

**DOCUMENT TITLE: Understanding unlicensed medicines**
CLOSING DATE: Friday 18 November 2022

Please complete your personal details along with the Consultation Pro-forma **and** the Declaration of Interests form below. Please type directly into the forms and save with your initials (or other appropriate identifier) before returning to awtcc@wales.nhs.uk.

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By submitting your comments, you are agreeing to them being used in line with the above.

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CONSULTATION PRO-FORMA

Is there anything you would like to see added to the *Understanding unlicensed medicines* document?

Nothing other than the comments noted below

Is there anything you would like to see removed from the *Understanding unlicensed medicines* document?

Nothing other than the comments noted below

Any further comments you may have can be submitted using the table below.

Page number/section number/ line number	Comment
Page 3. Line 50/51	Bullet point reads: 'Pharmacists who dispense unlicensed 'specials' and off-label medicines'. The act of dispensing / accuracy checking medicines could be undertaken by a pharmacist or a suitable trained member of the pharmacy team. Consider re-wording.
Page 6 Infographic: general	Primary care – community setting Primary care – prescribing setting The community setting could also be the prescribing setting – particularly with an increase in IP activity in this sector. Consider rewording these terms.
Line 71/72	A 'special' is commonly understood to be a medicine prepared by a specials manufacturer specifically for a single request,

	rather than all unlicensed medicines
Line 108	nurse and pharmacist IPs are already mentioned in the section above (line 103)
Line 110	Implies that if a Healthcare professional is prescribing a licensed medicine that they can take less care? Potentially rephrase to 'a need to have an awareness of the lack of evidence if they are prescribing outside of the license'.
Line 170	Should read NPPG standard strength list of liquid medicines for children list
Line 253	Consider that currently there are many 'standard' regimens initiated in paediatric/neonatal patients in secondary care that just happens to be unlicensed (e.g. Dalivit is used due to lack of availability of Abidec, but licensing is different). Would they need to get permission from primary care for these regimens which have become standard?
Line 384	After 'do not prescribe if you're not confident to do so', consider adding lines 391 -394 immediately after this (consider the impact on the patient), to ensure the care of the patient remains of first importance.
Line 386	Take care not to change strength of liquids to fit prescribing software, can result in inadvertent incorrect dosing.
Line 604	Would read better if added the following 'advised differently by a healthcare professional'.
Line 608	unless advised differently by a healthcare professional. (Sometimes it might be better pragmatically to use a medicine that has been stored out of the fridge than omit doses waiting for a new supply)
Line 661	Language appears quite negative. Would patient/family then immediately worry?
Line 740	Private prescription - question if this is needed in the leaflet? Potential to create health inequalities and a 'postcode' system, whereby one patient has the medicine via an NHS prescription, and another doesn't based on the prescriber? If the medicine is initiated in secondary care and then there is reluctance to continue in primary care due to non-formulary/cost, then this would need to be discussed before transfer of prescribing with potentially other routes of funding accessed to cover the cost of the medicine. If a primary care prescriber was unwilling to prescribe on an NHS prescription due to concerns over unlicensed use/lack of confidence to prescribe, then likewise, they would still not prescribe on a private prescription due to the same concerns.

DECLARATION OF INTERESTS

Do you have any business or personal interests that might be material and relevant to the project/document under consideration?

Yes	
No	✓

If **yes**, please give details below: