

Community Pharmacy Bulletin



14 May 2021



NHS England and NHS Improvement – South West

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Coming Up

	May	June	July
Week 1	Early May Bank Holiday Monday 3 May 2021		
Week 2	Staff Vaccination Survey Monday 10 May 2021, 9am ----- Smartcard access to MYS ends on 16 May 2021. Access will be using NHSmail credentials, register here ----- Community Pharmacy Workforce Survey Opens 7 May 2021	Staff Vaccination Survey Monday 7 June 2021, 9am	CPCS GP Referral pathway engagement Payment Deadline 5 July 2021
Week 3		Community Pharmacy Workforce Survey 2021 Closes Mid-June	Staff Vaccination Survey Monday 12 July 2021, 9am
Week 4			
Week 5	Spring Bank Holiday Monday 31 May 2021	Data Security Toolkit deadline 30 June 2021	

Headlines from the Week

NHS England

- [Every vaccination gives us hope - campaign materials](#)
- [Uplifting resources: chosen by NHS staff for NHS staff](#)

NHS England South West Regional Team

- None

PSNC Bulletin

- [FAQs on the HEE workforce survey](#)
- [New advice on C-19 vaccination for people aged under 40](#)
- [Data Security and Protection Toolkit: PSNC guidance](#)
- [Updated PNA questionnaire template](#)
- [Staff wellbeing and C-19 testing](#)
- [Have you completed the DMS Declaration of Competence?](#)
- [NHSE&I mental health support for pharmacy teams](#)
- [Share your views with NHS Test & Trace on the C-19 test distribution service](#)
- [Free PPE scheme extended](#)
- [Sigma to provide COVID-19 tests as part of LFD distribution service](#)
- [First mandated health campaign of 2021/22: COVID-19 vac](#)
- [Pharmacists asked to take part in Self Care Forum COVID-19 survey](#)
- [Samaritans support line for pharmacy teams](#)
- [Smartcard access to MYS portal ends Sunday 16 May 2021](#)
- [Expiry of SSP011 for Competact tablets](#)

COVID-19

JCVI Announcement Regarding AstraZeneca Vaccine and Next Steps

The attached letter, “C1279 JCVI Announcement regarding AstraZeneca vaccine and next steps”, provides guidance in relation to the use of the AstraZeneca vaccine for some people aged under 40.

Community Pharmacy Workforce Survey 2021

Community pharmacy contractors should now have received an email from the NHS Business Services Authority inviting them to participate in the 2021 Health Education England (HEE) Community Pharmacy Workforce Survey.

The attached letter, “2021 Community Pharmacy workforce survey (CPWS)”, provides context on the purpose of the survey. The survey will close by mid-June.

Medicine Supply Notifications (MSN)

Please find attached Medicine Supply Notifications for:

- A Tier 2 medicine supply notification for Flixotide® (fluticasone propionate) 100 microgram Accuhaler
- An updated Tier 2 medicine supply notification for Irbesartan/hydrochlorothiazide 150mg/12.5mg and 300mg/12.5mg tablets

The table below provides a summary of the attached MSN:

Medicine	Out of stock until	Alternatives
Flixotide® (fluticasone propionate) 100 microgram Accuhaler	w/c 31 st May 2021	<ul style="list-style-type: none"> • Flixotide® 125 microgram Evohaler remain available and able to support a full increase in demand. • Flixotide® 50 microgram Evohaler and Flixotide® 50 microgram/dose Accuhaler are available and able to support a partial increase in demand. <p>Unlicensed imports have also been sourced.</p>
Irbesartan/hydrochlorothiazide 150mg/12.5mg and 300mg/12.5mg tablets (Updated MSN)	<ul style="list-style-type: none"> • 150mg/ 12.5mg - Early June 2021 • 300mg/ 12.5mg - Out of stock from mid-May until early June 2021 	<ul style="list-style-type: none"> • Irbesartan 150mg and 300mg tablets and Bendroflumethiazide 2.5mg tablets are available.

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

Original MSN reference	Date of original MSN/SDA	Supply issue	Resupply date originally communicated	Updated resupply date as of w/c 10 May 2021
MSN/2021/016	25/3/2021	Voriconazole 40mg/ml oral suspension	Late April 2021	Delayed, TBC
SDA/2021/005	4/3/2021	Repaglinide 1mg and 2mg tablets	Early May 2021	Back in stock

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.

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

Useful Information

INFORMATION



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

Team Member	Telephone	Address
Jenny Collins	07979 308749	South West Region Postal Addresses
Sharon Greaves	07900 715295	

Les Riggs	07730 371074	NHS England and Improvement – South West Peninsula House
Mary Cotton	07920 288191	Kingsmill Road
Michele Toy	07568 431890	Tamar View Industrial Estate Saltash, PL12 6LE
Sarah Lillington	07920 834445	Or
Sharon Hodges	07702 411295	NHS England and Improvement – South West Sanger House, 5220 Valiant Court
Tracey Howes	07730 380479	Gloucester Business Park, Brockworth Gloucester, GL3 4FE
Chris Yengel	07769 963478	Or
Kath Hughes	07730 374739	NHS England and Improvement – South West Jenner House, Avon Way
Hayley Colledge	07900 713005	Langley Park Chippenham, SN15 1GG
Lesley St Leger	07730 381871	<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.pharmacysouthwest@nhs.net
Stacey Burch	07730 391418	

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

Publication approval reference: C1279

To:

- ICS leads
- CCG Accountable Officers
- NHS Foundation Trust and Trust Chief Executives
- Local Authority Chief Executives
- All COVID-19 vaccination sites
- All GP practices
- All Community Pharmacies

Copy to:

- Chairs of ICS
- CCG Chairs
- Chairs of NHS trusts and foundation trusts
- NHS Regional Directors
- NHS Regional Directors of Commissioning

Friday 7 May 2021

Dear Colleague

JCVI announcement regarding AstraZeneca Vaccine and next steps

We are writing to you following today's updated independent Joint Committee on Vaccination and Immunisation (JCVI) guidance in relation to the use of the AstraZeneca vaccine for some people aged under 40:

www.gov.uk/government/publications/use-of-the-astrazeneca-covid-19-vaccine-jcvi-statement-7-may-2021

The updated guidance from JCVI states:

'JCVI's advice is based on the available data on the current epidemiology, benefit-risk profile by age, modelling predictions on future disease trends and the current forecast on vaccine supply. Given the risk (albeit extremely rare) of these adverse events associated with the AstraZeneca (AZD1222) vaccine, the current control of COVID-19 in the UK, model predictions of the potential scale and timing of a future wave, and promising forecasts for the availability of vaccines in the UK, JCVI agreed its advice should be updated.'

JCVI advises that, in addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AstraZeneca COVID-19 (AZD1222) vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise.

For those under 40 years who are of older age, male, obese (BMI above 30), from certain ethnic minority backgrounds or experiencing socio-economic deprivation, the

risks of acquiring and/or suffering complications of COVID-19 are higher. Every effort should be made to remove barriers to accessing vaccination in those individuals.

For those aged 18 to 29 years the precautionary advice for a vaccine preference is stronger, reflecting a gradient in the benefit-risk balance with age.'

ACTIONS NOW REQUIRED

All vaccination sites should now take the following actions:

Second doses

- ***All those who have received a first dose of the AstraZeneca vaccine should continue to be offered a second dose of AstraZeneca vaccine, irrespective of age. The second dose will be important for longer lasting protection against COVID-19.***

Therefore, everyone (excluding exception set out below) who has received a first dose of AstraZeneca and are due to receive their second dose, **no further action** is required and these appointments should continue.

MHRA are clear **that the only individuals who should NOT have a second dose** of AstraZeneca are:

- *Patients who have experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine should not receive a second dose of COVID-19 Vaccine AstraZeneca.*

Adults under 40 without underlying health conditions that are currently eligible for the vaccine:

- ***JCVI guidance states 'in addition to those aged under 30, unvaccinated adults aged 30 - 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AstraZeneca COVID-19 vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise.***

For these recipients who have yet to receive a COVID-19 vaccination and are scheduled to receive a dose of AstraZeneca, **the following actions will now need to be taken:**

- For those who have a first dose appointment at a site booked through the National Booking Service, we will make every effort to nationally contact these people to make them aware of the new guidance. All sites should prepare to have individual conversations with these people coming for their appointments about the risks and benefits of continuing to receive the AstraZeneca vaccine or alternatively being directed to book into an appointment to receive an alternative vaccine if they choose to. This means all vaccination sites will need to put immediate measures in place to ensure that regulated healthcare professionals are available to support these conversations. Information for the public will be published by PHE on their website shortly.

- The National Booking Service will temporarily not allow further people under 40 without an underlying health condition to book an appointment. This includes frontline eligible health and social care worker booking through the self-elective route. The National Booking System will be amended in the coming days to allow people to book into specific vaccine appointments in line with JCVI guidance.
- Those booked via a local booking system should align with this approach and if, following a conversation with a clinician, an individual chooses to go ahead with the AstraZeneca vaccination, local health systems should ensure arrangements are in place for that person to have their appointment or be booked into one.
- For those who already have a first dose appointment for a Moderna or Pfizer-BioNTech vaccination, no further action is needed.

If an individual chooses to have another vaccine:

- **PCN-led Local Vaccination Services**, working with system partners including **Hospital Hubs**, should rebook this individual in a clinic offering the Pfizer-BioNTech vaccine over the coming weeks. Guidance on how to access additional Pfizer-BioNTech vaccine has been previously communicated.
- **For Hospital Hubs**, any available Pfizer-BioNTech doses should be offered as first doses.
- Local health systems should also consider putting arrangements in place to ensure that people are able to be locally booked into appointments in a National Booking Service site that offers the Pfizer-BioNTech vaccine and/or the Moderna vaccine (for people aged 18 and over).
- The National Booking System will be amended in the coming days to allow people to book into specific vaccine appointments in line with JCVI guidance.

Pregnant women

Following the JCVI advice that women who are pregnant or think they are pregnant should continue to be offered the Pfizer-BioNTech or Moderna vaccine, dependent on age and clinical risk, we wrote to you on 17 April advising on next steps. Local services should have arrangements in place to invite pregnant women to be vaccinated in a timely way, in line with the latest eligible cohorts. NHS Digital will be amending the National Booking Service in the coming days to allow pregnant women to book into specific vaccine appointments in line with JCVI guidance:

www.england.nhs.uk/coronavirus/publication/jcvi-announcement-regarding-covid-19-vaccination-during-pregnancy-and-next-steps/

For those who have contraindications or conditions that require special precautions

For those who have contraindications or conditions that require special precautions for use of the AstraZeneca vaccine, continue to follow the MHRA information for UK healthcare professionals: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca> – then do as follows:

- Ensure that everyone who presents for vaccination is asked about additional risk factors, using the above guidance. If they are at increased risk, they should have a discussion about the benefit and risks to them of receiving the AstraZeneca or another vaccine with a clinician.
- If, following a conversation with a clinician, an individual chooses to go ahead with the AstraZeneca vaccination, vaccination sites should make this option available.
- If an individual chooses to have another vaccine, the NHS will put appropriate arrangements in place:
 - **PCN-led Local Vaccination Services**, working with system partners including Hospital Hubs, vaccination clinics and community pharmacies should rebook this group at clinics offering Pfizer-BioNTech vaccines over the coming weeks
 - **For Hospital Hubs**, any available Pfizer BioNTech doses should be offered as first doses.
 - Local health systems should also consider putting arrangements in place to ensure that people are able to be locally booked into appointments in an NBS site that offers the Pfizer-BioNTech and/or the Moderna vaccine (for people aged 18 and over).
 - The National Booking Service will be amended in the coming days to allow people to book into specific vaccine appointments in line with JCVI guidance.

Thank you for your continued efforts. We remain, as ever, hugely grateful for everything that you are doing to make the NHS delivery of this programme the success that it is.

Yours sincerely



Dr Emily Lawson
NHS Chief Commercial
Officer and SRO



Professor Stephen Powis
National Medical Director



Dr Nikki Kanani
Medical Director for
Primary Care

To: Heads of Primary Care and Pharmacy Contracting Teams,
NHS England and NHS Improvement
Regional Chief Pharmacists, NHS England and NHS
Improvement
Pharmacy Deans, Health Education England
Chief Pharmacists, CCGs and ICSs

7 May 2021

Dear Colleague,

Re: Community Pharmacy Workforce Survey 2021 – For promotion and engagement

The NHS Long Term Plan (2019) and NHS People Plan (2020) identified the need for a flexible, multi-professional workforce, capable of confident, joined-up patient care. Enabled by this recognition, the pharmacy workforce continues to expand across health and care sectors, with pharmacy professionals working in new ways to meet ever-increasing patient demand.

With more opportunities opening for the pharmacy workforce to deliver enhanced clinical NHS services, Health Education England (HEE) have asked the Centre for Pharmacy Workforce Studies at the University of Manchester (UoM) to conduct a national survey of the community pharmacy workforce in England this spring to be carried out by community pharmacy contractors on behalf of their teams.

The Community Pharmacy Workforce Survey 2021 will aim to provide an up-to-date picture of the size and shape of the community pharmacy workforce (including locums) in order to:

1. Inform workforce planning and future investment in education and training for the entire community pharmacy workforce of pharmacy professionals and their teams.
2. Guide the overall workforce development strategy for the NHS.
3. Inform on community pharmacy's current contribution to local health systems across England – e.g., Primary Care Networks (PCNs) and Integrated Care Systems (ICSs).

Cont. overleaf



This survey is being conducted in partnership with NHS England and NHS Improvement, the Department for Health and Social Care, representative bodies from community pharmacy (CCA, AIMP, NPA, PSNC), professional bodies (RPS, APTUK) and the regulator (GPhC).

Further information

The Community Pharmacy Workforce Survey 2021 launches today, 7 May, and will close by mid-June. It is managed by UoM and their research partner ICF on behalf of HEE. UoM shares information about the survey with pharmacy contractors via emails from the NHS Business Services Authority (NHSBSA). Survey results will be anonymised by ICF, who will be responsible for collecting and processing the data. UoM and HEE will not have access to personal information, such as email addresses or ODS codes used by contractors.

To understand the make-up of the community pharmacy workforce and how the workforce reflects the diversity of the communities served, as part of informing the [Joint National Plan for Inclusive Pharmacy Practice](#), additional workforce questions regarding four protected characteristics (age, sex, ethnicity, disability) have been introduced at the end of this survey. Although these questions are optional, we recognise the importance of this information and we encourage the submission of this data.

Next steps

- The survey is hosted by ICF on a secure server that complies with data protection requirements.
- Contractors who do not return the survey, will receive reminder emails from NHSBSA to complete the survey before the closing date.
- The survey will close by mid-June.
- ICF will aggregate the data and share the anonymised data set with UoM and HEE.
- UoM will analyse the data to produce a report.
- The anonymised and aggregated data set will be made publicly available in autumn 2021.

Potential ways in which HEE and the system might use the data are:

- To establish differences in the establishment of and any shortages in particular roles in different geographical areas.
- To support understanding of the capacity and capability of the workforce in the community pharmacy sector as part of transformation plans being developed by ICSs and PCNs.
- To inform the national commissioning of education and training for the wider primary healthcare team including community pharmacy.
- To support national education investment decisions by HEE.



Please raise awareness with pharmacy contractors this month to encourage them to take part in the survey.

If you have any questions, please contact UoM at CPWS2021-queries@manchester.ac.uk.

Best regards



Richard Cattell
Deputy Chief Pharmaceutical Officer
NHS England and NHS Improvement



Prof Wendy Reid
Medical Director
Health Education England





UPDATE:

Update to communications issued 18th March 2021

Material updates are shown in **bold**.

Medicine Supply Notification

MSN/2021/014-U

Irbesartan/hydrochlorothiazide 150mg/12.5mg **and 300mg/12.5mg** tablets

Tier 2 – medium impact*

Date of issue: 11/05/2021

Summary

- Irbesartan/hydrochlorothiazide 150mg/12.5mg tablets are out of stock until **early June 2021**.
- **Irbesartan/hydrochlorothiazide 300mg/12.5mg tablets are out of stock from mid-May until early June 2021.**
- Irbesartan/hydrochlorothiazide 300mg/25mg tablets are unscored oval shaped tablets and not suitable for halving.
- Of the separate components, only irbesartan **150mg and 300mg** tablets are available and can support an uplift in demand. Hydrochlorothiazide tablets were discontinued many years ago.
- An alternative thiazide diuretic, bendroflumethiazide 2.5mg, is available and can support an uplift in demand.
- A switch to separate components but using bendroflumethiazide in place of hydrochlorothiazide, is an option for patients who run out of irbesartan/hydrochlorothiazide tablets.

Actions Required

Where patients have insufficient supplies to last until the re-supply date, clinicians should:

- review patients to determine if irbesartan/hydrochlorothiazide 150mg/12.5mg or **300mg/12.5mg** tablets remain the most suitable therapy;
- consider prescribing irbesartan **150mg or 300mg** tablets and bendroflumethiazide 2.5mg tablets;
- consider prescribing an alternative fixed-dose antihypertensive combination product containing an angiotensin II receptor blocker with hydrochlorothiazide if the above option is not appropriate or adherence to separate components is in doubt (see supporting information);
- ensure appropriate counselling is provided if a change is made to patients' prescription; and
- monitor patients' blood pressure within four weeks after switching product to ensure it remains controlled and treatment is tolerated.

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

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

Supporting information

If there is a need to consider an alternative once daily fixed-dose antihypertensive combination product, local formularies/guidance should be consulted to aid product selection. There is a lack of dose equivalence data.

Based on 150mg being the starting dose of irbesartan, the following preparations contain usual starting doses of other angiotensin II receptor blockers in combination with 12.5mg hydrochlorothiazide:

- Losartan 50mg/hydrochlorothiazide 12.5mg
- Valsartan 80mg/hydrochlorothiazide 12.5mg
- Telmisartan 40mg/hydrochlorothiazide 12.5mg
- Olmesartan 20mg/hydrochlorothiazide 12.5mg

Higher strength versions of these products are also available for patients on irbesartan/hydrochlorothiazide 300mg/12.5mg tablets who require a combination product:

- Losartan 100mg/hydrochlorothiazide 12.5mg
- Valsartan 160mg/hydrochlorothiazide 12.5mg (dose can be doubled to maximum dose of two tablets daily)
- Telmisartan 80mg/hydrochlorothiazide 12.5mg
- Olmesartan 40mg/hydrochlorothiazide 12.5mg

In all cases, blood pressure should be monitored within 4 weeks of switching and the dose titrated accordingly.

Please refer to guidelines from [NICE](#) on management of hypertension for further information.

See links below to SPCs:

- [Irbesartan and hydrochlorothiazide tablets SmPC](#)
- [Irbesartan tablets SmPC](#)
- [Bendroflumethiazide 2.5mg tablets SmPC](#)

Enquiries

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



Medicine Supply Notification

MSN/2021/025

Flixotide[®] (fluticasone propionate) 100 microgram Accuhaler

Tier 2 – medium impact*

Date of issue: 11/05/2021

Summary:

- Flixotide[®] 100 microgram Accuhaler are out of stock until w/c 31st May 2021.
- Flixotide[®] 125 microgram Evohaler remain available and able to support a full increase in demand.
- Flixotide[®] 50 microgram Evohaler is available and able to support a partial increase in demand.
- Flixotide[®] 50 microgram/dose Accuhaler is available and able to support a partial increase in demand.
- Unlicensed imports of fluticasone 100microgram/dose dry powder inhalers can be sourced. Lead times vary.

Actions Required

- For patients with insufficient supplies until the re-supply date, clinicians should:
 - Review all patients and discuss treatment options with patients taking into account individual needs to recommend the most suitable option. Options include prescribing one month's supply of;
 - Flixotide[®] 50 microgram Evohaler OR Flixotide[®] 125 microgram Evohaler. Care should be taken to counsel patients on how to make up nearest equivalent dose (see supporting information below), or;
 - Flixotide[®] 50 microgram Accuhaler. Care should be taken to counsel patients on how to make up nearest equivalent dose (see supporting information below) or;
 - consider prescribing unlicensed imports of fluticasone propionate 100 microgram dry powder inhaler, if the above options are not appropriate (see supporting information below).
 - Liaise with local Pharmacy teams to understand local stock availability of alternate products; and review all patients after switching to monitor symptom control.

Supporting Information

Clinical information:

Clinicians are advised to take into consideration indications and age of patient when prescribing an alternative Flixotide preparation and follow the advice in the SmPC's are below;

Product and SmPC	Type	Availability	Additional counselling advice to consider
Flixotide® (fluticasone propionate) 50mcg Evohaler	Metered Dose Inhaler	Able to support <u>partial</u> * uplift in demand.	<ul style="list-style-type: none">- Additional counselling to patients regarding switch between DPI to MDI and change in dose.- Spacer may be required.
Flixotide® (fluticasone propionate) 125mcg Evohaler	Metered Dose Inhaler	Able to support full uplift in demand.	<ul style="list-style-type: none">- Additional counselling to patients regarding switch between DPI to MDI and change in dose.- Spacer may be required.- Please note, patients will be receiving a higher dose of fluticasone propionate. This is unlikely to be clinically significant for the duration of this shortage.
Flixotide® (fluticasone propionate) 50mcg Accuhaler	Dry Powdered Inhaler	Able to support a <u>partial</u> * uplift in demand	<ul style="list-style-type: none">- Additional counselling to patients regarding change in dose.

* Prescribers should liaise with local pharmacy teams to understand stock availability

Switching from dry powder inhalers to a pressurised metered dose inhaler:

For patients where Flixotide® (50 microgram and 125 microgram) Evohaler is considered appropriate, additional counselling will be required regarding the different method of administration and/or dosing regimen prescribed.

For children who are prescribed an alternate fluticasone propionate inhaler, the child should be present during counselling to ensure inhaler technique is correct.

Further guidance including videos advising patients on how to use dry powdered inhalers (Accuhaler) and metered dose inhalers (Evohaler) with spacers can be found via the Asthma UK website [here](#).

Guidance on ordering and prescribing unlicensed imports

- The following specialist importers have confirmed they can source unlicensed fluticasone 100 microgram dry powdered inhalers (please note there may be other companies that can also source supplies):
 - Alium Medical
 - Smartway
 - Target Healthcare
 - UL Global
- 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:
 - Fluticasone 100microgram dry powder inhaler (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