



Nottingham and
Nottinghamshire

MANAGED REPEATS GUIDANCE

Managed Repeats Guidance

Introduction

Repeat prescribing plays a significant part in the supply of medicines to patients in primary care. Two-thirds of prescriptions generated in primary care are for patients who have requested a repeat supply of medicines they take regularly; this represents some 80% of medicines costs.

It is therefore important to general practice staff and patients that an efficient and effective repeat prescribing system is in place.

This training will enable every repeat prescription being issued to go through a screening process.

This will proactively allow for practice staff processing repeats to highlight any concerns or issues which will lead to improved safety and quality and could also lead to financial savings.

All practice staff need to read and sign practice repeat prescribing policy

If your practice is considering stopping third party ordering, please contact your local ICB Medicines Optimisation Technician/Pharmacist for further information and resources.

Version Control			
Version	Author	Date	Changes
1.0	Sameena Mir	06/2018	Ratified by CPMT
2.0	Sameena Mir	07/2018	Addition of introduction paragraph Generic wording added to cover all clinical systems Centralised service contact details updated for GNs
2.1	Sameena Mir	25/10/2018	Removed gluten free product advice
3.0	Nicola Buxton	16/06/2022	Script assist removed from title- now managed repeats Change in format Icon updated to Nottingham & Nottinghamshire CCG F12 interventions removed PCN Pharmacy team added 7-10 days amended to 7 days Medication review- reauthorising added Support pack now incorporated Irregular repeats function removed from support pack Paragraph added regarding third party ordering
4.0	Tania Cook	06/22	Updated stoma & continence contact details. Changed reference from CCG to ICB Amended SABAs – from >12 to >6 in line with quality indicators Page numbers added Changed CCG logo to ICS

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Patient/Pharmacy request repeat

Check patient details match in clinical system e.g., Name, address, DOB, NHS number

Is the item on repeat?

NO

Send a task to relevant clinician/PCN Pharmacy Team

YES

Is the medicine being requested more than 7 days early

YES

Contact patient/pharmacy and advise medication is not due yet or as per practice policy

NO

Are the medications set to 28/56 days?

exclusions apply to some medications (see appendix 1)

NO

Consider aligning medication- send task to relevant clinician/PCN Pharmacy Team

YES

Is the prescription synchronised with other items (see appendix 4)

NO

Synchronise relevant medication or task clinician. **CDs to be actioned by clinician only**

YES

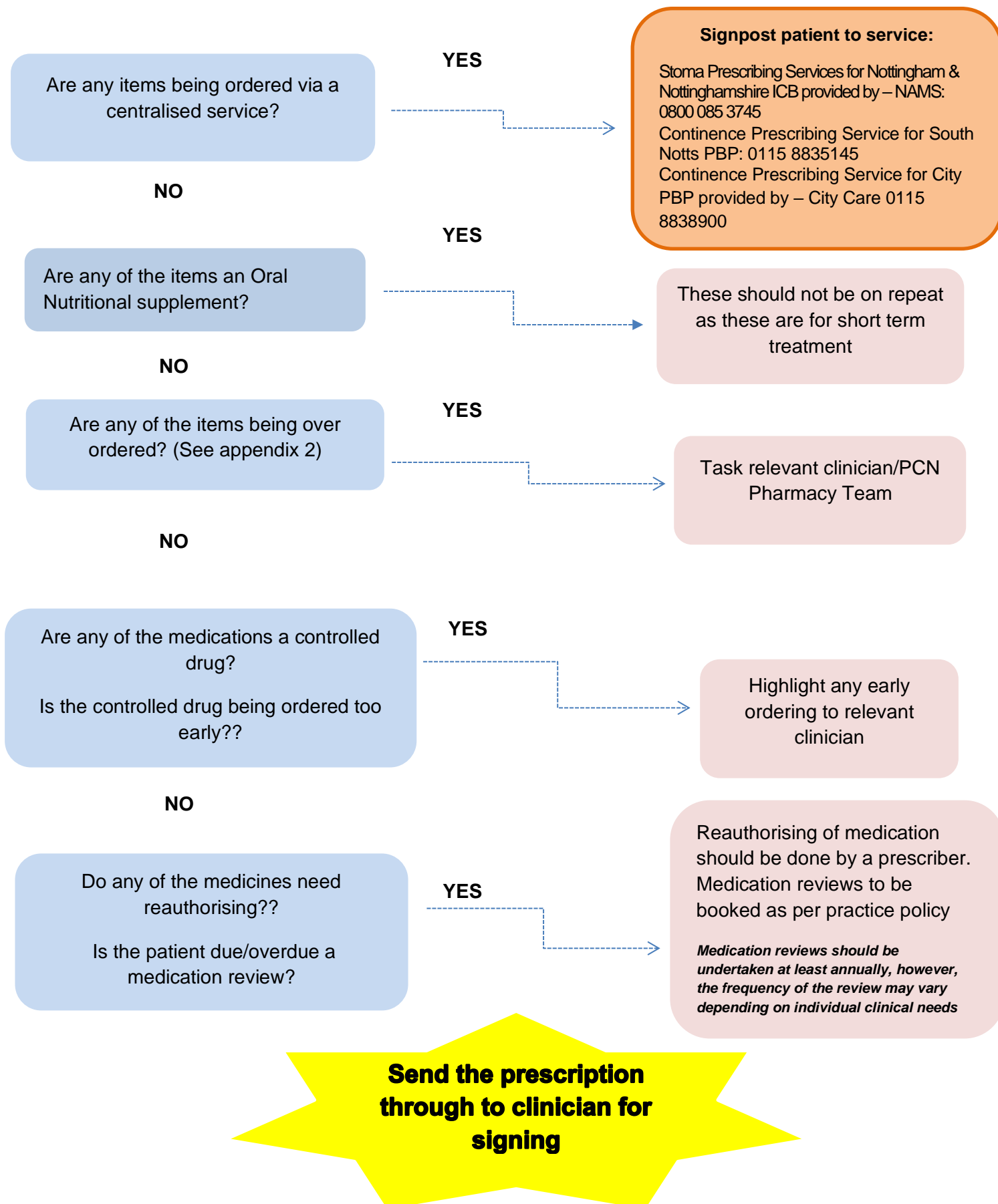
Has the item previously been ordered within the last 6 months exclusions apply (see appendix 1)

NO

Task relevant clinician. Continue to process all other items as per practice policy

YES

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Exclusions to 28-day prescribing

Common examples listed, please note this list is not exhaustive:

Contraceptives	Generic	Brand
	Desogestrel	Cerelle®
		Zelleta®
		Cerazette®
	Ethinylestradiol 30microgram/ Levonorgestrel 50microgram tablets	TriRegol®
		Logynon®
	Ethinylestradiol 30microgram / Levonorgestrel 150microgram tablets	Rigevidon®
		Levest®
		Ovranette®
		Microgynon®
	Ethinylestradiol 20microgram / Gestodene 75microgram tablets	Millinette 20/75®
		Sunya®
		Femodette®
	Ethinylestradiol 30microgram / Gestodene 75microgram tablets	Katya®
		Millinette 30/75®
		Femodene®
	Ethinylestradiol 35 microgram/ Norgestimate 250 microgram	Lizinna®
		Cilique®
	Ethinylestradiol 35 microgram/ Norethisterone 500 microgram	Brevinor®
	Desogestrel 150 microgram/ Ethinylestradiol 20 microgram	Gedarel 20®
		Mercilon®
	Desogestrel 150 microgram/ Ethinylestradiol 30 microgram	Gedarel 30®
		Marvelon®
	Cyproterone acetate 2mg/ Ethinylestradiol 35 microgram	Dianette®
	Ethinylestradiol 0.03 mg/ Drospirenone 3 mg	Lucette®
		Yasmin®
		Dretine®
Hormone replacement therapy (HRT)	Generic	Brand
	Conjugated oestrogens 1.25 mg	Premarin 1.25mg®
	Conjugated oestrogens 625 mcg	Premarin 0.625mg®
	Estradiol 1 mg/Norethisterone acetate 500 microgram	Kliovance®
	Estradiol 2 mg/Norethisterone acetate 1 mg	Elleste Duet Conti®

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Appendix 2

Medication Commonly Over-ordered

To help reduce medicine waste the following medication should be spot checked with patients to reduce potential for over ordering as part of the issuing prescription process

Area	Examples
Analgesics - prescribed as 'when required'(PRN)	<p>If using regularly patients should be reviewed by a clinical member of staff</p> <ul style="list-style-type: none"> ▪ Paracetamol (usual max 100 tablets) ▪ Ibuprofen ▪ Co-Codamol (Zapain®) ▪ Naproxen
Inhalers - prescribed as 'when required'(PRN) Asthmatic patients only	<p>If exceeding 6, short-acting beta agonist (SABA) inhalers per annum book patient in for a review/task relevant clinician to highlight usage. (Some practices may wish to reduce this figure)</p> <ul style="list-style-type: none"> ▪ Salbutamol (Ventolin®, Salamol®, Airomir®) ▪ Terbutaline (Bricanyl®) <p>Examples of regular inhalers which may not be ordered by patient</p> <ul style="list-style-type: none"> o Clenil® o Qvar® o Fostair® o Flutiform® o Symbicort® o DuoResp Spiromax® <p>(Inhalers are now being changed to environmentally friendly versions)</p>
'Emergency Packs' - If on repeat set at two issues only	<p>Short course (for asthma/COPD)</p> <p>Antibiotics (e.g., Amoxicillin, doxycycline)</p> <ul style="list-style-type: none"> ▪ Prednisolone <p>(No more than two issues without a GP/Nurse review)</p>
Glyceryl Trinitrate (GTN)	<ul style="list-style-type: none"> ▪ Nitrolingual® ▪ Coro-nitro® ▪ Nitromin® <p>Patients should need no more than 6 original packs of GTN spray in a year. (Some practices may wish to reduce this figure)</p> <p>(Patients collecting more than 6 GTN packs per year should be reviewed by a clinician)</p>
Adrenaline Auto-Injector	<ul style="list-style-type: none"> ▪ Epipen® ▪ Jext® ▪ Emerade® <p>Standard good practice to have two auto-injectors prescribed on repeat. (Ensure up to date weights recorded for patients to reduce risk of incorrect dose)</p>
Alginates 'when required'(PRN)	<ul style="list-style-type: none"> ▪ Peptac® ▪ Gaviscon®
Dressings (usually a maximum of two weeks supply on repeat)	<ul style="list-style-type: none"> ▪ Softpore® ▪ Allevyn® ▪ Clinisorb®

How long should my regular inhaler last?

We know from our records that a lot of patients request their inhalers at shorter Intervals than expected. It is possible to calculate approximately how long an inhaler, when used regularly, should last from the number of doses used daily and the total number of doses in each inhaler. We have shown this in the table below.

(Please note: Patients over-ordering should not be refused a request for their inhaler they should be referred to the relevant clinician as per practice protocol)

Number of doses per inhaler	Number of doses per day	Period inhaler should cover (approximately)
200	One puff twice a day	100 days (3months)
200	Two puffs twice a day	50 days (6-7 weeks)
200	Two puffs three times a day	35 days (5 weeks)
200	Two puffs four times a day	25 days (3-4 weeks)
120	One puff twice a day	60 days (8 weeks)
120	Two puffs twice a day	30 days (4 weeks)
100	One puff twice a day	50 days (6-7 weeks)
100	Two puffs twice a day	25 days (3-4 weeks)
60	One puff twice a day	30 days (4 weeks)
60	Two puffs twice a day	15 days (2 weeks)
50	One puff twice daily	25 days (3-4 weeks)

Synchronising patient's medication

Name: _____

DOB: _____

Date: _____

Name of medication	How do you take the medication	How many tablets do you have left	<i>PRACTICE USE ONLY</i>	
			1 MONTH SUPPLY =	Supply needed to synchronise the Prescription
<i>EXAMPLE</i> <i>Bisoprolol 2.5mg tablets</i>	<i>One daily</i>	<i>7</i>	<i>28</i>	<i>49</i>

Note - Good practice to scan/save in patient's records to ensure clear audit trail