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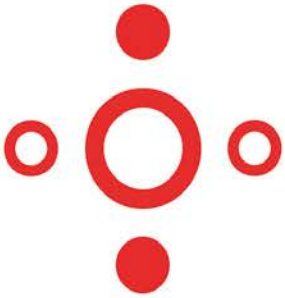

Urgent requests for repeat medication

Guidance for healthcare professionals providing NHS 111 and out-of-hours primary care services

June 2025

This document has been prepared by a multi-professional collaborative group, led by Dr Lynette James, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC) and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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Contents

1.0 Background

Urgent requests for repeat medication arise when patients who would typically receive repeat prescriptions are unable to access their GP surgery, for example, while away on holiday or during weekends. Many community pharmacies across Wales are commissioned to provide an Emergency Medicine Supply service and should be used by patients in the first instance to obtain urgent repeat medication. Data from Welsh Government indicated that the Emergency Medicine Supply service was used on approximately 100,000 occasions during 2023–2024[1].

Where community pharmacies are not able to provide an emergency supply of a medication, NHS 111 and out-of-hours (OOH) primary care services can be contacted. These requests represent a major burden to NHS 111 and OOH primary care services. Data provided by NHS 111 in Wales indicate that requests for repeat medication made outside of GP hours accounted for just under 2,000 phone calls to the service between January and September 2024[2]. Handling requests for urgent repeat medication is time consuming, can reduce availability of GP OOH appointments and can disrupt usual prescribing and dispensing practices, leading to possible medicines wastage. However, omission of medication may lead to patient harm from loss of disease control and withdrawal effects.

2.0 Purpose and scope of guidance

The purpose of this document is to provide guidance to healthcare professionals when assessing the clinical need and urgency of requests from patients for repeat medication. The guidance is relevant to healthcare professionals working as prescribers in NHS 111 and OOH primary care services. Other healthcare professionals such as community pharmacists providing an Emergency Medicine Supply service may also find the clinical guidance useful. It is anticipated that this guidance will enable healthcare professionals to assess need and prioritise requests for urgent medication, thereby increasing availability of GP OOH appointments for symptomatically unwell patients and minimising medicines wastage.

Legal requirements for emergency supplies of prescription-only medicines made by pharmacists working in a registered pharmacy at the request of a patient are outside the scope of this guidance. The Royal Pharmaceutical Society (RPS) Medicines, Ethics and Practice, Emergency supply guide and Repeat Prescribing Toolkit provide guidance to pharmacists on the legal requirements for providing emergency supplies.

3.0 Responsibilities of healthcare professionals

When requested by patients to provide urgent repeat medication, healthcare professionals must:

- Prioritise patient care and act in the patient's best interest.
- Use their professional judgement, taking account of the risks of harm, when making a clinical and professional decision with the patient about the supply of medication.
- Work with the patient to understand and decide together what the right thing is for them.
- Refer patients to the most appropriate service to obtain medication when an urgent supply is deemed necessary. Many community pharmacies are commissioned to provide an Emergency Medicine Supply service for repeat prescription-only medication and should be accessed in the first instance. Details of community pharmacies providing the Emergency Medicine Supply service can be found on the NHS 111 Wales website. Healthcare professionals working in NHS 111 or primary care OOH services should be accessed when the medication cannot be supplied by a community pharmacy, for example when the identity of the medication cannot be established or treatment needs to be prescribed based on a clinical assessment and diagnosis by a suitably qualified prescriber.
- Follow their professional codes of conduct and prescribe medicines in accordance with legal requirements, organisational policies and procedures, and professional body guidance.
- Provide advice to patients on action to be taken in the event of delayed or missed doses of medication.
- Explore with the patient why the need for an urgent supply has arisen and provide guidance on how to prevent this happening in the future.
- Inform and encourage patients to participate in a medication review with their usual primary care prescriber or pharmacist.

4.0 Assessing the need for urgent repeat medication supply

Patients may request an urgent supply of their repeat medication when they have run out of medication having forgotten to order or collect their prescription or left their medication at home when on holiday. However, patients may also misuse the system to obtain supplies of medication for overdose, diversion etc. Healthcare professionals receiving requests from patients for urgent supplies of repeat medication should follow their organisational policies.

4.1 Establishing the nature of the medication requested

During the consultation with the patient, the following information should be ascertained:

i) Name, strength, form and dose of medication

The healthcare professional should be satisfied that treatment with the medication has previously been prescribed for the person requesting the supply. Examples of how to confirm the medication details include:

- For GP-issued medication
    - For patients registered with a GP in Wales, seek consent to access the patient's medication record via the Integrated Health Record where available.
    - Ask patients to provide a screenshot of their medication record in the NHS app/NHS Wales app or other electronic health record used by the patient's healthcare provider, or provide a copy of their repeat slip. Give the patient a secure NHS email if there is a need to email screenshots/repeat slips to the healthcare professional.
    - Ask to see the empty box of used medication if available to help identify the medication details.
    - Contact the patient's usual community pharmacy to obtain details of the medication.
    - Ask relatives at home to access the medication and provide details.
- For specialist medication not issued by a GP (for example, hospital-only medication, homecare) – some medication may be issued by hospital specialists from clinics or using homecare services (for example, transplant medication, monoclonal antibodies, anti-retroviral medication, systemic anti-cancer therapy, depot antipsychotics). Details of these may not be recorded in the patient's GP record. If an urgent supply of specialist medication is requested by a patient:
    - Contact the specialist team at the hospital where the patient receives their treatment to assist with information gathering and signposting to appropriate services.

Note: specialist medication may not be stocked at local community pharmacies and the patient may need to obtain a supply of the medication from a local hospital pharmacy. Healthcare professionals are advised to check that pharmacies have stock of the required medication.

ii) Clinical indication for the medication

iii) Confirmation of when the medication was last prescribed and reviewed

The healthcare professional should consider the time interval between when the medicine was last prescribed and when the request for the urgent supply was made. The patient should be asked whether they have been invited for a medication review recently and whether there have been changes to their medication. Check the review date on any available patient medication record (GP, NHS app, repeat slip). Healthcare professionals should advise patients of the importance of attending medication reviews with their prescriber or regular community pharmacist.

iv) The reason for the request

The healthcare professional should determine whether there is a justifiable reason for requesting an urgent supply of repeat medication, for example, the patient is on holiday with an immediate need for medication and it is impractical to obtain a

prescription from a GP. Healthcare professionals can use this insight as an opportunity to discuss how to prevent urgent requests for repeat medication happening again in the future. For example, patients who have forgotten to order their repeat medication could be encouraged to mark the week before the supply runs out on a calendar or use a digital reminder on their smartphone; if available community pharmacy repeat ordering services could be used, or family and friends or medicines management applications could help to remind them of the need to order medication.

v) The quantity of medication remaining

vi) When it would be practical for the patient to obtain a supply from their regular GP

4.2 Critical medicines: Factors for consideration

Having ascertained the nature of the medication required by the patient, consideration should be given to the risk of patient harm should the patient miss doses. The following factors should be considered:

- Indication – Consider the reason for treatment and whether missing doses of the medication would lead to loss of disease control.
- Withdrawal effects – Abrupt withdrawal of some drugs can cause life-threatening emergencies (e.g. adrenal crisis from stopping corticosteroids in adrenal insufficiency) or serious withdrawal effects (e.g. gabapentin, selective serotonin reuptake inhibitors), or it can necessitate a need for re-titration of medication (e.g. clozapine). Healthcare professionals should consider whether the requested medication could lead to patient harm from withdrawal effects if doses were omitted. Community pharmacists may need to refer patients to a suitable prescriber if the legal class of medication prohibits an emergency supply.
- Drugs with a narrow therapeutic index – These drugs have a small difference in the dose that produces the therapeutic and toxic effects. Healthcare professionals should consider whether the drug requested has a narrow therapeutic index, as omission could lead to loss of therapeutic effect.
- Drug half-life ($t_{1/2}$) – The $t_{1/2}$ is the time taken for the concentration of the drug in the blood to decrease by 50%. Drugs with a short $t_{1/2}$ are eliminated from the body more quickly, which may increase the risk of withdrawal effects and shorten the time to any possible loss of therapeutic effect. Healthcare professionals should consider the $t_{1/2}$ of a drug alongside the risk of therapeutic failure when determining whether an urgent prescription of repeat medication is essential. Information on a drug's $t_{1/2}$ is available under section '5.2 Pharmacokinetic properties of the drug' in the Summary of Product Characteristics (SmPC) accessible via the electronic medicines compendium (emc) (see section 5.0).
- Misuse of medicines – Healthcare professionals must be mindful of patients misusing medication (for example, through overdose or diversion). Patients may use the community pharmacy Emergency Medicine Supply service, OOH or NHS 111 to obtain medication that their GP has stopped or placed under restricted use (such as salbutamol inhalers). Where possible, the GP record should be accessed to confirm whether patients are continuing to receive the medication or whether restrictions have been placed on its use. Commonly misused medication includes: opioids, benzodiazepines, dextromethorphan, decongestants, stimulants (for example, amphetamine, methylphenidate), cyclizine, laxatives and salbutamol. Healthcare professionals must consider

the risks of harm from missed doses and risks from misuse when determining whether to issue the medication.

- Controlled drugs – Prescribers must refer to organisational policies and procedures for substance misuse, pain and palliative care when receiving requests for Schedule 2 and 3 controlled drugs for the management of these conditions. Some controlled drugs are critical and an urgent prescription should be issued on request, for example phenobarbital for the management of epilepsy. Guidance on the legal requirements for the emergency supply of controlled drugs from a pharmacy and prescribing controlled drugs is available in The Human Medicines Regulations 2012 and the RPS Medicines, Ethics and Practice.

Table 1 gives examples of critical medicines that should not be omitted because of potential patient harm from loss of disease control, therapeutic failure and/or withdrawal effects. This list is not exhaustive and is a guide only. Healthcare professionals should assess the need for an urgent supply on a case-by-case basis, taking into account specific patient, disease and medication factors. Up-to-date information on the pharmacology of the drug should be used to inform decisions.

Prescribers are accountable for their clinical decisions and should use their professional judgement and knowledge of pharmacology and therapeutics when determining whether to issue an urgent prescription for repeat medication. Prescriptions issued should conform with the legal requirements. Guidance on prescribing is available in the British National Formulary (BNF) Guidance on Prescribing.

Table 1. Examples of critical medicines
The following table contains examples of common critical medicines and is not exhaustive.

Drug/class	Reason
Anti-arrhythmic medicines e.g. diltiazem, digoxin	Narrow therapeutic index/therapeutic failure
Antibiotics (prophylactic) e.g. phenoxymethylpenicillin (penicillin V), azithromycin	Infection risk
Acetylcholinesterase inhibitor neuromuscular blockers e.g. neostigmine, pyridostigmine	Loss of disease control
Anticoagulants e.g. warfarin, apixaban, rivaroxaban, low molecular weight heparins	Narrow therapeutic index/therapeutic failure
Antidepressants e.g. paroxetine, venlafaxine, mirtazapine, monoamine oxidase inhibitors (MAOIs)	Withdrawal effects
Antiseizure medicines e.g. phenobarbital, phenytoin, carbamazepine, sodium valproate, lamotrigine	Therapeutic failure
Antipsychotics – oral – e.g. aripiprazole, olanzapine, quetiapine, haloperidol. Refer requests for antipsychotic depot injections to original prescriber	Loss of disease control
Antiretrovirals e.g. darunavir, ritonavir, tenofovir	Therapeutic failure
Benzodiazepines – where long-term use is confirmed and there are no concerns regarding misuse or redirection of supply	Withdrawal effects
Beta-blockers e.g. sotalol, bisoprolol, atenolol, propranolol etc.	Withdrawal effects
Bronchodilators e.g. salbutamol, ipratropium	Loss of symptom control
Clozapine – contact on-call specialist mental health teams for advice/to manage the request	Loss of disease control – re-titration necessary if clozapine has been missed for more than 48 hours
Corticosteroids (oral) e.g. hydrocortisone, prednisolone	Life-threatening adrenal crisis/adrenal insufficiency
Corticosteroids (inhaled) e.g. beclometasone, fluticasone	Loss of disease control
Desmopressin (diabetes insipidus)	Life-threatening loss of disease control
Disease modifying antirheumatic drugs (DMARDs) e.g. sulfasalazine	Loss of symptom control/disease flare
Gabapentinoids e.g. gabapentin, pregabalin	Withdrawal effects
Glyceryl trinitrate	Loss of symptom control

Drug/class	Reason
Immunosuppressants e.g. tacrolimus, mycophenolate, ciclosporin	Narrow therapeutic index/therapeutic failure
Insulin	Life-threatening diabetic ketoacidosis/loss of disease control
Lithium	Narrow therapeutic index/potential loss of disease control
Opioids (cancer pain)	Loss of symptom control
Oral contraception	Therapeutic failure
Parkinson’s medicines e.g. co-beneldopa, co-careldopa, entacapone	Loss of disease control

5.0 Resources to inform prescribing decisions

The following resources provide information about medicines that can aid prescribers when deciding whether to issue an urgent prescription for repeat medication:

BNF and BNF for Children (BNFC)

- Provides information on indications, dosage, side effects, contraindications, cautions, interactions, and advice on use in renal impairment, hepatic impairment, pregnancy and breastfeeding.
- General information on medication use in specific conditions is provided within treatment summaries, with information on missed doses provided for some specific medications.

emc

- Provides the SmPCs and Patient Information Leaflets (PILs) for the majority of licensed medicines. See Medicines and Healthcare products Regulatory Agency (MHRA) webpage below if the SmPC is unavailable in the emc.
- SmPCs outline the details of licensed indications, side effects, cautions, contraindications and pharmacokinetics of medicines including the $t_{1/2}$.
- PILs provide advice to patients on action to be taken if medication doses have been missed.

MHRA Products

- The MHRA Products website allows you to find the leaflets which are provided with medication, the description of its properties and how it can be used, and scientific reports about marketing authorisations for medicines.

NHS Medicines A to Z

- Provides information for patients and patient-facing materials on a wide range of commonly used medicines, including over-the-counter medicines.
- Each webpage for an individual medicine has a section on action to be taken if a dose is missed.

NICE Clinical Knowledge Summaries

- Provides information on guidelines for the management of clinical conditions.

Medicines for Children

- Provides monographs of commonly used medicines in children, which contain practical advice on missed doses.

The RPS provides the following resources to support pharmacists delivering an Emergency Medicine Supply service:

Medicines, Ethics and Practice

- Provides guidance to the pharmacy profession on use of professional judgement and legal requirements relating to an emergency supply and prescribing.

Emergency supply guide

- Provides guidance to community pharmacists on the requirements of emergency supply of prescription-only medicines at the request of a prescriber and patient.

Repeat Prescribing Toolkit

- National good prescribing guidance on repeat prescribing. It includes information on issuing emergency supplies of medication.

The RPS Competency Framework for all Prescribers outlines the core competencies of all medical, dental and non-medical prescribers. Prescribers issuing urgent

prescriptions for medication at the request of patients must be practising within their scope of practice and competence.

6.0 Quantity of medication supplied

The quantity of medication to be supplied in response to an urgent request from a patient is at the discretion of the healthcare professional. Professional judgement should be used to supply a reasonable quantity that is clinically appropriate and lasts until the patient is able to see their GP/hospital prescriber to obtain a supply.

Consideration should be given to the following when determining the quantity of medication to be supplied:

- Benefits of supplying an original pack of medication
- Cost of the medication
- Potential for the medication to be misused or misdirected
- Any other guidance

The Human Medicines Regulations 2012[3] states the quantity of medication community pharmacists are authorised to supply to a patient when providing an Emergency Medicine Supply service (Table 2). Prescribers working in NHS 111 and OOH primary care services may use the information in Table 2 to help inform their decision on the quantity of medication to be supplied in response to a patient request for urgent repeat medication.

Table 2. Quantity of medication pharmacists are authorised to issue under conditions of an Emergency Medicine Supply service

Medication	Maximum quantity to be supplied
A prescription-only medicine that: (a) Is a preparation of insulin, an aerosol for the relief of asthma, or an ointment or cream; and (b) Has been made up for sale in a package at a location other than the place of sale or supply	The smallest pack size available e.g. for insulin cartridges the smallest pack constitutes 1 cartridge[3]
An oral contraceptive	A quantity sufficient for a single treatment cycle
An antibiotic for oral administration in liquid form	The smallest quantity that will provide a full course of treatment
A controlled drug within Schedule 2 or 3 of the Misuse of Drugs Regulations 2001 (see phenobarbital below)	Community pharmacy emergency medicine supply is not permitted. A prescription is required from an appropriate prescriber.
A controlled drug within the meaning of Schedule 4 or 5 of the Misuse of Drugs Regulations 2001 or Schedule 4 or 5 of the Misuse of Drugs Regulations (Northern Ireland) 2002	Five days' treatment
Phenobarbital or phenobarbital sodium for the treatment of epilepsy	Five days' treatment
Any other medication that the Service Provider establishes is prescribed regularly for the patient	A maximum of 30 days' supply

7.0 Advice to patients on missed doses

When requesting urgent prescriptions for repeat medication, patients may have already missed a dose. The steps below should be followed when advising patients who have occasionally forgotten or are late taking their medication.

If patients report frequently missing doses of medication, healthcare professionals should explore, in a non-judgemental way, the reasons for non-adherence and strategies for increasing adherence. NICE Clinical guideline 76 Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence provides information to healthcare professionals on assessing and co-producing strategies that support medication adherence. Advice relating to ongoing treatment should be given on a case-by-case basis, taking into account the drug, reason for missed doses and risks and benefits to the patient. There are many situations that cannot be covered by this general advice. Healthcare professionals should always consider individual circumstances.

The Specialist Pharmacy Service (SPS) has published 'Advising on missed or delayed doses of medicines' which gives general advice on missed doses as well as specific advice for a selection of medicines that need special care or have special instructions. The SPS guidance (as well as information relating to direct oral anticoagulants [DOACs]) is included below:

7.1 Risks with missed doses of medicines

Taking a medicine at the wrong time may reduce its efficacy. Taking subsequent doses too close together may also increase the risk of side effects.

We provide guidance for healthcare professionals on how to advise patients who occasionally forget to take or are late taking a dose of their regular medicine(s).

7.2 Where to find specific advice

When a dose of medicine has accidentally been missed, we would advise you to check the following information sources.

7.2.1 Patient Information Leaflet

The Patient Information Leaflet (PIL) supplied with the medicine usually contains specific advice for patients about missed doses. This will be in the section on 'How to take' the medicine.

A PIL should be supplied with the medicine container. Alternatively, you may find a copy on the:

- electronic Medicines Compendium (eMC)
- Medicines and Healthcare products Regulatory Agency (MHRA) website
- manufacturer's website

7.2.2 The NHS website

The NHS website contains a selection of Medicine Guides. These include advice for people about missed doses.

7.3 General advice

If the above resources do not provide information, then consider the following general advice. This advice may be used to guide decision-making for most medicines. However, individual circumstances should always be taken into consideration. Advice for specific high-risk medicines is discussed in the next section.

Never take a double dose to make up for a forgotten dose, unless advised by a prescriber.

Dose less than 2 hours late

For most medicines, it is acceptable to take a dose up to 2 hours late.

You can usually ignore warnings about taking the medicine with or without meals, unless there's a significant risk of serious side-effects.

The patient should be monitored for side effects, as these may be increased if the dosing interval is shorter.

Dose more than 2 hours late

The advice depends on how often the person usually takes the medicine.

- **Once or twice a day**
  Take the missed dose as soon as it is remembered, as long as the next dose is not due within a few hours. Then continue taking the medicine at the usual time(s).
- **More than twice a day**
  Skip the missed dose and wait until the next dose is due. Then continue taking the medicine at the usual time(s).

7.4 Advice for high-risk medicines

For some medicines, the potential risks associated with a delayed or missed dose may be higher. We give advice for some of the more common medicines that fall into this category. This list is not exhaustive, and individual circumstances should be considered.

7.4.1 Antiseizure medicines

Taking antiseizure medicines regularly is especially important for people with epilepsy. Missing a dose could trigger a seizure, although this would be unlikely.

Advice

The Epilepsy Society recommends that for once-daily medicines, a forgotten dose should be taken as soon as it is remembered.

For medicines taken twice a day, a forgotten dose can be taken if it is within 6 hours after it was due. If the dose is more than 6 hours late, it should be omitted and the next dose taken at the usual time.

Never take a double dose to make up for a missed dose.

People who miss doses should avoid activities where having a seizure could be dangerous, for example driving or watersports.

7.4.2 Oral contraceptives

Protection against pregnancy may be affected if people miss doses of their oral contraceptive pill.

While the PIL's advice on missed doses is safe, it may not align with official expert guidance and can be overly cautious.

Advice

This varies according to the type of oral contraceptive, how many pills have been missed, and when the pills have been missed.

Patient.Info provides advice on missed doses of combined oral contraceptives (COCs) and the progestogen-only pill (POP). They also recommend if additional barrier contraception and emergency contraception are required. The advice is based on COC and POP guidance from the Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit.

PILs providing advice on missed COCs and POPs doses are available from the Family Planning Association.

7.4.3 Parkinson's disease medicines

Taking medicines for Parkinson's disease on time is extremely important for managing symptoms.

Risks of missed doses

Missed or delayed doses may worsen Parkinson's symptoms. It could mean the patient is unable to move, get out of bed, swallow, walk or talk.

This could happen on the same day as the missed dose, or the day after, so they will need to be careful, especially when driving or using machinery.

Even a delay of 30 minutes could be serious, with a risk of Neuroleptic Malignant Syndrome when medicines for Parkinson's disease are suddenly stopped.

Advice

Parkinson's UK provides practical advice to follow when people forget to take a dose of their medicine(s).

Take the forgotten dose as soon as you remember and then adjust the time of the next dose. For example, if you normally take doses at 8am, midday, 4pm and 8pm, but forget the midday dose until 2pm. Take it then and adjust your next doses to 6pm and 10pm.

If taking a once daily medication, take the forgotten dose if you remember on the same day. If you don't remember until the next day, skip the forgotten dose.

Never take two doses together to make up for a forgotten dose or take your late dose close to your next one.

People should contact their Parkinson's nurse or clinic if they have any concerns about a missed or late dose, or need advice on subsequent doses.

7.4.4 Insulin

People with diabetes mellitus will be at risk of high blood glucose (hyperglycaemia), and possibly diabetic ketoacidosis and hyperosmolar hyperglycaemic state, if they miss insulin doses.

Advice

People should follow instructions given by the usual team who manages their diabetes.

The Right Decision Service from Health Improvement Scotland provides advice for when a dose of insulin is missed. This varies according to the type of insulin and how late the dose is. It includes information on any extra monitoring of glucose or ketones that may be required. This advice may be followed if their usual diabetes team are not available in a timely manner for advice.

Healthcare professionals should advise people to:

- look out for any signs of hypoglycaemia or hyperglycaemia, and check their glucose levels more regularly than usual over the next 24 hours
- contact the usual team who manages their diabetes if they have any concerns or need advice on subsequent doses
- never take a double dose of insulin to make up for a missed dose

7.4.5 Methotrexate once-weekly

Doses of once-weekly methotrexate should be taken on the same day each week.

Advice

The NHS Methotrexate medicines page gives advice on what to do if people forget to take their dose.

Take the dose if it is remembered on the next day or the day after. For example, if a person normally takes their methotrexate on a Tuesday, they can take it on the Wednesday or Thursday. The next dose can be taken as usual, on the following Tuesday.

If the dose is 3 or more days late, skip the forgotten dose entirely, and take the next dose as scheduled on the usual day.

Never take a double dose of methotrexate to make up for a missed dose.

7.4.6 Warfarin

Warfarin should be taken as a single dose at the same time each day.

Advice

Advice on missed or forgotten doses in manufacturers' PILs varies.

It is safe and acceptable to follow the advice in the PIL. People may however prefer to follow the advice offered in the Warfarin Anticoagulant Record (Yellow Book):

- if you miss a dose and remember before midnight, you can still take that dose
- if you forget your dose and it's after midnight, do not take that dose to catch up, take your next dose when it is due
- never take a double dose of warfarin to make up for a missed dose

Reporting missed doses
People should make a note of any missed doses in their anticoagulant record book and tell the healthcare staff at their next blood test appointment.

If they are worried, or have missed more than one dose, they should contact the anticoagulant clinic for advice.

7.4.7 Immunosuppressant therapy and cancer medicines
People should ask their specialist doctor, nurse or clinic for advice if they have missed a dose of transplant rejection or cancer medicine.

7.4.8 DOACs*
The advice varies for the different DOACs.

Apixaban
- Take the dose as soon as you remember if it is still more than 6 hours before the next scheduled dose.
- If it is less than 6 hours until your next dose, skip the dose you missed and take the next scheduled dose as normal.
- Then continue as normal.
- Do not take a double dose to make up for a forgotten dose.

Dabigatran
Advice is dependent on indication. For:
- Prevention of blood clots after knee or hip surgery (once daily dose)
    - Continue with your daily doses of dabigatran at the same time of the next day.
    - Do not take a double dose to make up for a forgotten dose.
- Prevention of stroke in atrial fibrillation in adults; treatment or prevention of venous thromboembolism or pulmonary embolism in adults and children (twice daily dose)
    - A forgotten dose can still be taken up to 6 hours prior to the next due dose.
    - A missed dose should be omitted if the remaining time is less than 6 hours prior to the next due dose.
    - Do not take a double dose to make up for a forgotten dose.

Edoxaban
- Take the dose immediately.
- Then continue the following day with the once daily tablet as usual.
- Do not take a double dose on the same day to make up for a forgotten dose.

Rivaroxaban
- Take the dose as soon as you remember.
- Take the next tablet the following day.
- Continue to take once a day as normal.
- Do not take a double dose to make up for a forgotten dose.

*Section on DOACs not taken from the SPS ‘Advising on missed or delayed doses of medicines’ but compiled from manufacturers’ advice.

If the patient is worried, or has missed more than one dose, they should contact their anticoagulant clinic or prescriber who oversees their anticoagulant medication for advice.

Further information is available at:

- British Heart Foundation. What are DOACs and how do they work?
- Thrombosis UK Patient Information Sheet Direct Oral Anticoagulation Therapy

8.0 Conclusion

This policy provides general guidance for healthcare professionals managing patient requests for urgent repeat medication OOH. Healthcare professionals should consider each case on an individual basis and assess the need for the medication and whether its omission would cause harm to the patient. Healthcare professionals must use their professional judgement and are accountable for their clinical decision. Patients should be provided with information on the action to be taken if a dose has been missed to ensure safe and effective use of the medication.

9.0 References

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