

Community Pharmacy Bulletin



26 March 2021



NHS England and NHS Improvement – South West

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Coming Up

	March	April	May
Week 1	PQS Part 2 declaration closes 1 March 2021 ----- NHSE&I Wellbeing Event 3 March 1pm-3pm	Good Friday 2 April 2021 Easter Sunday 4 April 2021 Easter Monday 5 April 2021	Early May Bank Holiday Monday 3 May 2021
Week 2			
Week 3			
Week 4			
Week 5	Pharmacist Support Wellbeing Workshop 29 March 2021, 7.30pm ----- Antimicrobial Stewardship (AMS) Virtual Event 30 March 2021, 7pm		Spring Bank Holiday Monday 31 May 2021

Headlines from the Week

NHS England

- [Strong integrated case systems everywhere](#)
- [NHS Operational Planning Guidance for 2021/22](#)

NHS England South West Regional Team

- Update 114 - C1213 Information on supporting clinically extremely vulnerable staff (sent 24 March 2021)
- Update 115 - Staff Vaccination Survey - South West Pharmacy, Optical and Dental Practices - Deadline 26 March 2021 - 12pm (sent 24 March 2021)

PSNC Bulletin

- [Payment timetable update](#)
- [SSP010 extended](#)
- [New applications for PEPs suspended](#)
- [March 2021 Price Concessions](#)
- [Improvements made to the NHS Service Finder tool](#)
- [ICS leadership survey](#)
- [Terms of Service changes for DSPs](#)
- [Reminder: Have you booked your free CPCS training?](#)
- [Upcoming Pharmacist Support wellbeing workshop](#)
- [MHRA Drug Safety Update](#)
- [Shielding for CEV patients to stop from 1st April 2021](#)
- [April 2021 Category M prices announced](#)

Covid-19

Women's Safety and Domestic Abuse During COVID-19

The attached letter, 'C1211 Women's safety and domestic abuse during COVID-19 a reminder of advice for NHS staff', provides information for NHS Staff on reminding you of the key signs of domestic abuse and the services that are available for women.

Although these services are not exclusively there for or just needed by women, they are essential in supporting women who are in these distressing and sometimes dangerous situations.

Our message to women at this time is simple – the NHS is here for you.

Information on Supporting Clinically Extremely Vulnerable Staff

The attached letter, 'C1213 Information on supporting clinically extremely vulnerable staff 23 March 2021', provides information of supporting clinically extremely vulnerable staff. The government has now confirmed that, from **1 April 2021**, shielding advice will be paused nationally. This reflects falling infection rates and advice from the Chief Medical Officer. The Shielded Patient List will continue to be kept current in case of a future need.

Expanding Services for Pharmacies from 31 March 2021

(taken from Primary Care Bulletin – 23 March 2021 (issue 118))

Primary Care Support England (PCSE) is expanding its services for pharmacies this Spring. As well as the current market entry applications already processed by PCSE, it will start to manage consolidation applications too - when two pharmacies within the same Health and Wellbeing Board wish to merge onto an existing site. As such, PCSE is changing the name of its Market Entry Service to Pharmacy Market Management Services (PMMS) from 31 March 2021. [Consolidation applications](#) can be made via the online portal from this date.

The [online portal](#) also contains further guidance about consolidations including how to register on the PCSE online portal, information from the Pharmacy Manual and PSNC guidance.

Medicine Supply Notifications (MSNs) and Serious Shortage Protocol (SSPs)

Medicine Supply Notifications (MSNs)

Please find attached Medicine Supply Notifications for:

- A Tier 2 medicines supply notification voriconazole 40mg/ml powder for oral suspension
- A Tier 2 medicines supply notification for Pioglitazone 15mg/metformin 850mg (Competact®) tablets

The table below provides a summary of the attached MSNs:

Medicine	Out of stock until	Alternatives
Voriconazole 40mg/ml powder for oral suspension	Late April 2021	Voriconazole tablets Unlicensed imports have been sourced
Pioglitazone 15mg/metformin 850mg (Competact®) tablets	Early May 2021	Pioglitazone 15mg tablets and metformin 850mg tablets as separate constituents (SSP in place) Alternative glucose-lowering therapies Unlicensed imports have been sourced

There have also been changes to the resupply dates of the medicines listed below.

Please note that supply issues that have been categorised as tier 1 or 2, DHSC and the MSRG have requested that the NHSE&I commissioning routes are used to reach community pharmacy and GP Practices. More serious supply issues are communicated via the Central Alerting System for action.

Original MSN reference	Date of original MSN/SDA	Supply issue	Resupply date originally communicated	Updated resupply date as of w/c 22 Feb 2021
SDA/2020/001	10/01/2020	Phenytoin 100mg capsules	Early May 2020	Back in stock
MSN/2020/041	17/07/2020	Metronidazole (Acea) 0.75% gel	September 2020	Mid-August 2021
MSN/2020/055	15/10/2020	DDAVP 100mcg/ml intranasal solution	Mid-2021	Discontinued

Please note that supply issues that have been categorised as tier 1 or 2, DHSC and the MSRG have requested that the NHSE&I commissioning routes are used to reach community pharmacy and GP Practices. More serious supply issues are communicated via the Central Alerting System for action.

Serious Shortage Protocol (SSPs)

- A Serious Shortage Protocol (SSP) has been issued for Competact 15mg/850mg tablets.

The SSP will enable community pharmacists in England, Scotland and Wales to supply patients with 1 x pioglitazone 15mg tablet and 1 x metformin 850mg tablet. The SSP is now available to view on the NHS Business Service Authority (BSA)'s dedicated SSP web page, along with supporting guidance. The SSP came into effect on **24 March 2021** and is currently due to expire **on 7 May 2021**.

- Due to ongoing supply issues, the Serious Shortage Protocol currently in effect for Levothyroxine 12.5 microgram tablets (SSP010) is being varied to extend the end date, which was previously Friday 26 March 2021.

The end date for SSP010 will now be **Thursday 1 April 2021**.

If you have any questions regarding the SSPs please contact the NHS Prescription Service:

Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk

Telephone: 0300 330 1349

Textphone: 18001 0300 330 1349

To access the latest information about SSPs (including supporting guidance), please visit the [NHS BSA Website](#).

Useful Information

INFORMATION



NHS England & Improvement – South West Region Community Pharmacy Contract Management Team contact information

Team Member	Telephone	Address
Jenny Collins	07979 308749	For Devon, Cornwall, Isles of Scilly, Somerset and Dorset: NHS England and Improvement – South West Peninsula House Kingsmill Road Tamar View Industrial Estate Saltash, PL12 6LE <i>Please note all our offices are currently closed, please do not send post and use email wherever possible</i> Email: england.pharmacysouthwest@nhs.net
Michele Toy	07568 431890	
Les Riggs	07730 371074	
Sarah Lillington	07920 834445	
Mary Cotton	07920 288191	
Kath Hughes	07730 374739	
Hayley Colledge	07900 713005	
Stacey Burch	07730 391418	
Lesley St Leger	07730 381871	
Sharon Greaves	07900 715295	
Sharon Hodges	07702 411295	For Bristol, North Somerset, South Glos, Bath & North East Somerset, Gloucestershire, Swindon & Wiltshire NHS England and Improvement – South West Sanger House, 5220 Valiant Court Gloucester Business Park, Brockworth Gloucester, GL3 4FE Or NHS England and Improvement – South West

Tracey Howes	07730 380479	Jenner House, Avon Way Langley Park Chippenham, SN15 1GG
Chris Yengel	07769 963478	<i>Please note all our offices are currently closed, please do not send post and use email wherever possible</i>
William Anderson	07783 821721	Email: england.bgs-w-pharmacy@nhs.net

Webpages

Please see our websites for more information and any blank templates, forms and documents:

[Cornwall & Isles of Scilly, Devon, Bristol, Dorset, North Somerset, Somerset and South Gloucestershire](#)

[BaNES, Gloucestershire, Swindon or Wiltshire](#)

[Interpretation and Translation Services](#)

Official

Publications approval reference: C1211

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

To:

NHS trust and foundation trust chief executives
NHS trust and foundation trust chief nurses
NHS trust and foundation trust medical directors
NHS trust and foundation trust chief midwives
NHS trust and foundation trust HR Directors/Chief
People Officers
A&E delivery board chairs
Primary care network leads
CCG GP leads
CCG pharmacy leads
GP practices
Community pharmacy practices
Dental practices
Optometry practices
Third sector and independent provider leads

CC:

Regional directors
Regional chief nurses
Regional medical directors
Regional chief midwives

20 March 2021

Dear colleague,

Women's safety and domestic abuse during COVID-19: a reminder of advice for NHS staff

In the last few weeks, many women are rightly coming forward to speak about the experiences they face of harassment, intimidation, assault and abuse.

We are writing to you to remind you of the key signs of domestic abuse and the services that are available for women.

Although these services are not exclusively there for or just needed by women, they are essential in supporting women who are in these distressing and sometimes dangerous situations.

Our message to women at this time is simple – the NHS is here for you.

The signs of domestic abuse

Domestic violence, also called domestic abuse, includes physical, emotional and sexual abuse in couple relationships or between family members. Domestic violence can happen against anyone, and anybody can be an abuser.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background.

Domestic abuse is not always physical violence. It can also include:

- coercive control and 'gaslighting'
- economic abuse
- online abuse
- threats and intimidation
- emotional abuse
- sexual abuse

The government's [webpage on spotting the signs](#) has a checklist on what to look out for.

Public information on domestic abuse

The NHS website has [advice for the public](#) on spotting the signs of domestic abuse and domestic violence and where to go for help. The NHS also has a [help page](#) for those who have been raped or sexually assaulted.

The Home Office is promoting the freephone 24-hour National Domestic Abuse Helpline number **0808 2000 247** and associated online support available at nationaldahelpline.org.uk

As part of the campaign, the [Home Office has produced detailed advice](#) for those experiencing domestic abuse and domestic violence.

In addition, [Respect](#) is an anonymous and confidential helpline for men and women who are harming their partners and families. The helpline also takes calls from partners or ex-partners, friends and relatives who are concerned about perpetrators.

NHS staff will find these resources useful in signposting survivors – and perpetrators – to specific support teams.

You Are Not Alone campaign

The Home Office's campaign "You Are Not Alone" encourages people to come forward for support if they are experiencing domestic abuse. A whole suite of materials including social media assets, email signature cards, safeguarding leaflets, animations for Instagram stories and posters and leaflets for your surgery waiting rooms are available to [download online here](#).

Materials in other languages are also available to [download online here](#).

Please use these materials in your places of work.

How the public can access help

If you are worried that a friend, neighbour or loved one is a victim of domestic abuse then you can call the freephone, **24-hour National Domestic Abuse Helpline on 0808 2000 247** and further information is on the helpline's [dedicated website](#).

If you believe there is an immediate risk of harm to someone, or it is an emergency, you should always call 999.

The Government has a detailed webpage [Domestic abuse: get help during the coronavirus \(COVID-19\) outbreak](#) where you can find out how to get help if you or someone you know is

a victim of domestic abuse. In particular, the government pages have translated guidance, welfare benefits and housing advice as well as advice on how to get legal help.

The pages also give details on the domestic abuse code-word scheme. If someone is experiencing domestic abuse and needs immediate help, they can ask for 'ANI' in a participating pharmacy. 'ANI' stands for Action Needed Immediately but also phonetically sounds like the name Annie. If a pharmacy has the 'Ask for ANI' logo on display, it means they're ready to help.

They will offer the person a private space, provide a phone and ask if they need support from the police or other domestic abuse support services.

Sexual Assault Referral Centres (SARCs)

SARCs remain open and accessible during COVID-19 to offer non-judgmental advice and support. Victims and survivors will be triaged on contact with the SARC, to ensure safe management during this period. Remote support will be available to support pathways to therapeutic interventions. Forensic examination services will be offered to those that want it, to support a criminal prosecution.

If a patient presents with the signs of sexual assault it is important that the SARC is informed urgently. A directory of local services is available here: www.nhs.uk/service-search/other-services/Rape-and-sexual-assault-referral-centres/LocationSearch/364.

Resources for NHS staff

We have launched a comprehensive package of health and wellbeing support to support our NHS people through the COVID-19 pandemic and beyond. Details of the full range of offers is [available online](#).

Standing Together has [published guidance](#) on responding to domestic abuse during the COVID-19 pandemic.

IRISi has released [guidance for GP Teams](#), including how to enquire about domestic abuse over the phone.

IRISi has also produced guidance on domestic abuse in the [context of end of life care](#) in the COVID-19 pandemic.

AVA has published [guidance for mental health professionals](#).

The Chief Dental Officer has produced [an advice bulletin for dental professionals](#) on spotting the signs of abuse and supporting patients.

Resources for NHS managers

The [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework](#) sets out the roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations. This includes a duty to support victims to ensure they receive timely care and support, whether from the NHS, police or a third sector service. It also sets out the duties to attend to perpetrators.


It is important to remember that domestic abuse and domestic violence do not just affect patients. As an employer, NHS organisations have a legal obligation to assess any risk and support the health and safety and wellness of their employees. NHS Employers has produced two resources to help NHS managers support employees who may be the victims and survivors of domestic abuse and violence:

- [Domestic violence and abuse: supporting NHS staff - is designed to give organisations information about things to include when developing a domestic violence and abuse policy.](#)
- [Dealing with domestic violence: first steps - helps organisations take a step by step approach when looking at how they can support their staff who may be suffering from enduring domestic violence.](#)

As an employer, you can play an important role in reassuring employees that there is help and support available, including online support, helplines, refuges and local support services. The [Government's domestic abuse during COVID-19 employer pack](#) is a useful resource to help you do this.

We encourage you to cascade this information as you see appropriate. It's important that we all ensure that the NHS is taking the right action to identify, safeguard and care for individuals in these very difficult circumstances, and more widely support patients against abuse.

Thank you for your support.



Amanda Pritchard
Chief Operating Officer



Kate Davies
Director of Sexual Assault
Referral Centres



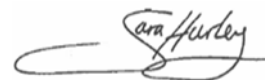
Ruth May
Chief Nursing Officer England



Prerana Issar
Chief People Officer



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Care



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Chief Dental Officer England



Jacqueline Dunkley-Bent
Chief Midwifery Officer



Matthew Jolly
National Clinical Director for
Maternity and Women's
Health



Claire Murdoch
National Director for Mental
Health



Martin Griffiths
National Clinical Director for Violence
Reduction



Hillary Garrett OBE
Deputy Chief Nursing Officer England

Official. Publications approval reference: C1213

23 March 2021

To:

- Trust HRDs/Chief People Officers
- CCG Accountable Officers
- GP practices
- PCN leads
- Dental practices
- Community pharmacies and dispensing appliance contractors
- Primary care optometry services
- ICS leads

Dear Colleagues,

Information on supporting clinically extremely vulnerable staff

The government has now confirmed that, from 1 April 2021, shielding advice will be paused nationally. This reflects falling infection rates and advice from the Chief Medical Officer. The Shielded Patient List will continue to be kept current in case of a future need.

In summary, the new advice from the 1 April is to continue to work from home where possible and if individuals cannot work from home, employers should undertake a comprehensive, individual, workplace risk assessment reflecting the current working context (ie improved testing, vaccination and relationship with transmission).

All staff should continue to follow national guidance on infection prevention and control and on the use of personal protective equipment.

Emerging evidence may inform future occupational health guidance for clinically extremely vulnerable staff including for those who have not been vaccinated, or staff who have a health condition that is associated with a weaker level of protection after vaccination. We will update you when and if this evidence becomes available.

Despite the welcome reduction in infection rates, many staff may still be concerned about their risk of exposure to Covid-19 if they return to work. These discussions should be sensitive and understanding, and focus on both individual and workplace risk.

All NHS trusts and primary care organisations should develop a local approach which reflects the following principles which are outlined in Appendix 1.

ACTION: Employers should refresh risk assessments for all CEV staff to determine the appropriate work arrangements from the 1 April, reflecting the current workplace context.

Thank you once again for ensuring that the safety and wellbeing of colleagues remains paramount in the next phase of our COVID-19 response.

Yours sincerely



Prerana Issar
NHS Chief People Officer
NHS England and NHS Improvement



Dr Nikita Kanani
Medical Director for Primary Care
NHS England and NHS Improvement

Appendix 1

Next steps: support and advice for staff

- i. To review individual risk assessments for clinically extremely vulnerable staff who are currently shielding to agree a plan that will enable them to work safely. In some cases this may mean continuing to work remotely. In the spirit of the work employers have been doing to improve the health and wellbeing of staff, risk assessment conversations should be a safe space for staff to discuss any concerns they have and further support they need.
- ii. Staff who are on immunosuppressive therapy remain at higher risk from Covid-19 and should be supported with an occupational health conversation to help ensure they are deployed to roles and sites with lower risk of infection with appropriate training and protection required.
- iii. Ensure, where possible, coordination between occupational/employer health provision and line management of staff, to enable staff to return to work safely and with continuous monitoring including regular check-ins with line managers. This should include psychological support at what may be a challenging time for colleagues.
- iv. There should be locally-devised processes for bringing staff back to work, considering the current working context, to ensure that they are safely reorientated to the workplace at what may be a daunting time to re-enter the workplace. Consideration should be given where additional training is required, supervision, and a conversation on training needs.
- v. Excellent progress has been made on staff vaccination uptake and employers should continue to encourage staff to come forward for vaccination. Risk assessment conversations also provide a safe space for staff to discuss the covid-19 vaccine, and as further evidence of the vaccines impact becomes available employers should ensure staff are fully informed.
- vi. We would be grateful to receive feedback on issues which are highlighted as part of these conversations, and your collaboration in the ongoing development of data on these and other workforce issues.



Medicine Supply Notification

MSN/2021/016

Voriconazole (VFEND®) 40mg/ml powder for oral suspension

Tier 2 – medium impact*

Date of issue: 25/03/2021

Summary

- Voriconazole 40mg/ml powder for oral suspension is out of stock until late April 2021.
- Patients in primary care with insufficient supply who need continued treatment, should be referred back to secondary care for review.
- Trusts with residual stock should reserve supplies for children 2 to <12 years of age or patients who require administration via enteral feeding tubes.
- Voriconazole 50mg, 100mg and 200mg tablets remain available.
- Unlicensed supplies of voriconazole 40mg/ml oral suspension can be sourced.

Actions Required

Clinicians working in primary care:

- Identify affected patients and for those with insufficient supplies to last until the resupply date, refer back to the initiating clinician for review and management options.

Secondary care pharmacy procurement teams working with the local Medication Safety Officer and clinical teams should:

- review local stock holding of voriconazole 40mg/ml oral suspension and conserve remaining supplies for children 2 to <12 years of age or for patients who require administration via enteral feeding tubes (see supporting information below);
- work with their Regional Pharmacy Procurement Specialists (RPPS) to share stock locally, to ensure continuity of care for the two patient groups detailed above;
- prescribe voriconazole tablets where clinically appropriate in place of voriconazole oral suspension (see supporting information below);
- consider prescribing unlicensed imports, if the above options are not clinically appropriate (see supporting information below);
- seek advice from specialists on management options should a therapeutic switch be required.

Clinicians should ensure appropriate counselling is provided if any changes are made to patients' prescriptions.

Supporting information

Clinical Information

Resources on administration of medication to patients with enteral feeding tubes or swallowing difficulties suggest that voriconazole tablets can be crushed and mixed with water for administration. However, there may be a risk of tube blockage in patients who require administration via enteral feeding tubes. The SPC for voriconazole states that oral dose recommendations for children are based on studies in which voriconazole was administered as the powder for oral suspension; bioequivalence between the powder for oral suspension

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

and tablets has not been investigated in a paediatric population. Considering the assumed limited gastro-enteric transit time in paediatric patients, the absorption of tablets may be different in this group compared to adults. It therefore recommends use of the oral suspension in children from 2 to 12 years of age.

Voriconazole is restricted to specialist initiation, therefore, in patients where off-label crushing of tablets or unlicensed imports of oral suspension are not considered appropriate, specialist advice should be sought on an alternative liquid formulation of an appropriate antifungal.

See links below for further information:
[SPCs for voriconazole preparations](#)

Guidance on ordering and prescribing unlicensed imports

- The following specialist importers have confirmed they can source unlicensed voriconazole 40mg/ml oral suspension (please note there may be other companies that can also source supplies):
 - Durbin PLC
 - Mawdsley's Unlicensed
 - Smartway Pharma
 - UL Global Pharma
- Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary.
- Any decision to prescribe an unlicensed medicine must consider the relevant guidance and NHS Trust or local governance procedures. Please see the links below for further information:
 - [The supply of unlicensed medicinal products](#), Medicines and Healthcare products Regulatory Agency (MHRA)
 - [Professional Guidance for the Procurement and Supply of Specials](#), Royal Pharmaceutical Society (RPS)
 - [Prescribing unlicensed medicines](#), General Medical Council (GMC)
- When prescribing a product that is not licensed in the UK due to a supply issue with the licensed alternative prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done in one of the following two ways:
 - Electronic prescriptions – if the required unlicensed product is shown on electronic prescribing systems, GPs should select:
 - Voriconazole 40mg/ml oral suspension (imported)
 - Paper prescriptions – where the unlicensed product is not shown on electronic prescribing systems, GPs should use a paper prescription and annotate with the following wording: “**special order**”.

Enquiries

Enquiries from NHS Trusts in England should in the first instance be directed to your Regional Pharmacy Procurement Specialist, who will escalate to national teams if required.

REGION	Full Name	Email
East Midlands	Andi Swain	andi.swain@nhs.net
East of England	James Kent	james.kent@southend.nhs.uk
London	Jackie Eastwood	jacqueline.eastwood@lpp.nhs.uk
North East	David Cook Umair Hamid	david.cook20@nhs.net umair.hamid2@nhs.net
North West	Glenn Harley	Glenn.Harley@liverpoolft.nhs.uk
South Central	Alison Ashman	Alison.Ashman@berkshire.nhs.uk

South East Coast	Richard Bateman	richard.bateman2@nhs.net
South West	Danny Palmer	Danny.Palmer@UH Bristol.nhs.uk
West Midlands	Diptyka Hart	Diptyka.Hart@uhb.nhs.uk
Yorkshire & Humber	David Allwood	davidallwood@nhs.net

Scotland

nss.nhssmedicineshortages@nhs.scot

Wales

MedicinesShortages@gov.wales

Northern Ireland

RPHPS.Admin@northerntrust.hscni.net

All other organisations should send enquiries about this notice to the DHSC Medicine Supply Team quoting reference number MSN/2021/016.

Email: DHSCmedicinesupplyteam@dhsc.gov.uk.



Medicine Supply Notification

MSN/2021/017

Pioglitazone 15mg/metformin 850mg (Competact®) tablets
Tier 2 – medium impact*
Date of issue: 25/3/2021

Summary

- Pioglitazone 15mg/metformin 850mg tablets (Competact®) is out of stock until early May 2021.
- Generic pioglitazone 15mg/metformin 850mg tablets are out of stock with no resupply date.
- Pioglitazone 15mg tablets and metformin 850mg tablets remain available and can support the uplift in demand.
- A Serious Shortage Protocol (SSP) was issued on 24/3/2021.
- Unlicensed supplies of pioglitazone 15mg/metformin 850mg tablets can be sourced.

Actions Required

- For patients with insufficient supplies of Competact® 15mg/850mg tablets, community pharmacists may supply pioglitazone 15mg tablets and metformin 850mg tablets (as separate constituents) in accordance with the SSP for eligible patients (See Supporting Information below).
- Clinicians may also consider prescribing pioglitazone 15mg tablets and metformin 850mg tablets as separate constituents.
- If the above options are not deemed appropriate to meet the individual patient clinical needs, prescribers should consider reviewing patients to determine if ongoing treatment with pioglitazone and metformin is still required, and if so either:
 - prescribe unlicensed imports of pioglitazone 15mg/metformin 850mg tablets, or
 - switch patients to alternative glucose-lowering therapies.
- N.B. Prescribers should work with local pharmacy teams if unlicensed imports are prescribed to ensure orders are placed within appropriate time frames as lead times may vary (see Supporting Information below).

Supporting information

- Please see the link below for further information on the pioglitazone 15mg/metformin 850mg tablet SSP: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps>
- See links below for further information
[SPC for Competact® 15mg/850mg tablet](#)
[SPCs for pioglitazone 15mg tablet](#)
[SPCs for metformin 850mg tablet](#)

*Classification of Tiers can be found at the following link:
<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Guidance on ordering and prescribing unlicensed imports

- The following specialist importers have confirmed they can source unlicensed pioglitazone 15mg/metformin 850mg tablets (please note there may be other companies that can also source supplies):
 - Alium Medical
- Any decision to prescribe an unlicensed medicine should be based on the lack of licensed available alternatives that could meet the individual patient clinical needs. This must consider the relevant guidance and NHS Trust or local governance procedures. Good practice would determine a record to be made for use of unlicensed medicine, citing the rationale for its use. Please see the links below for further information:
 - [The supply of unlicensed medicinal products](#), Medicines and Healthcare products Regulatory Agency (MHRA),
 - [Professional Guidance for the Procurement and Supply of Specials](#), Royal Pharmaceutical Society (RPS),
 - [Prescribing unlicensed medicines](#), General Medical Council (GMC)
- When prescribing a product that is not licensed in the UK due to a supply issue with the licensed alternative prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done in one of the following two ways:
 - Electronic prescriptions – if the required unlicensed product is shown on electronic prescribing systems, GPs should select:
 - Pioglitazone 15mg/metformin 850mg tablets (imported)
 - Paper prescriptions – where the unlicensed product is not shown on electronic prescribing systems, GPs should use a paper prescription and annotate with the following wording: “**special order**”.

Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.