resident has been rejected.

Immediately necessary treatment in relation to people who are visiting England should be viewed as treatment of new and pre-existing conditions that have got worse during their stay. This is subject to the GP's clinical judgement.

A patient might require necessary drugs or dressings following immediately necessary treatment. These are supplied and prescribed in the same as for UK residents. Prescription charges might also be applicable.

More information can be found on the BMA website

3.7 *URGENT SUPPLY*

In an emergency a pharmacist working in a registered pharmacy can supply POMs to a patient without a prescription on the request of a 'relevant prescriber' or a patient (conditions apply, see below). Each request should be considered by the pharmacist on a case-by-case basis, using professional judgement in the best interests of the patient.

3.7.1 Emergency Supply at the request of a prescriber

A relevant prescriber may request a pharmacy to dispense an emergency supply of a medicine or appliance in the following circumstances:

- a prescription cannot be provided immediately due to an emergency (e.g., patient cannot collect the prescription from the prescriber, the prescriber is unable to drop off prescription at the pharmacy and patient urgently needs the medicine(s), etc.)
- the prescriber agrees to provide a written prescription within 72 hours
- NOT FOR CONTROLLED DRUGS, EXCEPT PHENOBARBITAL – Schedule 1, 2 or 3 controlled drugs cannot be supplied in an emergency whether requested by UK, EEA or Swiss health professionals. Phenobarbital (also known as phenobarbitone or phenobarbitone sodium) is the exception and can be authorised by UK doctor, dentist, nurse or pharmacist independent prescriber or supplementary prescriber in an emergency for the treatment of epilepsy.

3.7.2 Emergency Supply at the request of a patient

A patient may request a pharmacy to dispense an emergency supply of a POM medicine in the following circumstances:

- The pharmacist is required to interview the patient [in some circumstances this might not be possible, for example if the patient is a child, or being cared for, etc.; in these circumstances pharmacists should use their professional judgement and consider the best interest of the patient
- IMMEDIATE NEED - the pharmacist must be satisfied that there is an immediate need for the POM and that it is not practical for the patient to obtain a prescription without undue delay. Legislation does not prevent a pharmacist from making an emergency supply when a doctor’s surgery is open. As with any request for an emergency supply, pharmacists must consider the best interests of the patient. Where a pharmacist believes that it would be impracticable in the circumstances for a patient to obtain a prescription without undue delay they may decide that an emergency supply is necessary. Automatically referring patients who are away from home and have forgotten or run out of their medication to the nearest local

surgery to register as a temporary resident may not always be the most appropriate course of action. In practice, a request to NHS111 online for an urgent supply of medication referral through to any participating pharmacy avoids the need to register as temporary resident (except Controlled Drugs)

- PREVIOUS TREATMENT – the POM requested must previously have been used as a treatment and prescribed by a UK, EEA or Swiss prescriber listed above. (NB: The time interval from when the medicine was last prescribed to when it is requested as an emergency supply would need to be considered)
- DOSE – the pharmacist must be satisfied of knowing the dose that the patient needs to take
- NOT FOR CONTROLLED DRUGS, EXCEPT PHENOBARBITAL (for the purposes of treating epilepsy)
- LENGTH OF TREATMENT – if the emergency supply is for a Controlled Drug (i.e., phenobarbital or Schedule 4 or 5 Controlled Drug), the maximum quantity that can be supplied is for five days' treatment. For any other POM, no more than 30 days can be supplied except in the following circumstances:
- If the POM is insulin, an ointment, a cream, or an inhaler for asthma (i.e., the packs cannot be broken), the smallest pack available in the pharmacy should be supplied
- If the POM is an oral contraceptive, a full treatment cycle should be supplied.
- If the POM is an antibiotic in liquid form for oral administration, the smallest quantity that will provide a full course of treatment should be supplied.

3.8 PRESCRIBING FOR YOURSELF OR THOSE CLOSE TO YOU

GMC guidance "*Good practice in prescribing and managing medicines and devices*" (2021) states the following:

Wherever possible you must avoid prescribing for yourself or anyone with whom you have a close personal relationship.

Controlled medicines present particular dangers, occasionally associated with drug misuse, addiction and misconduct. You must not prescribe a controlled medicine for yourself or someone close to you unless:

- no other person with the legal right to prescribe is available to assess and prescribe without a delay

  and

- emergency treatment is immediately necessary to avoid serious deterioration in health or serious harm

If you prescribe for yourself or someone close to you, you must:

- make a clear record at the same time or as soon as possible afterwards. The record should include your relationship to the patient (where relevant) and the reason it was necessary for you to prescribe
- tell your own or the patient's general practitioner (and others treating you or the patient, where relevant) what medicines you have prescribed and any other information necessary for continuing care

3.9 *PRIVATE PRESCRIPTION FOR NHS PATIENTS*

A private prescription may be offered to an NHS patient where an item is not available on the NHS.

Circumstances when the patient ***should not*** be charged a fee for the issue of a private prescription:

- Drugs on the NHS "Black List" (those listed in Part XVIIIA of the Drug Tariff)
- Drugs where the indications are not included in the 'SLS' conditions

Circumstances when the patient ***can be*** charged a fee for the issue of a private prescription:

- Drugs prescribed in anticipation of an ailment for patients travelling abroad (i.e., there is no clinical need at the point of prescribing) (see 3.5 above)
- Vaccinations and antimalarials for travellers not available on the NHS (see 3.4.3 and 3.4.4 above). Further advice on travel vaccinations that should be prescribed privately can be found in Section 8 of the Medicines Management Guide to Prescribing)

For further information see:
"NHS Prescribing Recommendations following a Private Episode of Care". This is accessible on the PAD

3.9.1 Private scripts to avoid NHS prescription charges

If an NHS patient requests a private prescription where the cost of the NHS prescription charge is more than the cost of a private prescription (the cost of the medicine plus additional dispensing costs applied by the dispensing pharmacy) this must be refused.

BMA guidance on this matter can be found by clicking here. GPC has obtained legal advice that in case of treatment under the primary care contract, GPs may not issue private prescriptions alongside as an alternative to FP10s. In any case where a GP is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of this obligation.