NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

October/November 2017

Quick reference guide to eye drops for glaucoma – please prescribe generically

Therapeutic group	Brand	Generic
Alpha 2 agonists	Alphagan	Brimonidine
	Iopidine	Apraclonidine
Beta blockers	Betagan	Betaxolol
	Betoptic (solution & suspension)	Levobunolol
	Eysano	Timolol
	Timoptol	Timolol
	Timoptol-LA	Timolol (long acting gel)
	Tiopex	Timolol
Carbonic anhydrase inhibitors	Azopt	Brinzolamide
	Eydelto	Dorzolamide
	Trusopt	Dorzolamide
Alpha 2 agonist & beta blocker	Combigan	Brimonidine & timolol
Carbonic anhydrase inhibitors & alpha 2 agonists	Simbrinza	Brinzolamide & brimonidine
Carbonic anhydrase inhibitors & beta blockers	Azarga	Brinzolamide & timolol
	Cosopt	Dorzolamide & timolol
	Eylamdo	Dorzolamide & timolol
Prostaglandin analogues	Xalatan	Latanoprost
	Monopost (unit dose only)	Latanoprost
	Lumigan	Bimatopost
	Saflutan	Taflupost
	Travatan	Travoprost
Prostaglandin analogues & beta blockers	DuoTrav	Travopost & timolol
	Ganfort	Bimatoprost & timolol
	Xalacom	Latanoprost & timolol
	Taptiqom	Tafluprost & timolol

Monitored Dosage Systems (MDS)
We have received a number of communications recently asking for clarification of the arrangements for provision of monitored dosage systems. This was previously governed by the Disability Discrimination Act 1995 but is now encompassed by the Equality Act of 2010. Below are some excerpts from the Pharmaceutical Services Negotiating Committee (PSNC) Briefing which help to explain the situation. The full document is worth a read.

If a person is disabled, the provider of services, (in this case the community pharmacist or dispensing practice), *must consider whether a feature of the way in which he provides the service means that the disabled person would not be able to access the service, whereas a nondisabled person would. The provider of the service must then consider whether any 'reasonable adjustment' could be made, which would have the result of overcoming the obstacles to accessing the service.*

Possible adjustments include:

- *Easy open containers - e.g. for patients with severe arthritis*
- *Large print labels*
- *Reminder chart showing which medicines are to be taken at particular times during the day*
- *Monitored Dosage System – if **all** medicines are suitable for inclusion*

The Department of Health commissioned a resource kit. Use of this kit is not mandatory but might be useful to inform the assessment.

***Q**. Can the GP insist that a medicine is dispensed in an MDS?*
***A.** No. The final decision whether or not to use MDS for a patient with a disability rests with the pharmacist.* (Another clinician can only request an assessment.)

***Q.** Can patients, relatives, carers, care workers or care homes request an MDS for convenience?*
***A.** There is no funding available within the NHS to support the provision of MDS to this group of patients, so the cost may have to be borne by the patient / care home.*

***Q**. 7 or 28 day prescriptions?*
***A.** Prescribers may make a clinical decision to issue weekly prescriptions to minimise waste that would occur on medication changes. Once medicines have been dispensed, then no further changes should be made by a pharmacist.*

Folic acid and pregnancy
All women are advised to take a 400microgram supplement of folic acid during the first 12 weeks of pregnancy and if possible, for at least one month prior to conception, to reduce the risk of neural tube defects in the baby. However we have been asked to raise awareness of the Royal College of Gynaecologists recommendation that for women with a BMI of 30kg/m^2 or more the daily dose should be 5mg. This recommendation has also been incorporated in the local patient information factsheet produced by UHS. The higher 5mg dose needs to be prescribed, unlike the 400microgram tablets which can be purchase from community pharmacies.

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