Guideline for Dispensing of Medicines

MCA-GL-302, Version 1.0, 13 December 2017
FORWARD

The Medicines Control Agency (MCA) established by an Act of Parliament and assented to on 24th December 2014 is mandated to regulate the manufacture, import, wholesale, storage, distribution and supply of medicines and related products, and to ensure that all medicines and related products sold and used in the country conform to the required standards of quality, safety and efficacy throughout the product lifecycle in The Gambia.

In pursuance of the Medicines and Related Products Act 2014, Part VIII, MISCELLANEOUS, Section 64 Guidelines herein quoted “the Agency may publish guidelines in connection with matters provided for under this Act for the purpose of giving guidance”, the MCA deems it very essential to develop written Guidelines and Standard Operating Procedures (SOPs) to guide the implementation of the various regulatory functions of MCA in ensuring the safety, efficacy and quality of medicines and related products available to the population.
ACKNOWLEDGEMENTS

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Special thanks is extended to the Technical Working Group and staff of the Medicines Control Agency for their commitment and technical input in the development of this guideline.

Gratitude is extended to key stakeholders including the Directorate of National Pharmaceutical Services, Pharmacy Council, Medical and Dental Association, Pharmaceutical Society of The Gambia, Nurses and Midwives Council, Regional Health Directorates, National Aids and TB Control Programs, National Public Health Laboratory Services and Gambia Standards Bureau for their valuable contributions and participation in the validation of the Quality Assurance Plan, which will ensure that all medicines and related products are of the required quality for their intended use.
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1. **LIST OF ABBREVIATIONS AND ACRONYMS**

   ADR  Adverse Drug Reactions  
   MCA  Medicines Control Agency  
   PC   Prescriber Contacted  
   PIL  Patient information leaflet  
   PPE  Personal Protective Equipment  

2. **INTRODUCTION**

   2.1. Dispensing refers to the process of preparing and supplying medicines to a named person together with clear instructions, advice and counselling where necessary on the use of those medicines or related products. It involves the correct interpretation of the order for prescribed medicines and accurate preparation and labelling of medicines for use by the patient. The dispensing process includes all activities that occur from the time the prescription or request for medicine or related product is presented up to the time the medicines or related products are issued to the patient.

   2.2. Good Dispensing Practice ensures that the right medicines of desired quality are delivered correctly to the right patient with the right dose, strength, frequency, dosage form and quantity, together with clear instructions, both written and verbal and with appropriate packaging suitable for maintaining the quality and efficacy of the medicine or related product.

   2.3. The Medicine Control Agency (MCA) is mandated to prescribe standards of quality in respect of medicines and related products.

   2.4. This guideline is based on Part II Section 4 (a) and (i) and Part VIII Section 64 of the Medicines and Related Products Act, 2014 and Part IV, section 21 of the Pharmacy Council Act, 2014. It also supports the implementation of the National Medicines Policy (2007).

3. **PURPOSE AND SCOPE**

   3.1. This guideline is to ensure that medicines and related products, where applicable are dispensed in accordance with the applicable regulations in both public and private healthcare facilities and that patients receive the medicines or related products correctly through which adherence can be improved, occurrence of adverse reactions minimised and medication errors avoided.

   3.2. The guideline covers medicines and related products, where applicable as defined in the Medicines and Related Products Act for which a prescription is required by the patient and products which may be provided to a patient without a prescription (over-the-counter).

   3.3. In the text, the term medicine will only be used, but the guidance may also apply to related products.
4. DISPENSING PROCESS

4.1 Prerequisites

4.1.1. A safe, clean and organised working environment provides the basis for good dispensing practice. The dispensing environment includes:

- Qualified / trained staff
- Appropriate physical surroundings
- Adequate shelving and storage areas
- Proper work surfaces
- Suitable equipment
- Necessary packaging materials

4.1.2. Responsibility for the accuracy and quality of the medicines supplied lies on the persons overseeing the dispensing process. It is important that the staff dispensing medicines are trained and equipped with the technical knowledge and the skills necessary to dispense the range of medicines prescribed or bought and to communicate effectively with patients/caregivers.

4.1.3. Adherence to good dispensing procedures is vital in ensuring that medicines are dispensed correctly and any potential/real errors which may occur during the dispensing process are detected and rectified before medicines reach the patient.

4.1.4. Who should be involved in the process of dispensing?

a) Screening of Prescription: Healthcare professional (registered pharmaceutical personnel such as pharmacist, pharmacy technician, dispensing assistant/ nurse dispenser)

b) Preparation of Medicines: Registered pharmacist and other registered pharmaceutical personnel

c) Supplying the Medicines: Registered pharmacist and other registered pharmaceutical personnel

d) Counselling: By healthcare professional

4.1.5. Dispensing of Psychotropic Substance

- The Medicines and Related Products Act, Section 49 regulates narcotics and psychotropic substances. Those shall be prescribed by a registered medical practitioner or registered dentist, and sold or supplied for the purposes of medical or dental treatment of a particular patient exceptionally by a registered pharmacist upon the prescription.

- Dispensing of narcotics and psychotropic substances must be documented appropriately including at least the date, the name of the patient, name of the medicine, its strength and quantity dispensed, the name of the prescriber and of the health facility. This documentation must be signed by the dispenser. A copy of the prescription must be kept by the dispenser.
4.2 Processing the Prescription

A. Screening

4.2.1. On receiving a prescription, it should be screened and validated to ensure that it is for the correct patient and it complies with the requirements in the Pharmacy Council Act.

4.2.2. The prescription should be written legibly or printed, especially if a carbon copy of the prescription is given to the patient for dispensing.

4.2.3. The prescription should have the following information:

- Names of medicines prescribed should be written in generic name and abbreviations should not be used. **Brand (trade) names** should be avoided as far as possible. If a patient must be given a particular brand, it should be indicated on the prescription.
- Age of the patient and body weight should be stated on prescriptions for children under 12 years of age.

B. Interpreting the Prescription Order

4.2.4. The person receiving the prescription should check for:

- Dose, frequency and duration
- Medicine interactions, medicine duplication, polypharmacy, inappropriate medical therapy, contraindications.
- Allergies
- Unusual usage and suspected medicine misuse or abuse.

4.2.5. For partial medicine supply, it should be ensured that the second or subsequent supply does not exceed the quantity for the duration prescribed.

C. Handling Prescriptions which Require Clarification

4.2.6. If an incomplete prescription or one which requires further clarification is received, attempts must always be made to contact the prescriber:

i. If the prescriber can be contacted and is available on site, arrange for the incomplete/missing details to be inserted on the prescription by the prescriber. Remedial action for such prescriptions should be discussed with the prescriber prior to sending the prescription back to him/her.

ii. If the prescriber is not available to amend the prescription himself/herself, authorisation to make the change may be obtained verbally through the phone.

iii. The amendments to the prescription should be repeated back to the prescriber to ensure accuracy. The amendments should be documented on the prescription and endorsed with “PRESCRIBER CONTACTED” (PC), dated and initialled by the pharmacist/person dispensing.

iv. If the prescriber cannot be contacted, patient should be informed and the prescription must be sent back to the prescriber with information on the clarification/action needed.

v. If the patient requires the medicine very urgently and the prescriber cannot be contacted, the pharmacist/person dispensing must dispense
the medicine appropriately based on available reference and evidence, document it and contact the prescriber as soon as possible.

vi. Prescriber should document any changes made to the patient’s medical record.

D. Handling Prescriptions In A Stock-Out Situation

4.2.7. Stock-out is defined as a situation where the prescribed medicine is not available at the pharmacy when a prescription is being processed. This may be due to the medicine being temporarily out-of-stock at that time or the pharmacy does not keep stock of that particular medicine.

4.2.8. If such situation occurs:

i. Inform the prescriber. If the medicine cannot be substituted with another medicine that is available, inform the patient.

ii. If the patient agrees for it to be supplied at a later time, arrange to get stocks so as to enable prompt supply the medicine to the patient.

iii. If the patient requires the medicine urgently, the pharmacist/person dispensing must communicate with the prescriber to discuss if the prescribed medicine can be substituted with another which is readily available.

iv. Any substitution of medicine must be approved by the prescriber and documented on the prescription.

v. If the patient requires the medicine very urgently and the prescriber cannot be contacted, the pharmacist/person dispensing must dispense the substitute of medicine appropriately, document it and contact the prescriber as soon as possible.

vi. Prescriber should document these changes in the patient’s medical record.

4.3 Preparing the Medicines

a) Selecting the Medicines

4.3.1. When selecting the medicine to be dispensed, prevent any medication errors by establishing an appropriate system to ensure that the correct medicine is selected, especially if there are medicines with similar names and packaging. Pick the medicine by reading the label at least twice and cross-checking the medicine name and strength against the prescription.

4.3.2. If a barcode system is available, it should be used to enable correct and accurate selection of the medicine.

4.3.3. Check the expiry date of dispensed medicines to ensure that they remain unexpired for the duration of the supply course.

4.3.4. Medicines should be dispensed in original packaging as far as possible.

4.3.5. Tablets/capsules should not be removed from the strip/blister when dispensing.

4.3.6. Bulk loose packs for supply are not encouraged. Avoid direct contact with the hand if loose packs are to be used.
4.3.7. Medicines which need to be packed such as loose capsules/tablets should be packed into a clean, dry container, such as a bottle or plastic envelope which will not compromise the quality of the product after dispensing.

b) Extemporaneous Preparation/ Compounding

4.3.8. Extemporaneous preparations should only be prepared if there is no equivalent product available commercially and the product has to be compounded based on the patient’s needs.

4.3.9. The beyond-use-date for extemporaneous preparations should be no longer than 14 days or the earliest expiry date of any ingredient used, whichever is shorter.

4.3.10. For compounding of psychotropic substance, no person shall dispense, compound or mix any psychotropic substance with any other substance, whether a psychotropic substance or not, for the purpose of it being used for medical or dental unless he/she is a registered pharmacist upon prescription, prescribed by a registered medical practitioner or registered dentist.

4.3.11. The following criteria should be observed:

- Compounding of extemporaneous preparation should only be done on a patient-specific basis.
- Active pharmaceutical ingredients used for compounding are sourced from recognised suppliers.
- Ensure that the preparation is prepared according to formulation from a reputable reference like Martindale and recognised Pharmacopeias.
- There should be worksheets for the compounding which should be checked by a staff member knowledgeable in compounding and counter-checked by a pharmacist/ another qualified staff member.
- Staff involved in compounding should be competent to perform this task under the supervision of registered pharmacist.
- Availability of requisite facilities and equipment, which are maintained in good order, should be in place (see Appendix 1).
- In a situation where hazardous substance, such as cytotoxic medicines and other hazardous drugs is to be handled, staff should use appropriate Personal Protective Equipment (PPE) and follow the appropriate procedures.
- Once the preparation is ready, label the product with necessary particulars including beyond-use-date/ special requirements for safe handling and storage.
- Keep worksheets or record books for a minimum of six months. The document should contain information as below:
  - Formula;
  - Ingredients and quantity used;
  - Manufacturer, batch number and expiry date of ingredients used;
  - Patient and prescription details, if for named patient;
  - Names of persons involved in preparing and counterchecking the product;
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- Date of compounding;
- Beyond-use-date.

4.4 Labelling

4.4.1. All dispensed medicines should be labelled according to the requirement stated in the MCA Guideline for Repackaging and Labelling of Medicines. It is advisable for labels to be printed. If handwritten, it should be neat and legible with clear instructions on use.

4.4.2. Label should contain:
- Name, address, and contact number of hospital/clinic/pharmacy;
- Patient’s name;
- Name of medicines (generic and/or brand (trade) names);
- Dosage form with the strength and quantity per unit dosage form: e.g. mg/ml of liquid, mg/g for semi-solid preparations;
- Directions for use: dose, frequency and duration;
- Date of supply;
- Expiry date/Beyond-use-date;
- “Controlled Medicine” should be labelled for all controlled medicines;
- Medicines for external use should be dispensed in suitable containers and should be labelled conspicuously with the words “For External Use Only”, preferably printed in red OR on a red background;
- Special precautionary labels should be used where necessary (e.g., "Complete the course" for antibiotics, "May cause drowsiness" for sedating drugs, etc).

4.4.3. Whenever possible, always dispense the medicine in its original packaging so that patients will have access to the product information.

4.4.4. If a medicine is not dispensed in its original packaging and it is not possible to include all the necessary information on the label, it should be written/printed separately and dispensed together with the medicine.

4.4.5. A Patient information leaflet (PIL) should be provided, except for extemporaneous products.

4.5 Checking and Counter-Checking

4.5.1. Check the prescription and the filled medicines to ensure that the filled medicines correlate with the prescription.

4.5.2. Counter-checking should be done by a second person, other than the staff who did the previous filling and labelling tasks.
- Check all the medicines prepared for dispensing against the prescription.

4.5.3. Once the counter-checking is done, the person performing this task should initial on the prescription.

4.6 Recording

4.6.1. Proper record keeping is an essential part of dispensing as it facilitates good management and monitoring of services provided. Such records can be used to verify the stocks used in dispensing, and will be required if a need arises to trace patients dispensed with a particular medicine.
4.6.2. **All sale or supply of Narcotics and Psychotropic Substances must be recorded in a “controlled drugs register” on the day of the sale or supply.**

4.6.3. The particulars listed in Section 4.1.5 need to be recorded:
- The balance stock should be updated for each supply of the narcotics and psychotropic substance in possession;
- The required entry must be in chronological order with respect to the previous entries in the register;
- Any correction to the entry must be made by way of a marginal note or a footnote which must specify the date on which the correction is made. Correction should not be made by cancellation / deletion /using liquid paper;
- Each strength or type of narcotics and psychotropic substance must be recorded in a separate part of the register.

4.6.4. All record books must be in the form of a bound book. Records kept as soft copy must be printed daily (if there is a transaction) and form a bound book.

### 4.7 Issuing Medicines to the Patient

4.7.1. Issuing or supply of medicine should only be done by registered pharmacist or other registered pharmaceutical personnel. When dispensing the medicines, ensure the **5Rs**:
- Right Patient
- Right Medicine
- Right Dose
- Right Route
- Right Time

4.7.2. The following steps should be observed:
- Check the name to verify the right patient.
- Medicines supplied for a person under 18 years of age is for the purpose of his/her medical treatment only.
- Ask about allergies or known adverse drug reactions (ADR).
- Give **clear instructions** and **proper advice** on how to take/ use the medicines dispensed.
- Ensure the patient is made aware if there are special requirements during transportation, proper storage conditions and usage requirements for the medicines.
- Compliance aids (e.g. graduated measuring spoon or syringe) for the appropriate dose should be provided, if required.
- Every effort must be made to ensure that the recipient understands the information/instructions and advice provided.
- Advise patients to inform the clinic/pharmacy should they encounter any suspected adverse drug reactions (ADRs) when taking the dispensed
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medicines. For further guidance on ADRs refer to the MCA Guidelines for National Pharmacovigilance System.

- Supply of medicines based on prescription, the name of the person who dispensed the medicines, address of facility and the date of supply should be written on the prescription as a form of endorsement.

5. MEDICATION COUNSELLING

5.1. Where necessary, provide medication counselling to patients to ensure proper use of medicines dispensed.

5.2. It is encouraged to counsel patients with chronic diseases on multiple medications.

5.3. Maintain records of the counselling done.

6. MAINTAINING MEDICINES STOCKS AT THE DISPENSARY

6.1. Store all medicines in the original containers as supplied by the manufacturer. If the contents need to be transferred to other containers (pre-packing), care must be taken to avoid contamination and mix up. The new containers of the pre-packed / repacked medicines should be labelled appropriately with:

- Name, address, and contact number of clinic/pharmacy;
- Name of medicines (generic and/or trade names);
- Dosage form with the strength (mg of tablet, mg/ml of liquid, mg/g for semi-solid preparations);
- Manufacturer batch number;
- Manufacturer expiry date

6.2. Store all medicines under suitable conditions, taking into consideration the general usage of the medicine (internal/external item should be segregated/ stored separately), stability of the product and manufacturer recommendations.

6.3. Protect medicines from contamination, sunlight, moisture and adverse temperatures.

6.4. All psychotropic substances must be stored in a locked cabinet, safe or receptacle and can only be locked or unlocked by the registered medical practitioner or pharmacist.

6.5. For details on storage refer to the MCA Guideline for Storage and Distribution of Medicines and Related Products.

7. DISPOSAL OF MEDICINES STOCKS AT THE DISPENSARY

7.1. Segregate deteriorated/ recalled/ expired/ returned medicines for proper disposal and store in an appropriate bin/container to prevent unauthorised
access (see MCA Guideline for Storage and Distribution of Medicines and Related Products).

7.2. For disposal of expired/ returned medicines refer to the MCA Guideline for Safe Disposal of Medicines and Related Products.

7.3. Patients should return their unused medicines to the respective health facilities where supplies were received from.

8. **SUPPLY OF MEDICINES ON LONG-TERM PRESCRIPTION**

8.1. Partial supply of medicines is based on the validity of the prescription and duration for its supply.

8.2. Ensure that a copy of the original prescription is kept for recording purposes. Also, ensure that the quantity supplied by the pharmacy is recorded on the original prescription as reference for the next supply.

8.3. The original prescription should be returned to the patient as it will be required for the next supply.

9. **NON-PRESCRIPTION MEDICINES**

9.1. When non-preservation medicine is supplied, ensure that:

- Sufficient information is gathered from the client to assess nature of problems, symptoms and past medical / medication history (if any)
- Select an appropriate medicine (see Section 4.3. a))
- Label for the medicines prepared (see Section 4.4)
- Checking of the medicine before issuing it (see Section 4.5)
- Recording done (see Section 4.6)
- Medicine is supplied with proper instruction (see Section 5)

10. **FINAL PROVISIONS**

8.1. This guideline is the first version published by the MCA.

8.2. This guideline will become effective on 01 January 2018.

8.3. The guideline will be reviewed within 2 years of becoming effective.

11. **REFERENCES**

- Medicines and Related Products Act, 2014
- Pharmacy Council Act, 2014
- MCA Guideline for Storage and Distribution of Medicines and Related Products, 2017
- MCA Guideline for Safe Disposal of Medicines and Related Products
• Martindale: The Complete Drug Reference

12. DOCUMENT HISTORY

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13. DEFINITION OF TERMS

The definitions provided below apply to the words and phrases used in the MCA guidelines. Although an effort has been made to use standard definitions as far as possible, minor alterations have been made in some cases.

**Adverse drug reaction:**
A noxious and unintended response to a medicine

**Batch (or Lot):**
A defined quantity of products processed in a one process or series of processes so that it is expected to be homogeneous.

**Batch number (or Lot number):**
A distinctive combination of numbers and/or letters which specifically identifies a batch

**Beyond-use-date (BUD):**
The date after which a compounded preparation or repackaged medicine shall compounded or the medicine repackaged. The date is assigned by the pharmacy for a preparation that the pharmacy has compounded or by a re-packer that the re-packer has assigned to a repackaged medicine

**Brand name (or Trade name):**
A name given to a medicine by the pharmaceutical company/manufacturer

**Bulk product:**
Any product which has completed all processing stages up to, but not including, final packaging

**Calibration:**
The set of operations which establish, under specified conditions, the relationship between values indicated by a measuring instrument or measuring system, or values represented by a material measure, and the corresponding known values of a reference standard
Clean area:
An area with defined environmental control of particulate and microbial contamination, constructed and used in such a way as to reduce the introduction, generation and retention of contaminants within the area

Compounding:
A practice in which a registered Pharmacist or Pharmacy Support Personnel combines, mixes, or alters ingredients of a medicine to create a medicine tailored to the needs of an individual patient

Container
The material employed in the packaging of a medicine; containers include primary, secondary and transportation containers

Contamination:
The undesired introduction of impurities of a chemical or microbiological nature, or of foreign matter, into or onto a medicine or related product during handling, sampling, packaging or repackaging, storage or transportation

Dispensing:
Refers to the process of preparing and giving a medicine to a named person or animal on the basis of a prescription

Distribution
The holding, storing, selling, supplying, importing, exporting, or movement of medicines or related products, with the exception of the dispensing or providing medicines directly to a patient or his/her caregiver

Efficacy:
The measurement of a medicine's desired effect under ideal conditions, such as in a clinical trial

Expiry Date:
The date given on the individual container (usually on the label) of the medicine or related product up to and including the date on which the product is expected to remain within specifications, if stored correctly; it is established for each batch by adding the shelf life to the date of manufacture and is determined by using stability studies

Extemporaneous preparation:
A pharmaceutical preparation individually prepared for a specific patient or patient group, supplied after preparation

Good Dispensing Practice:
A code of standard practices ensuring that the right medicines of desired quality are delivered correctly to the right patient with the right dose, strength, frequency, dosage form and quantity, together with clear instructions, both written and verbal and with appropriate packaging suitable for maintaining the quality and efficacy of the medicine
Guideline: A document providing guidance on the scientific or regulatory aspects of medicines; MCA expects that justification is provided for any deviations and is approved by MCA

Healthcare professional (or Healthcare provider): A person associated with either a specialty or a discipline and who is qualified and allowed by regulatory bodies to provide a healthcare service to a patient

Importation: The act of bringing or causing any goods to be brought into a customs territory (national territory, excluding any free zone)

Labelling: Information on the primary or secondary packaging of a medicine

Manufacture: Includes the operations involved in the production, preparation, processing, refining, transformation, packaging, repackaging and labelling of medicines or related products

Manufacturer: A company or entity that carries out operations such as production, packaging, repackaging, labelling and relabelling of medicines or related products

Medicine: A substance or mixture of substances prepared, sold or represented for use in the diagnosis, treatment, mitigation or prevention of disease, disorder of abnormal physical state or the symptoms of it, in man or animal, restoring, correcting or modifying organic functions in man or animal, including nutritional supplements or herbal medicines

Package leaflet (or Patient information leaflet (PIL)): The leaflet in every pack of medicine that contains information on the medicine for end-users, such as patients and animal owners

Packaging (or Packing): All operations, including filling and labelling, which a bulk product has to undergo in order to become a finished product

Pharmacist: A pharmacist registered under the Pharmacy Council Act 2014, holding a current certificate of registration

Pharmacovigilance (PV): The science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine related problem (WHO).

Prescription (Rx): Any written instruction in the prescribed form by an authorised prescriber to dispense or supply any medicine or related product for the purpose of the medical or dental treatment of any person or animal
Primary container/packaging (or Immediate packaging):
Container that is in direct contact with the product

Product:
Refers to a medicine and/or a related product

Product information:
Documents providing officially approved information for healthcare professionals and patients on a medicine; the product information includes the summary of product characteristics, package leaflet and labelling

Recall:
The removal of specific batch/batches of a medicine or related product from the market for reasons relating to deficiencies in the quality, safety or efficacy

Related product:
An article other than medicine which includes cosmetics, homeopathic medicines, medical device, instrument or apparatus including, components, parts and accessories of it, manufactured, sold or represented for use in the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or the symptom of it in man or animal

Repackaging:
The act of taking a medicine from the container in which it was distributed by the original manufacturer and placing it into a different container without further manipulation of the medicine

Re-packager:
Is a person or entity who purchases and removes a medicine from the manufacturer’s marketed container or bulk container and places the product into a different container for distribution for human or animal use; a re-packager may or may not take ownership from the manufacturer

Route of administration:
The way in which a medicine is given, e.g. orally (by mouth), intravenously (into a vein), subcutaneously (under the skin), etc

Secondary container/packaging (or Outer packaging):
Container that is not in direct contact with the medicine

Shelf-life:
The period of time during which a medicine or related product, if stored correctly, is expected to comply with the specifications as determined by stability studies on a number of batches of the product; the shelf-life is used to establish the expiry date of each batch

Storage:
The storing of medicines and related products from manufacturing up to their point of use
Summary of product characteristics (SmPC):
A document describing the properties and the officially approved conditions of use of a medicine; summaries of product characteristics form the basis of information for healthcare professionals on how to use the medicine safely and effectively

Supplier:
A person or entity engaged in the activity of providing products and/or services; this may be a manufacturer, importer, wholesaler or distributor
Appendix 1: Requirements for Medicines Preparation Area

- Washbasin with water supply should be available, other than in the toilet.
  
a) “Wet Compounding Area” (for the purpose of extemporaneous preparations only)
  - A designated area with sink and water supply.
  - Should be away from food and drinks.
  - All working surfaces and shelves should have a smooth impervious surface and washable material finishing.
  - Wet compounding area must be equipped with the following, if applicable:
    i. Weighing scale - Regular verification and calibration by relevant bodies are required to ensure reliability and efficiency
    ii. Mortar and pestle - Must be maintained in good condition.
    iii. Tile/glass slabs with spatula - Must be maintained in good condition.
    iv. Measuring appliances - Must be maintained in good condition.
  
b) “Dry Compounding Area”
  - A designated area for counting tablets/ capsules, filling and packing of medicines as well as labelling the prepared medicines.
  - Should be away from food and drinks.
  - Provide suitable and hygienic means of counting tablets/capsules (e.g. counting tray).
Appendix 2: Dispensing Process Flow Chart

Persons A or B refers to different personnel doing the task to minimise any possible error.