

### **Dispensing Prescriptions issued by doctors and dentists in the European Economic Area (EEA) or Switzerland**

From the 3rd November 2008, pharmacists in the UK have been able to dispense a prescription issued by a doctor or dentist registered in an EEA country or Switzerland. This is enabled by *The Medicines for Human Use (Prescribing by EEA Practitioners) Regulations 2008* and is designed to assist patients in continuing to access treatment and care should this be necessary whilst they are in the United Kingdom.

However, this change in law does not *require* the pharmacist to dispense such prescriptions. Pharmacists must exercise their professional judgement and due diligence in deciding whether to dispense a prescription or not. This change does not apply to prescriptions written by any other EEA or Swiss healthcare professionals other than doctors and dentists. Prescriptions issued by a nurse or pharmacist in another EU state can therefore not be accepted in a UK pharmacy.

#### **1. Prescription Requirements**

The legislation defines some minimum standards that an EEA prescription must comply with in order to be dispensed. These are:

- The prescription originates in EEA state (excluding the UK) or originates in Switzerland.
- It is signed in ink with the name of the prescribing EEA / Swiss doctor or dentist.
- The rest of the prescription is written in ink or otherwise indelible and includes:
  1. The address of the EEA / Swiss doctor or dentist
  2. The date the prescription was signed by the EEA / Swiss doctor or dentist
  3. The qualification of the EEA or Swiss doctor or dentist
  4. The name of the person for whose treatment it is given.

## July 2010 Changes

\*From 26 July 2010<sup>1</sup>, it will **no longer** be a legal requirement for an EEA prescription to include the following details in order to be dispensed in the UK:

- the address of the patient listed on the prescription; or
- the age of the patient listed on the prescription if under 12,.

The reason for this change is that, although these **remain** legal requirements for prescriptions issued in the UK, not every EEA state operates such obligations.

The previous requirement to include the age and address of a patient was therefore judged by the European Commission to unfairly exclude many EEA patients from having their prescriptions dispensed in the UK.

### ***Guidance on maintaining good clinical governance after these changes***

Having access to information about a patient's age assists pharmacists in assessing the risk profile posed by a medication, on an individual basis.

Establishing the local address of the patient provides a means of:

- ensuring that the assembled medication is supplied to the correct person; and,
- contacting the patient, if necessary for clinical purposes, after supply.

Therefore, on receipt of an EEA prescription without such information, the pharmacist should in all cases:

- seek to ascertain the age of any patient under the age of 12; and,
- request the local address of the patient and annotate the prescription accordingly.

As with UK prescriptions, the prescription is **valid for 6 months** from the date on which it was signed.

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<sup>1</sup> See the The Medicines for Human Use (Prescribing by EEA Practitioners) (Amendment) Regulations 2010 [http://www.opsi.gov.uk/si/si2010/uksi\\_20101673\\_en\\_1](http://www.opsi.gov.uk/si/si2010/uksi_20101673_en_1)

## 2. Repeat Prescriptions

Repeat prescriptions will also be allowable under similar circumstances to UK prescriptions and these are:

- The first dispensing should be made within 6 months of the date on which it was signed.
- The dispensing instructions of the prescribing EEA / Swiss doctor or dentist are followed

If the number of repeats is not stated, then the prescription can only be repeated once i.e. a maximum of two supplies on the prescription – the only exception is a prescription for a contraceptive which can be repeated up to six times up to **6 months** from the date the prescription was first signed.

## 3. Controlled Drugs

*The Medicines for Human Use (Prescribing by EEA Practitioners) Regulations 2008* do not extend to EEA prescriptions for Controlled Drugs including Schedules 1,2,3,4 & 5 CDs. So pharmacists cannot dispense prescriptions for drugs listed in these schedules.

## 4. Medicines with no UK marketing authorisation

*The Medicines for Human Use (Prescribing by EEA Practitioners) Regulations 2008* do not extend to the prescribing of medicines which do not have a marketing authorisation in the UK. So pharmacists cannot dispense prescriptions for drugs which have no MA in the UK.

## 5. Substitution of product

If a doctor or dentist from the EEA or Switzerland has written a prescription for a named branded medicine, a pharmacist may only dispense the named brand – a pharmacist may **not** dispense a UK equivalent.

It should be noted that this requirement is the same as for UK prescriptions. By way of example, if a doctor has written a prescription for Zestril® - a pharmacist can not give another brand of Lisinopril.

Occasionally a pharmacist may find that the generic names of medicines in Europe are different from the names in the UK, although generally speaking the generic names for medicines in other EEA countries are the same or similar to the generic names used in the UK.

## **6. Charges for Prescriptions**

The EEA prescriptions presented to pharmacists will not be NHS prescriptions, so they should be treated in the same way as private prescriptions within the UK with appropriate checks and records made. The charges levied to the patient are a matter for the individual pharmacists.

## **7. Emergency Supplies at the request of a doctor or dentist in the EEA**

*The Medicines for Human Use (Prescribing by EEA Practitioners) Regulations 2008* also permits a pharmacist to make an emergency supply at the request of a doctor or dentist from an EEA country or Switzerland, and also at the request of a patient who has previously been prescribed a particular medicine by an EEA or Swiss doctor or dentist.

For example, if a patient from Poland requested an emergency supply for insulin (which they had forgotten to bring with them on their weekend trip) a pharmacist can now legally make an emergency supply. Remember to make all appropriate records and follow the same process that you would for any other patient.

Conversely, if a doctor or dentist from an EEA country or Switzerland contacts your pharmacy and requests an emergency supply, a pharmacist should follow standard process for dealing with emergency supplies. It may be pertinent to remind the doctor/dentist that they will need to send you a prescription. They must furnish you with a prescription within 72 hours.

Please note that on 8th May 2009, UK legislation was changed by *The Medicines for Human use (Prescribing) (Miscellaneous Amendments) Order 2009*.

A Pharmacist is now able to make an emergency supply at the request of a UK dentist, or at the request of a patient who was previously prescribed a medicine by a UK dentist. This harmonises the legal position to align with the emergency supply provisions for patients of EEA dentist Practitioners

*No emergency supply of Controlled Drugs can be made by a pharmacist on the basis of non-UK EEA prescription.*

## **8. Dispensing a Prescription Originating from the EEA (and Switzerland)**

With the dispensing of any prescription the pharmacist must exercise their professional judgement on the decision to dispense or not. Decisions reached should involve due diligence and ensure that a patient is not put at risk by the decision to supply to or not. The pharmacist must satisfy themselves that:

- The prescription is not fraudulent
- The prescription meets the requirements of the regulations [see above]
- The prescription is clinically appropriate for the patient
- In the case of an emergency supply that:
  - The request of the doctor/ dentist is genuine
  - The request of the patient is genuine

## **9. Not Dispensing a Prescription**

In choosing not to dispense, a prescription the pharmacist must exercise their professional judgement. It is good practice to record the reason the decision was made not to dispense. For example, the pharmacist was not able to contact the prescriber or the pharmacist was not satisfied the patient was previously prescribed the medication. If you are in any doubt about what is being prescribed you must exercise caution. Any decision must be made in the best interests of the patient.

## 10. Standard Operating Procedures

All pharmacies should consider the revision of their standard operating procedures in light of these regulations, particularly those procedures legally mandated by the Responsible Pharmacist Regulations<sup>2</sup>.

**This may be particularly significant in areas of Northern Ireland where there is likely to be traffic of prescriptions from doctors and dentists registered in the Republic of Ireland.**

## 11. Checking a prescription with a prescriber in the EEA

In order to check a prescription with an EEA prescriber a pharmacist may need to contact a registering body of medics or dentists in another EEA country in order to gain the prescriber's contact details.

The General Medical Council (GMC) has a document on its website which details the contact details for the equivalent competent authority within the EEA.

[www.gmc-uk.org/doctors/registration\\_applications/join\\_the\\_register/eea\\_evidence/evidence\\_of\\_qualifications.asp](http://www.gmc-uk.org/doctors/registration_applications/join_the_register/eea_evidence/evidence_of_qualifications.asp)

The General Dental Council (GDC) also has a useful document on its website which contains the contact details for the equivalent competent authorities within the EEA. This can be accessed using the link below.

[www.gdc-uk.org/Current+registrant/Working+in+another+EEA+member+state.htm](http://www.gdc-uk.org/Current+registrant/Working+in+another+EEA+member+state.htm)

## 12. Further contact points

If you require further clarification on the requirements of these new regulations do not hesitate to contact the Pharmaceutical Society of Northern Ireland.

**Email:** [info@psni.org.uk](mailto:info@psni.org.uk)

**Tel:** 02890 326 927

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<sup>2</sup> See Pharmaceutical Society of Northern Ireland's Professional Standards and Guidance on the Responsible Pharmacist Regulations:  
[http://www.psni.org.uk/documents/352/Standards+on+the+Responsible+Pharm\\_.pdf](http://www.psni.org.uk/documents/352/Standards+on+the+Responsible+Pharm_.pdf)

## Annex A – List of EEA Countries

Austria	Latvia
Belgium	Liechtenstein (*)
Bulgaria	Lithuania
Cyprus	Luxembourg
Czech Republic	Malta
Denmark	Netherlands
Estonia	Norway (*)
Finland	Poland
France	Portugal
Germany	Romania
Greece	Slovakia
Hungary	Slovenia
Iceland (*)	Spain
Ireland	Sweden
Italy	United Kingdom

(\*) These countries are not present members of the European Union (EU) (July 2010).

**Switzerland is also included within the scope of the Medicines for Human Use (Prescribing by EEA Practitioners) Regulations 2008.**

