

Patient Group Direction

For the supply of

Fluconazole 150 mg capsule

By registered community pharmacists providing the
NHS Wales Clinical Community Pharmacy Service for
the treatment of vulvo-vaginal candidiasis
in **[Powys Teaching Health Board]**

Operational from: 1st July 2023

Review Date: 31st March 2026

Version number: 1.0

*PGD for the supply of fluconazole 150 mg capsule for vulvo-vaginal candidiasis
as part of the Community Pharmacy Common Ailment Service
Valid from: 1st July 2023 Expiry Date: 30th June 2026*

Reg No: PGD 0220
Valid From 01/07/2023
Review Date 31/03/26
Expiry Date 30/06/2026

PGD for the supply of fluconazole 150 mg capsule for the treatment of vulvovaginal candidiasis by pharmacists delivering the Common Ailment Service component of the Clinical Community Pharmacy Service

Reference: Fluconazole 150 mg capsule PGD
 Version no: 1.0
 Valid from: 1st July 2023
 Review date: 31st March 2026
 Expiry date: 30th June 2026

Welsh Medicines Advice Service has developed this PGD for local authorisation

Those using this PGD must ensure that it is authorised by the Local Health Board in which they are operating and signed in section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with the Human Medicines Regulations 2012 (HMR2012)¹. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Authorising organisations must not *alter*, *amend* or *add* to the *clinical* content of this document. Such action will invalidate the *clinical sign-off* with which it is provided.

As operation of this PGD is the responsibility of service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD.

INDIVIDUAL PRACTITIONERS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any queries regarding the clinical content of this PGD should be addressed to: welshmedicines.information@wales.nhs.uk

Change history:

| Version number | Change details | Date |
|----------------|---------------------------------|-------------------------------|
| 1.0 | Original PGD template developed | 18 th January 2023 |
| | | |

¹ this includes any relevant amendments to legislation (e.g. [2013 No.235](#), [2015 No.178](#) and [2015 No.323](#)).

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1. PGD development

This PGD has been developed and peer reviewed by an expert panel and approved by the Community Pharmacy Clinical Advisory Group (CPCAG) in accordance with the PGD Policy.

This section MUST REMAIN when a PGD is adopted by an organisation

Expert panel

| Name | Position | Designation |
|----------------------|-------------------------------------|---|
| Dianne Burnett | Main author | National Lead Pharmacist Welsh Medicines Advice Service, Cardiff and Vale UHB |
| Adam Mackridge | Professional lead CPCAG reviewer | Chair of Community Pharmacy Clinical Advisory Group (CPCAG) and Strategic Lead Pharmacist for Community Pharmacy, Betsi Cadwaladr UHB |
| Amy David | CPCAG reviewer | Primary Care Pharmacist, Swansea Bay UHB |
| Dr. Federica Faggian | Medical Reviewer | Consultant microbiologist, Cardiff and Vale UHB |

Date CPCAG approval of PGD: 3rd July 2023

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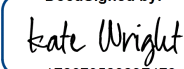
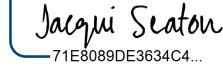
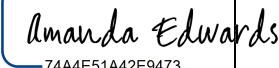

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2. Organisational authorisations

The PGD is not legally valid until it has had the authorisation of the Local Health Board in which the community pharmacy using it operates.

It is the responsibility of the Local Health Board, to ensure that all legal and governance requirements are met. The Local Health Board accepts governance responsibility for the appropriate use of the PGD.

Powys Teaching Health Board authorises this PGD for use by community pharmacies within its area that have been commissioned to provide the Common Ailments Service component of the Clinical Community Pharmacy Service. This authorisation is limited to those pharmacists that meet the requirements set out within the PGD.

| Local Health Board approval (legal requirement) as per health board policy | | | |
|--|-----------------|--|-----------|
| Role | Name | Sign | Date |
| Lead Doctor for PTHB | Dr Kate Wright | DocuSigned by:  1F267952823F473... | 9/7/2023 |
| Chief Pharmacist for PTHB | Jacqui Seaton | DocuSigned by:  71E8089DE3634C4... | 9/12/2023 |
| Clinical Governance Lead for PTHB | Amanda Edwards | DocuSigned by:  74A4E51A42E9473... | 9/12/2023 |
| Senior Pharmacist Lead for Community Pharmacies PTHB | Emlyn Pritchard | DocuSigned by:  EB776BA7283F49B... | 9/7/2023 |

Local enquiries regarding the use of this PGD may be directed to welshmedicines.information@wales.nhs.uk

[Appendix B](#) provides a practitioner listing sheet. Individual practitioners must be listed by name to work to this PGD. Alternative practitioner listing sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner listing sheet as included at the end of this PGD.

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3. Characteristics of Staff

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| Qualifications and professional registration | This PGD is for use by pharmacists currently registered with the General Pharmaceutical Council (GPhC). |
| Additional requirements | <p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ be employed by, or providing services on behalf of a pharmacy listed in the All Wales Pharmacy Database (AWPD) for the Clinical Community Pharmacy Service. ➤ be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it by completing Appendix B. ➤ be familiar with the medicine and alert to changes in the Summary of Product Characteristics (SmPC). ➤ have access to the Patient Group Direction and associated resources (including the service specification and the clinical guidance document supporting the PGD) and must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs). ➤ be named in the All Wales Pharmacy Database for the Common Ailment component of the Clinical Community Pharmacy Service. ➤ have met the training requirements for the service as set out by HEIW (Health Education and Improvement Wales). ➤ be familiar with the British National Formulary (BNF) and SmPC entries for fluconazole. ➤ have awareness of the adverse drug reactions associated with fluconazole. <p>The pharmacist must be listed by name, under the current version of this PGD that has been issued by the local health board in which area they are operating before working under its authority.</p> |
| Ongoing training and competency | <p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ undertake regular CPD and maintain own level of competence and knowledge in this clinical area to provide the service. ➤ be aware of any updates made to the products in the SmPC and BNF. ➤ be aware of any updates to relevant national and local guidelines. |

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| | <ul style="list-style-type: none"> ➤ as registered professionals, be professionally accountable and must work within their competence. <p>A record of any training and competency assessments undertaken must be maintained.</p> |
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4. Clinical condition

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| Clinical condition or situation to which this PGD applies | For the treatment of vulvovaginal candidiasis in accordance with the community pharmacy Common Ailment Service (CAS) component of the Clinical Community Pharmacy Service (CCPS). |
| Criteria for inclusion | <p>Fluconazole 150 mg capsule can be given as first line treatment to individuals aged 16 to 60 years old, presenting with symptoms of vulvovaginal candidiasis which include white odourless discharge, vaginal soreness and vulval itching and:</p> <ul style="list-style-type: none"> ➤ they have no contraindications to fluconazole – see SmPC ➤ valid, informed consent has been given (patient, parent/guardian, carer) |
| Criteria for exclusion² | <p>Fluconazole 150 mg capsule should not be supplied:</p> <ul style="list-style-type: none"> ➤ to individuals with severe, extensive or persistent symptoms ➤ if the individual has had more than two infections of vulvo-vaginal candidiasis in the last 6 months ➤ to individuals who present seven days or longer after being treated with unresolved symptoms ➤ if the individual is less than 16 years old or 61 years and over ➤ to individuals with known hypersensitivity to fluconazole or any of the excipients – see SmPC ➤ to individuals with a known hypersensitivity to related azole substances ➤ to individuals with known or suspected pregnancy ➤ to individuals who are breast feeding ➤ to individuals who are immunocompromised ➤ to an individual with diabetes, if, in the opinion of the pharmacist - |

² Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required.

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| (continued over page) | <ul style="list-style-type: none"> ○ there are concerns regarding individual diabetic control ○ the individual is at increased risk of detrimental symptoms associated with poorly controlled diabetes; symptoms can include thirst, blurred vision, fatigue, increased frequency of urination ○ the individual is unsure how to manage their diabetes <p>➤ to individuals taking ciclosporin, tacrolimus, sirolimus, tofacitinib, olaparib</p> |
| Criteria for exclusion (continued) | <ul style="list-style-type: none"> ➤ to individuals taking rifampicin or rifabutin ➤ to individuals with acute porphyria ➤ to individuals who are at risk of QT interval prolongation, including individuals with cardiomyopathy, sinus bradycardia, arrhythmias, hypokalaemia, hypomagnesaemia, hypocalcaemia, and taking drugs known to cause QT interval prolongation (such as tricyclic antidepressants, antipsychotics, or antiarrhythmics) ➤ to individuals with hypokalaemia and advanced cardiac failure ➤ to individuals with known or suspected liver impairment ➤ to individuals, if they are taking a contraindicated medicine (see drug interactions section for further detail) including: <ul style="list-style-type: none"> ○ any drug(s) that the SmPC and BNF advises to avoid concomitant use ○ any drug(s) that prolong the QT interval; see BNF for all drugs that can prolong the QT interval. Some examples include amiodarone, amisulpride, astemizole, cisapride, citalopram, clarithromycin, domperidone, erythromycin, escitalopram, flecainide, haloperidol, hydroxyzine, lithium, ondansetron, pimozone, quinidine, quinine, ranolazine, risperidone, sildenafil, sotalol, sulphuride, terfenadine, tolterodine, venlafaxine ➤ to individuals with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption ➤ to individuals with signs of an untreated bacterial, viral or fungal infection of the skin (if infected lesions are present) ➤ if the individual appears systemically unwell e.g. presents with fever or chills |

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| (continued over page) | <ul style="list-style-type: none"> ➤ if a foul-smelling vaginal discharge is present ➤ in the presence of increased urinary frequency ➤ in the presence of abnormal/irregular vaginal bleeding/blood-stained discharge ➤ in the presence of vulval or vaginal ulcers, blisters or sores ➤ in the presence of abdominal pain or dysuria ➤ if the individual is experiencing nausea, vomiting or diarrhoea ➤ if the individual has a previous history of a sexual transmitted infection (STI) or exposure to a partner with an STI and the diagnosis of vulvovaginal candidiasis is uncertain |
| Criteria for exclusion (continued) | <ul style="list-style-type: none"> ➤ if the pharmacist is unable to undertake an appropriate assessment, in order to determine the need for the medicine and that it would be appropriate for the patient to use it ➤ to individuals who are unable to swallow capsules ➤ if an individual does not agree to share relevant clinical information |
| Cautions (including relevant actions to be taken) | <p>Please refer to the SmPC for fluconazole for full details of special warnings and precautions for use.</p> <p>Hypersensitivity Reactions</p> <p>In the event of severe acute hypersensitivity reactions, such as anaphylaxis, Stevens-Johnson Syndrome, and toxic epidermal necrolysis drug reaction with eosinophilia and systemic symptoms (DRESS) the patient should be advised to consult a doctor immediately.</p> <p>Diabetes</p> <p>Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms suggestive of poor control. For example, thirst, blurred vision, fatigue etc. Provided there are no features, signs or symptoms, treatment can be supplied.</p> <p>Renal Impairment</p> |

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| (continued over page) | <p>No adjustments in single dose therapy are necessary in individuals with renal impairment. Use with caution in individuals with renal impairment (creatinine clearance less than 50 mL/min) or patients with renal disease where renal function cannot be confirmed.</p> <p>Pain on intercourse</p> <p>Superficial pain on intercourse (dyspareunia) may be a symptom of vaginal candidiasis. If following a discussion with the patient, the pharmacist feels that the pain is not related to vaginal thrush, refer to GP. If the pharmacist is comfortable that symptoms are related to vaginal candidiasis and treatment is supplied, advise the individual to promptly see their GP if any pain on intercourse has not resolved after treatment.</p> |
| <p>Cautions (including relevant actions to be taken) (continued)</p> | <p>Caution should be exercised if:</p> <ul style="list-style-type: none"> ➤ an individual has a previous history of an STI or exposure to a partner with an STI and the diagnosis of vulvovaginal candidiasis is certain and treatment is supplied; advise the individual to promptly see their GP or sexual health clinic if symptoms do not resolve. ➤ an individual is trying to conceive; the possibility of pregnancy should be ruled out before supplying the medication. <p>See also drug interactions section below for additional cautions.</p> |
| <p>Action to be taken if the individual is excluded or declines treatment</p> | <ul style="list-style-type: none"> ➤ Explain the reasons for exclusion to the individual and document in the consultation record. ➤ If the individual declines, record the reason and advise of the consequences of not receiving treatment. Document the advice given alongside details of any referral made and their (patient, parent, guardian) intended actions. ➤ If appropriate, patients may be offered a suitable alternative to fluconazole from the All Wales Common Ailments Service Formulary. Alternatively, refer the individual to their GP if appropriate and/or provide them with information about further options including sexual health services. ➤ Where there are safeguarding concerns, seek advice from local safeguarding services. |
| <p>Further advice</p> | <ul style="list-style-type: none"> ➤ Further information can be found in the SmPC, BNF and the All Wales Common Ailments Service Formulary. |

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5. Description of treatment

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| Name, strength & formulation of drug | Fluconazole 150 mg capsule |
| Legal category | P/POM |
| Black triangle ▼ | No |
| Off-label use | No |
| Route / method of administration | Oral With or without food |
| Dose and frequency of administration | ONE capsule should be swallowed whole as a single dose |
| Duration of treatment | This PGD only allows for the duration stated in the dosage schedule above. |
| Quantity to be supplied/administered | Appropriately labelled pack to provide treatment for ONE single dose. 1 x 150 mg capsule to provide ONE treatment course |
| Drug interactions | <p>A detailed list of drug interactions can be found in the SmPC and the BNF.</p> <p>In general, fluconazole interactions relate to multiple dose treatment and so the magnitude of the interaction on an individual after a single dose of fluconazole is hard to predict. However, single dose pharmacokinetic studies have demonstrated that the inhibitory action of fluconazole on isoenzymes is immediate and can persist for 4-5 days after treatment has ended.</p> <p>Where a significant drug interaction is identified which may require dosage amendment or additional monitoring, refer the individual to appropriate medical/independent non-medical prescriber.</p> <p>Contraindications</p> <p>Concurrent treatment with:</p> <ul style="list-style-type: none"> ➤ drugs that prolong the QT interval (see BNF for all drugs that can prolong QT interval) including: <ul style="list-style-type: none"> ○ amiodarone, amisulpride, astemizole, cisapride, citalopram, clarithromycin, domperidone, erythromycin, escitalopram, flecainide, haloperidol, hydroxyzine, lithium, ondansetron, |

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| (continued over page) | pimozide, quinidine, quinine, ranolazine, risperidone, sildenafil, sotalol, sulphiride, terfenadine, tolterodine, venlafaxine. |
| Drug interactions (continued) | <ul style="list-style-type: none"> ➤ any drug(s) that the SmPC and BNF advises to avoid concomitant use e.g. alfentanil, amitriptyline, carbamazepine, diazepam, fentanyl, ivacaftor, losartan, methadone, midazolam, nortriptyline, phenytoin, saquinavir, theophylline, zidovudine. ➤ Non-steroidal anti-inflammatory drugs e.g. celecoxib, flurbiprofen, ibuprofen, naproxen, meloxicam, diclofenac. <p>Caution</p> <p>Oral anticoagulants</p> <p>Bleeding events (bruising, epistaxis, gastrointestinal bleeding, haematuria and melena) have been reported, in association with increases in prothrombin time in individuals receiving fluconazole concurrently with warfarin. INR and prothrombin times should be monitored while receiving fluconazole and oral anticoagulants concomitantly.</p> <p style="text-align: center;">Advise the individual to contact the clinic responsible for their INR monitoring within 3-5 days of fluconazole treatment.</p> <p>Caution should be exercised when fluconazole is co-administered with direct acting oral anticoagulants such as dabigatran, rivaroxaban and apixaban, particularly to individuals at high risk of bleeding. Advise the individual to contact their doctor if they develop signs and symptoms of bleeding. For example: unexplained bruising, tar coloured stools, blood in the urine, nose bleeds etc.</p> <p>Calcium channel blockers (CCB's)</p> <p>Due to an increased risk of hypotension, caution is advised with the concurrent use of fluconazole and CCB's metabolised by CYP3A4 (such as verapamil, amlodipine and diltiazem). Advise the individual to contact their GP if they develop signs of low blood pressure for example: dizziness, light-headedness, fainting, blurred vision, fatigue, nausea.</p> <p>Oral hypoglycaemic agents</p> |

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| (continued over page) | <p>Fluconazole has been shown to prolong the serum half-life of oral sulphonylureas e.g. chlorpropamide, glibenclamide, glipizide, tolbutamide. Concomitant use with fluconazole can result in significant hypoglycaemia.</p> <p style="text-align: center;">Careful monitoring of glucose is recommended.</p> |
| <p>Drug interactions (continued)</p> | <p>HMG-CoA reductase inhibitors (statins)</p> <p>Caution should be exercised when supplying fluconazole with statins. The risk of myopathy and rhabdomyolysis increases when fluconazole is co-administered with statins such as atorvastatin, simvastatin and fluvastatin. Patients should be advised to look out for the signs and symptoms of myopathy and report them to their GP e.g. muscle pain, muscle ache, stiffness, cramps, weakness.</p> <p>Hypokalaemia</p> <p>Fluconazole should be used with caution in individuals taking other medication that can cause hypokalaemia. (e.g. corticosteroids, diuretics, short acting beta 2 agonists) Hypokalaemia has been reported rarely in individuals taking fluconazole.</p> |
| <p>Identification & management of adverse reactions</p> | <p>If the patient experiences any of the following they must tell their doctor straight away or go to their nearest Accident and Emergency Department:</p> <ul style="list-style-type: none"> ➤ difficulty breathing or swallowing ➤ swelling of the mouth, face, lips, tongue or throat (severe allergic reaction symptoms) ➤ severe itching of the skin, with a rash or raised lumps, hives or blisters ➤ weakness, feeling dizzy or faint ➤ nausea <p>If they experience any of the following, they must contact their doctor or pharmacist immediately:</p> <ul style="list-style-type: none"> ➤ blistering and peeling of the skin, mouth, eyes or genitals ➤ liver disorders with symptoms such as yellowing of the skin or eyes, dark urine or pale stools ➤ seizures |

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| (continued over page) | <ul style="list-style-type: none"> ➤ change in heart rhythm or rate <p>The following side effects have been reported as:</p> <p><u>Very common to common</u> (affecting between 1 in 10 and 1 in 100 patients)</p> <ul style="list-style-type: none"> ➤ Headache, abdominal pain, vomiting, diarrhoea, nausea, rash, increases in blood tests of liver function |
| <p>Identification & management of adverse reactions</p> <p>(continued)</p> | <p><u>Uncommon</u> (affecting up to 1 in 1000 patients)</p> <ul style="list-style-type: none"> ➤ Anaemia, decreased appetite, somnolence, insomnia, seizures, paraesthesia, dizziness, dysgeusia, vertigo, constipation, dyspepsia, flatulence, dry mouth, jaundice, cholestasis, increased bilirubin levels, drug eruption, urticaria, pruritis, hyperhidrosis, myalgia, fatigue, malaise, asthenia, pyrexia <p><u>Rare to very rare</u> (affecting up to 1 in 10000 patients)</p> <ul style="list-style-type: none"> ➤ Agranulocytosis, leukopenia, thrombocytopenia, neutropenia, anaphylaxis, hypercholesterolaemia, hypertriglyceridaemia, hypokalaemia, tremor, torsades de pointes, QT prolongation, hepatic failure, hepatocellular necrosis, hepatitis, hepatocellular damage, toxic epidermal necrolysis, Stevens-Johnson syndrome, acute generalised exanthematous-pustulosis, dermatitis exfoliative, angioedema, face oedema, alopecia <p><u>Not known</u> (cannot be estimated from the available data)</p> <ul style="list-style-type: none"> ➤ Hypersensitivity, drug eruption with eosinophilia and systemic symptoms (DRESS) <p>Adrenal insufficiency</p> <p>Adrenal insufficiency has been reported in patients receiving azoles, including fluconazole</p> <p>N.B. detailed lists of adverse reactions are available in the SmPC, and the BNF. Prior to issuing medication, please refer to these resources to check that there has been no change to the potential adverse reactions listed above.</p> |

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| <p>Patient or carer advice/follow up</p> <p>(continued over page)</p> | <p>Supply the marketing authorisation holder's patient information leaflet (PIL).</p> <p>Inform the individual or their carer:</p> <ul style="list-style-type: none"> ➤ that if they get any side effects, to talk to their doctor, or pharmacist or nurse and report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the Yellow Card reporting scheme. This includes any possible side effects not listed in the PIL. ➤ to seek medical advice if their condition deteriorates and/or they become systemically unwell. |
| <p>Patient or carer advice/follow up</p> <p>(continued)</p> | <ul style="list-style-type: none"> ➤ to read the PIL before taking the medication. ➤ to visit the NHS website on fluconazole for more information. ➤ that fluconazole may cause dizziness; if dizziness occurs they must not drive or operate machinery. ➤ with reassurance that vaginal candidiasis is not a sexually transmitted infection. ➤ that vaginal intercourse should be avoided in case of vaginal infection and while using this product because their partner could become infected; sexual partners do not need to be treated unless they develop symptoms. ➤ to use water and an emollient, instead of soap, to clean or moisturise the vulval area, and dry properly. ➤ to avoid potential irritants in toiletries (including soaps or shower gels), antiseptics, wipes, and 'feminine hygiene' products. ➤ to avoid vaginal douching. ➤ to avoid washing underwear in biological washing powder and avoid fabric conditioners. ➤ to wear cotton underwear. ➤ to avoid tight fitting clothing and non-absorbent clothing. ➤ to see their GP if symptoms not resolved within 7 days. ➤ to avoid use of complementary therapies such as application of yoghurt, topical or oral probiotics, and tea tree or other essential oils. |

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| | <ul style="list-style-type: none"> ➤ to refer individual to local health boards sexual health services website where appropriate. ➤ of advice on safe sex practices if appropriate. |
| Records | <p>The consultation details including any medication supplied under the PGD must be recorded in Choose Pharmacy at the time of the consultation. Where the Choose Pharmacy platform is not available, temporary records must be made using the paper-based consultation record. Paper based records must be transferred onto the Choose Pharmacy as soon as practically possible following the consultation.</p> <p>If the patient is excluded, and any specific advice that has been given, a record of the reason for exclusion must be documented within the consultation notes.</p> |

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Appendices

Appendix A: Key references

- British National Formulary (BNF) – current edition. Available from: <https://bnf.nice.org.uk/> [accessed 18 January 2023]
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*PGD for the supply of fluconazole 150 mg capsule for vulvo-vaginal candidiasis
as part of the Community Pharmacy Common Ailment Service
Valid from: 1st July 2023 Expiry Date: 30th June 2026*

Reg No: PGD 0220
Valid From 01/07/2023
Review Date 31/03/26
Expiry Date 30/06/2026

Appendix B: *Healthcare Professionals Agreement to Practice*

Authorisation for the use of the Patient Group Direction for the supply of: Fluconazole 150 mg capsule by community pharmacists under the Clinical Community Pharmacy Service, Common Ailment Service (vulvo-vaginal candidiasis) commissioned by
[Powys Teaching Health Board]

Patient Group Directions do not remove inherent professional obligations or accountability.

Once completed and approved, health professionals wishing to use the PGD must sign up to the PGD for the local health board in which they will be providing services. Only pharmacists who are accredited in line with the National Service Specification can operate under the PGD.

This Patient Group Direction is to be read, agreed and signed by all registered healthcare professionals authorised to operate the PGD. By signing this document, the professional operating the PGD confirms that they have read and understood the content of this PGD and are willing and competent to work under it within their professional code of conduct. One copy should be given to each named pharmacist and a signed copy must be kept within the pharmacy by the nominated member of staff with responsibility for PGDs. This will usually be the Superintendent Pharmacist or Responsible Pharmacist.

Name and address of pharmacy:

For registered professional

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work under it within my professional code of conduct.

| Name of registered pharmacist | Signature | GPhC number | Date |
|-------------------------------|-----------|-------------|------|
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