April 2019

Dear pharmacist

As you will know, we are seeing an increasing number of medicines shortages and this is causing much anxiety for people with epilepsy who rely on a continuous supply of medication for their seizure control.

We are advising people with epilepsy to make sure they get their prescription to their pharmacy up to seven days before they need their medication, in order to give the pharmacy team enough time to take reasonable steps to obtain the appropriate medicines if it is unavailable.

As you will be aware, for many people with epilepsy it is important that they take the same version of their medication at all times. This is particularly important for Category 1 and 2 epilepsy drugs as per MHRA guidelines. (www.epilepsysociety.org.uk/mhra-guidance-anti-epileptic-drugs).

In circumstances where it is impossible to provide the prescribed medication, we would be grateful if you could supply the information on the page below for the patient to take to their GP or for the patient’s information.

These are difficult times and we very much appreciate your support for people with epilepsy. We know from contact with pharmacy representative organisations the hard work that many of you are already doing to help patients where shortages occur. We have information and resources to help pharmacists support people with epilepsy at www.epilepsysociety.org.uk/forpharmacists

We would appreciate it if you could discuss changes to a person’s prescription at the time of dispensing.

With many thanks.

Professor Ley Sander
Medical Director
Epilepsy Society
To the patient’s GP

Patient’s name, address and NHS number:

The patient named has been prescribed the following medication:

We have been advised that the earliest stock is available is _______________/No date given

Possible alternatives for you to consider in consultation with the patient’s specialist and following MHRA guidelines (www.epilepsysociety.org.uk/mhra-guidance-anti-epileptic-drugs):

Please can you inform us how you would like to proceed:

Name: _______________________________________________________________________________

Date: __________________________________________________________________________________