

# Supply of medicines

## Overview

When supplying a medicine for a child, the pharmacist should ensure that the child and the child's carer understand the nature and identity of the medicine and how it should be used. The child and the carer should be provided with appropriate information (e.g. how long the medicine should be taken for and what to do if a dose is missed or the child vomits soon after the dose is given).

## Safety in the home

Carers and relatives of children must be warned to keep all medicines out of the reach and sight of children. Tablets, capsules and oral and external liquid preparations must be dispensed in a reclosable *child-resistant container* unless:

- the medicine is in an original pack or patient pack such as to make this inadvisable;
- the child's carer will have difficulty in opening a child-resistant container;
- a specific request is made that the product shall not be dispensed in a child-resistant container;
- no suitable child-resistant container exists for a particular liquid preparation.

All patients should be advised to dispose of *unwanted medicines* by returning them to a pharmacy for destruction.

## Labelling of prescribed medicines

There is a legal requirement for the following to appear on the label of any prescribed medicine:

- name of the patient;
- name and address of the supplying pharmacy;
- date of dispensing;
- name of the medicine;
- directions for use of the medicine;
- precautions relating to the use of the medicine.

The Royal Pharmaceutical Society recommends that the following also appears on the label:

- the words 'Keep out of the sight and reach of children';
- where applicable, the words 'Use this medicine only on your skin'.

A pharmacist can exercise professional skill and judgement to amend or include more appropriate wording for the name of the medicine, the directions for use, or the precautions relating to the use of the medicine.

## Unlicensed medicines

A drug or formulation that is not covered by a marketing authorisation may be obtained from a pharmaceutical company, imported by a specialist importer, manufactured by a commercial or hospital licensed manufacturing unit, or prepared extemporaneously against a prescription.

The safeguards that apply to products with marketing authorisation should be extended, as far as possible, to the use of unlicensed medicines. The safety, efficacy, and quality (including labelling) of unlicensed medicines should be assured by means of clear policies on their prescribing, purchase, supply, and administration. Extra care is required with unlicensed medicines because less information may be available on the drug and any formulation of the drug. The following should be agreed with the supplier when ordering an unlicensed or extemporaneously prepared medicine:

- the specification of the formulation;
- documentation confirming the specification and quality of the product supplied (e.g. a certificate of conformity or of analysis);
- for imported preparations product and licensing information should be supplied in English.

## Extemporaneous preparations

A product should be dispensed extemporaneously only when no product with a marketing authorisation is available. Every effort should be made to ensure that an extemporaneously prepared product is stable and that it delivers the requisite dose reliably; the child should be provided with a consistent formulation regardless of where the medicine is supplied to minimise variations in quality. Where there is doubt about the formulation, advice should be sought from a medicines information centre, the pharmacy at a children's hospital, a hospital production unit, a hospital quality control department, or the manufacturer.

In many cases it is preferable to give a licensed product by an unlicensed route (e.g. an injection solution given by mouth) than to prepare a special formulation. When tablets or capsules are cut, dispersed, or used for preparing liquids immediately before administration, it is important to confirm uniform dispersal of the active ingredient, especially if only a portion of the solid content (e.g. a tablet segment) is used or if only an aliquot of the liquid is to be administered. In some cases the child's clinical condition may require a dose to be administered in the absence of full information on the method of administration. It is important to ensure that the appropriate supporting information is available at the earliest opportunity.

Preparation of products that produce harmful dust (e.g. cytotoxic drugs, hormones, or potentially sensitising drugs such as neomycin sulfate p. 743) should be **avoided** or undertaken with appropriate precautions to protect staff and carers.

The BP direction that a preparation must be *freshly prepared* indicates that it must be made not more than 24 hours before it is issued for use. The direction that a preparation should be *recently prepared* indicates that deterioration is likely if the preparation is stored for longer than about 4 weeks at 15–25°C.

The term **water** used without qualification means either potable water freshly drawn direct from the public supply and suitable for drinking or freshly boiled and cooled purified water. The latter should be used if the public supply is from a local storage tank or if the potable water is unsuitable for a particular preparation.