

Pharmacy First Service – Emergency Medicines Supply

Emergency supply of medicines under the Pharmacy First service must comply with the “emergency supply at the request of a patient requirements” outlined in the Human Medicines Regulations 2012.

General points to consider:

- A referral from NHS111 does not automatically indicate that an emergency supply is appropriate: that is for the pharmacist providing the service to determine.
- **You can make an emergency supply when the GP practice is open.**
- Patients should be advised to contact their GP practice if this is practically the most appropriate option to obtain their medication or appliance.
- As with any request for an emergency supply you must **consider the best interests of the patient.**
- If you believe that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay, e.g., if the patient is away from home or the GP practice is not able to provide a prescription in time for the patient to obtain medication before their next dose is due, you may decide that it is appropriate to make an emergency supply of the requested medicine(s)
- **Up to 30 days supply** of a POM may be made except for phenobarbitone or Schedule 4 or 5 Controlled Drug. You should use your clinical judgement to supply a reasonable quantity that will last until the patient can see a prescriber to obtain

a further supply. This may be less than the maximum quantity allowed in legislation.

- If the pharmacist determines that any emergency supply is not appropriate, the patient should be signposted to their GP practice or escalated to the local OOH service if necessary. A record should always be made of why any request was refused and what actions were taken or suggested to the patient. This demonstrates how the GPhC standards are met and is also useful for audit purposes.

Additional considerations for the emergency supply of phenobarbitone or schedule 4 or 5 controlled drugs:

- If the emergency supply is for phenobarbitone for the treatment of epilepsy or a schedule 4 or 5 Controlled Drug e.g. medicines containing codeine, dihydrocodeine or morphine sulphate 10mg/5ml (oramorph) the maximum quantity that can be supplied is limited to a maximum of 5 days treatment if it is clinically appropriate to do so.
- Assess the risk of supplying or not supplying the medication based on the information you have available at the time.
- Assess the risk of the patient using the service to inappropriately obtain additional supplies.
- Check the patient's National Care Record to obtain the date of the last prescription. This should help you to identify whether the patient should still have any supplies remaining.

Resources

[CPE Pharmacy First FAQs](https://www.rpharms.com/resources/pharmacy-guides/emergency-supply)

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