

## *Repeat prescribing – hints & tips for prescription clerks & reception*

### *Ordering*

- ❖ **DO** reinforce messages to patients on how to use the ordering system including the importance of:
  - ✓ Ordering only what they need by marking the slip
  - ✓ Leaving plenty of time to re-order so that they do not run out (including arrangements for weekends, bank holidays etc.)
  - ✓ Not over-ordering and stockpiling
  - ✓ Letting the practice know if they have stopped taking anything on the prescription
  - ✓ Asking the doctor, nurse or pharmacist if they are unsure about any of their medicine



### *Processing*

- ❖ **DO** highlight to the prescriber if directions for use are unclear, “as directed” should be avoided (exceptions include drugs with variable doses such as Warfarin and Insulin, and blood glucose testing strips where use may vary)
- ❖ **DO** check medicines labelled ‘PRN’ (as required) have clear dosing instructions to include the dose interval, the maximum number of doses per day, and the condition for which the dose should be taken/given e.g. Paracetamol - two tablets every 4 to 6 hours as required for pain relief, do not exceed 8 tablets in 24 hours Salbutamol inhaler - two puffs when required up to four times a day for breathlessness Emollients - apply gently to areas of dry or itchy skin twice a day and after washing. May be used as a soap substitute
- ❖ **DO** synchronise the quantities so that medicines run out at the same time - West Essex CCG supports 28-day prescribing as standard duration of a prescription for people on four or more prescribed medicines
- ❖ **DO** check the date of issue of the last supply before issuing a new repeat prescription, to identify patients who are under- or over-using their medicines leading to possible inadequate therapy or adverse effects, and refer them to the prescriber
- ❖ **DO** check for any accidental duplication where there may be a brand and a generic version of the same medicine on the same repeat
- ❖ **DO** highlight potential inappropriate generics which should be branded to the doctor who will authorise change where appropriate – refer to medicines to be prescribed by brand name overleaf
- ❖ **DO** highlight to the prescriber if a patient is overdue for a medication review (if no appointment has been made within last 12 months) – consider using the patient’s birthday month to trigger a review
- ❖ **DO** check if the most appropriate strength of medicine has been prescribed e.g. rather than giving two 10mg tablets, look to see if a 20mg tablet is available
- ❖ **DO** check all repeat quantities are in line with dosage and duration and highlight discrepancies to the prescriber
- ❖ **DO** ensure quantities of baby milks are appropriate for the age of the child – refer to guidelines
- ❖ **DO** flag patients to the prescriber if they are requesting a salbutamol inhaler or GTN spray each month
- ❖ **DO** highlight to the prescriber if any of the following are added to the repeat template – antibiotics, dressings, sip feeds, strong painkillers and sleeping tablets

## *Medicines to be prescribed by brand name*

Prescribing medicines by generic rather than brand name can improve cost-effectiveness and is encouraged. However, there are some circumstances in which continuity of the same brand is important for patient safety and brand-name prescribing preferred. This list of medicines may not be comprehensive.

Drug or drug class	Reason for considering brand-name prescribing
Adrenaline (epinephrine) pre-filled syringes	Patient familiarity with one brand is important; instructions for use vary between preparations.
Aminophylline modified release preparations	MR preparations have different release characteristics and are not interchangeable. Aminophylline has a narrow therapeutic index.
Antiepileptic drugs:  <b>Category 1</b> - Phenytoin, carbamazepine, phenobarbital and primidone.  <b>Category 2</b> - Sodium valproate, lamotrigine, peramppanel, retigabine, rufinamide, clobazam, clonazepam, oxcarbazepine, eslicarbazepine acetate, topiramate and zonisamide.  <b>Category 3</b> - Levetiracetam, lacosamide, tiagabine, gabapentin, pregabalin, ethosuximide and vigabatrin.	<b>Category 1:</b> Specific measures are necessary to ensure consistent supply of a particular product (which could be either a branded product or a specified manufacturer's generic product).  <b>Category 2:</b> The need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer.  <b>Category 3:</b> No specific measures are normally required and these AEDs can be prescribed generically and without specifying a specific manufacturer's product
Buprenorphine patches	Patches have different wear times. Patient familiarity with one brand is important.
Colecalciferol (vitamin D)	Prescribing by generic names may lead to the item being dispensed as an unlicensed high cost Special.
Contraceptives	Different brands of the same formulation are available. Patient familiarity with one brand is important.
Diltiazem modified release preparations	MR preparations have different release characteristics and are not interchangeable.
Fentanyl patches	Patches are available as matrix and reservoir formulations. Patient familiarity with one brand is important.
Immunosuppressant therapy: Azathioprine, mycophenolate mofetil, ciclosporin, tacrolimus	It is important not to change formulation except on the advice of a transplant specialist. Prescribing by brand name will avoid inadvertent switching.
Inhalers	Patient familiarity with one brand is important; instructions for use vary between preparations. Note: Beclometasone dipropionate CFC-free inhalers to treat asthma – there are two inhalers that contain the same active substance (beclometasone dipropionate), but one is much stronger.
Insulins	Patient familiarity with the same brand is important; training is required in the use of specific devices for self-injection.
Lithium preparations	Preparations vary widely in bioavailability. Changing the preparation requires the same precautions as initiation of treatment. Lithium has a narrow therapeutic index.
Mesalazine oral preparations	The delivery characteristics of oral mesalazine preparations may vary and should not be considered interchangeable.
Methylphenidate modified release preparations	MR preparations contain different proportions of immediate-release and modified-release methylphenidate.
Morphine oral modified release preparations	MR preparations have different release characteristics. Patient familiarity with one brand is important.
Nifedipine modified release preparations	MR preparations have different release characteristics and are not interchangeable.
Theophylline modified release preparations	MR preparations have different release characteristics and are not interchangeable. Theophylline has a narrow therapeutic index.