

## Blister packs FAQs for prescribers

### Background

The Royal Pharmaceutical Society recommends the use of original packs of medicines, supported by appropriate pharmaceutical care as the preferred intervention for the supply of medicines in the absence of a specific need for a multi-compartment compliance aids (MCA).

In general there is insufficient evidence to support the benefits of MCAs in improving medicines adherence in patients, and the available evidence does not support recommendations for the use of MCA as a panacea in health or social care policy. Care should be provided in a way that supports patient independence and re-ablement; MCAs can inadvertently perpetuate dependence and disempowerment.

However, there is some evidence to indicate that MCA may be of value for **a small number** of patients **who have been assessed** as having practical problems in managing their medicines. Each patient's needs must be assessed on an individual basis and any intervention must be tailored to the patient's specific requirements.

### Funding

The costs of pharmacy dispensing fees need to be controlled; however, the funding for this comes from NHS England, not the CCG prescribing budget.

### Q1. Who decides when to use an MCA?

**A.** This should be based on a robust individual patient assessment, usually by the community pharmacist, to ascertain the most appropriate method of dispensing. MCAs may not always be the best solution; there are many other tools which can support patients with medicines use.

It would be beneficial for pharmacist and prescriber to discuss this decision.

It is useful for the prescriber to carry out a clinical medication review as part of the assessment, to see if therapy can be rationalised.

### Q2. Can a prescriber request that a patient has their medicines dispensed in an MCA?

**A.** If a prescriber thinks a patient might benefit from an MCA, they should refer the patient to their community pharmacist for a robust assessment of their needs (appx 1 of reference 1).

Prescribers and pharmacists should understand the potential liability issues when requesting or supplying a medicine in an MCA. Removing a medicine from the manufacturers packaging means that it is no longer licensed, and responsibility for the stability of the repackaged medicines transfers from the manufacturer to the prescriber and pharmacist.

### Q3. Do prescribers have to issue 7 day prescriptions for patients with blister packs?

**A.** Seven-day prescriptions are only needed if a joint decision has been made by the prescriber and pharmacist, on **clinical grounds**, that medication should be issued to the patient on a **weekly basis**. This would be appropriate for patients who are managing their medicines themselves and for whom receiving more than one MCA at a time may be confusing or dangerous.

**It is important to be aware that if a 28 day prescription is issued, where weekly MCAs are filled, all 4 will be issued at once. This is a legal requirement under the pharmacy terms of service.**

### Q4. Should prescribers issue 7 day prescriptions for care homes?

**A.** Patients in care homes should not be issued with 7 day scripts.

This should only be considered for individual patients who manage their own medicines, as in Q3 above.

The cultural reliance on medicines supplied in monitored dosage systems (MDS) within care homes and care at home services should be challenged.

#### **Q5. Are there any medicines which should not be put in an MCA?**

**A.** The removal of a medicine from the manufacturer's original packaging and its repackaging into an MCA can affect its stability.

It is difficult to produce a comprehensive list, but solid dosage forms not suitable for packing into MCAs include

- Soluble, effervescent and orodispersible tablets eg aspirin 75mg disp., risperidone orodispersible
- Chewable and buccal tablets eg Adcal D3, Buccastem
- Moisture sensitive preparations eg nicorandil, Madopar, dabigatran and many others
- Medicines whose dose may vary frequently depending on test results, e.g. unstable INR with warfarin
- Medicines that may be harmful when handled, e.g. methotrexate
- Medicines which are stored in the fridge eg fludrocortisone
- Medicines intended for "as required" use eg analgesics, laxatives
- Medicines that have special administration instructions and must be identified individually in order to do this safely e.g. alendronate

Individual clinical assessment may override stability concerns.

UKMI are developing a MCA stability database; registration is needed at the moment, but it is intended to make it freely available later in 2014. <http://www.ukmi.nhs.uk/>

#### **Q6. How should medicines that cannot be packaged in MCAs be managed?**

**A.** Medicines such as inhalers, eye drops, creams and ointments etc required in addition to MCAs add further complexity. Care providers and patients will have to deal with using several different medicines administration systems which may raise questions around the appropriate use of the MCA and increase the risks of the patient not receiving their medication correctly.

#### **Q7. What happens if changes are made to a patient's medication if using an MCA?**

**A.** Depending on the urgency of the changes, it may be more practical to implement them at the end of a supply cycle. If this is not possible, the prescriber should liaise with the pharmacist and patient/ carer to ensure changes are made safely and promptly. Prescribers should be aware that if there is a change mid-cycle, a new prescription needs to be issued for **all** medicines, and that the pharmacist should ensure that contents of previously issued MCAs are discarded

#### **Q8. How can medicines in an MCA be identified?**

**A.** MCAs are labelled to include descriptions of each medicine it contains. However, many tablets look similar and when present in the same compartment they can be difficult to distinguish. This can lead to disempowerment of patients and carers eg if they are choosing not to take a medicine at a specific time for lifestyle reasons, such as a diuretic.

#### **Q9. How can admin time be reduced while ensuring patients who need weekly supplies get them weekly, rather than monthly?**

**A.** Use the repeat dispensing (batch prescribing) service, where the GP needs to sign only one form (the RA), and these can be done in batches of 4-8 weeks at a time. For further information, speak to your community pharmacist.

#### **References**

1. [Royal Pharmaceutical Society: Improving patient outcomes: The better use of multi-compartment compliance aids](#)
2. [Royal Pharmaceutical Society \(Scotland\): Improving Pharmaceutical Care in Care Homes](#)