

Safe and Efficient Prescribing of Modified Release Methylphenidate.

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Introduction



ADHD prescribing ↑43% in 5 years in Scotland ⁽¹⁾

NHS Borders highest prescribing board per head of population (2%) ⁽¹⁾

IP Pharmacists have a role in effective prescribing ⁽²⁾ for ADHD

Aims

1. Reduce the total spend of NHS Borders on Methylphenidate M/R by 50%
2. Reduce Variation in supply compromising clinical outcomes
3. Collaborative effective working



Multi Disciplinary Methodology

PST Lead identified the most appropriate proprietary product based on bio-equivalence, cost and sustained availability to add to Borders Joint Formulary.

Decision approved by ADTC, Formulary Committee & CAMHS

Community Pharmacists briefed and given sufficient time to balance stock.

Current patients switched to preferred brand by **Prescribing Support Technicians**.

New patients reviewed by **Specialists**.

Instructions to prescribe issued to **G.P or I.P. Pharmacist** where in place.

Process Audited by **Pre-Registration Pharmacist**.

Facilitated Education Sessions session held with non engaging prescribers and specialists.

Results

A brand of bioequivalent ⁽³⁾ methylphenidate M/R was identified which was 50% cheaper than some competitors and was readily available.

Prescribing Support Technicians switched 70% of NHS Borders patients saving £64,589. (fig. 1)

A practice audit ⁽⁴⁾ revealed that 90.5% of specialist instructions were generically prescribed, contrary to the shared protocol agreement.

A meeting with CAMHS resulted in agreement by the specialists to prescribe the preferred brand as per the protocol ⁽⁵⁾ unless clinically unsuitable.

An IP practice based pharmacist is trialling prescribing from specialist instructions, freeing up GP time and liaising with community pharmacies on supply based issues.

There has been significant and sustained compliance with the shared care protocol and a significant cost saving to NHS Borders. (Fig. 2)

Patient outliers will be reviewed by specialists within 6 months and switched to the approved brand.

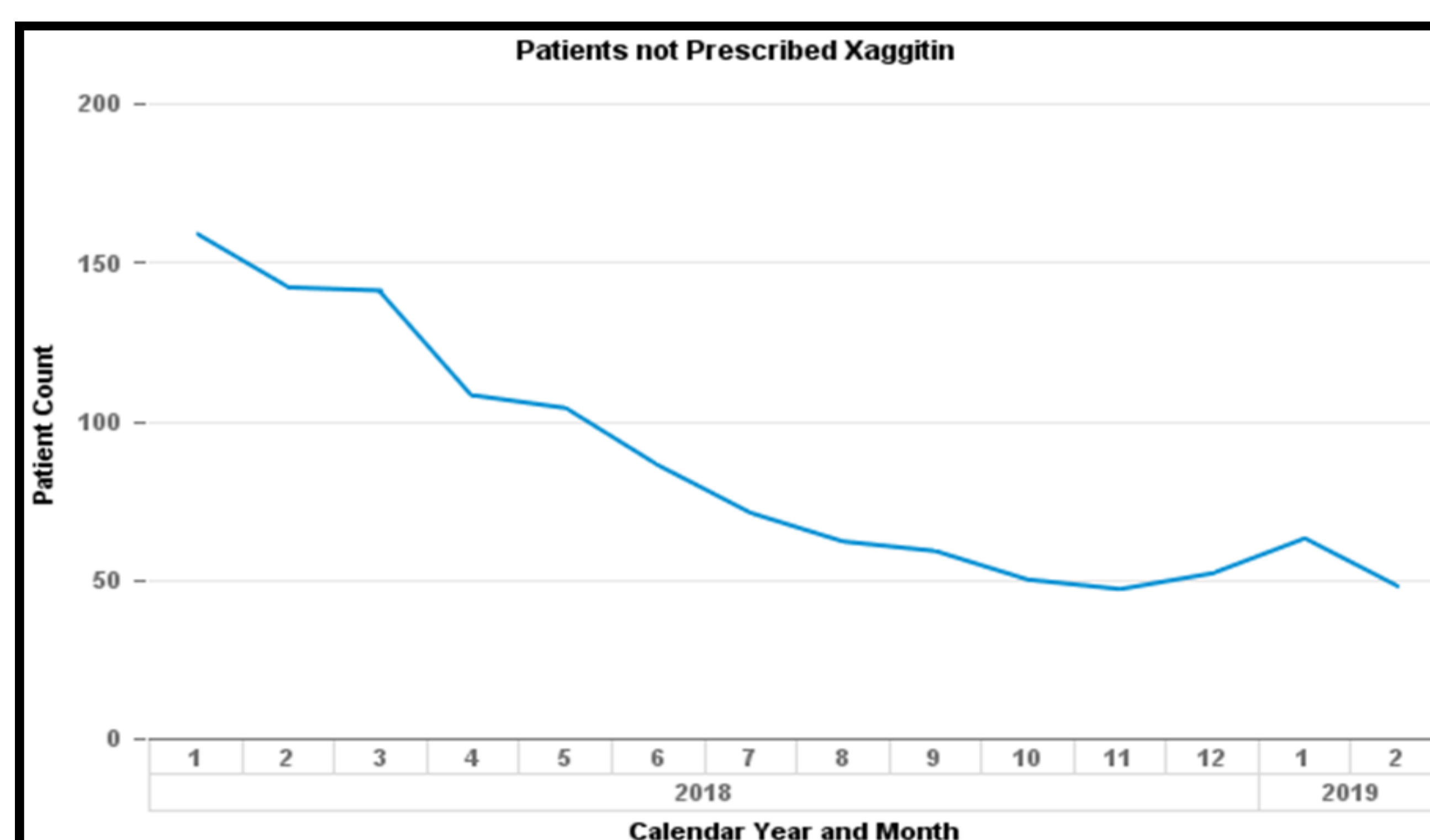


Figure 1-Graph showing trend of patients prescribed incorrect form.

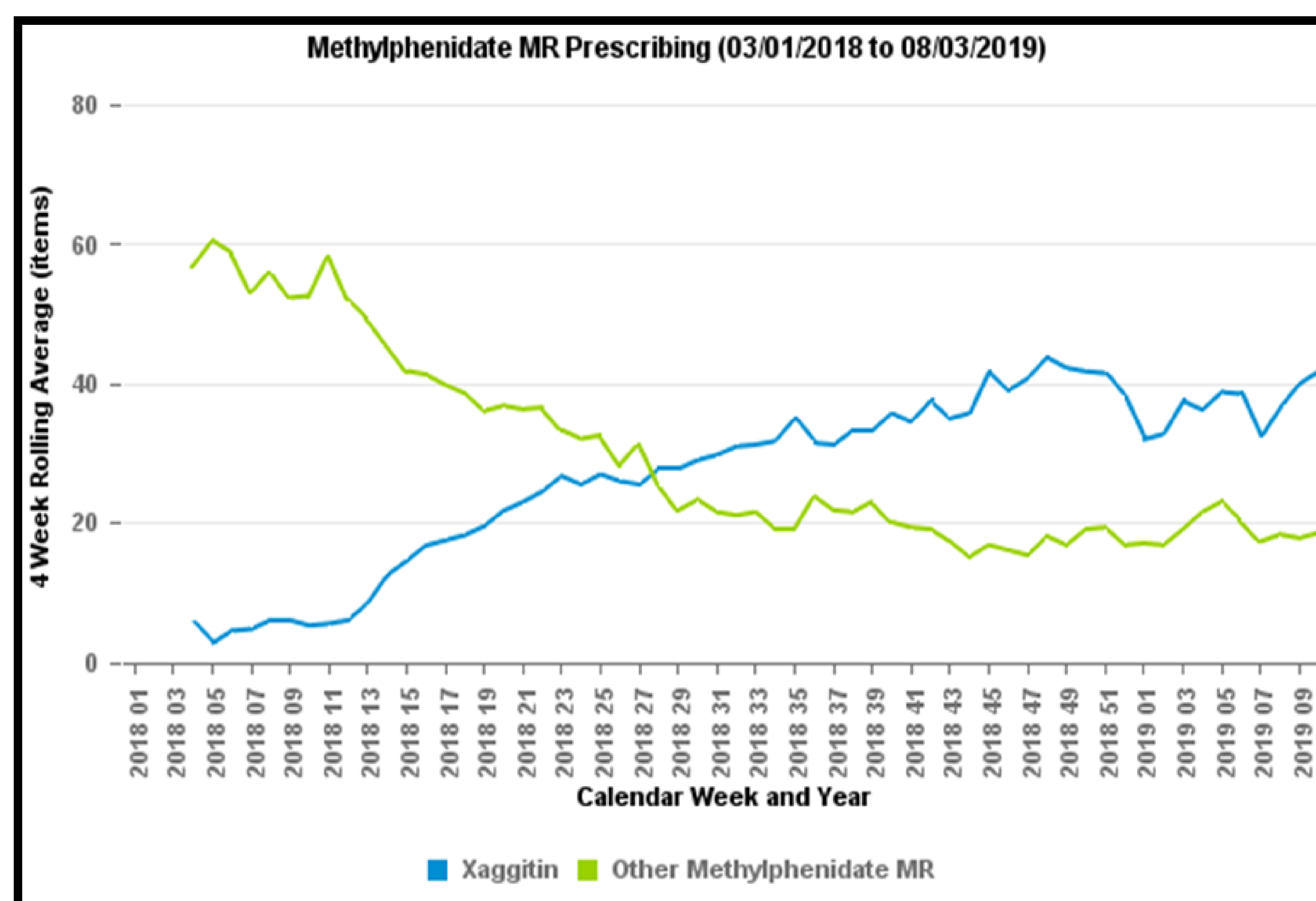


Figure 2-Graph showing sustained prescribing of preferred brand.

References

1. Scottish ADHD Coalition (2018) ADHD Medication Prescribing in Scotland in 2016/17.
2. Scottish Government (2016). Realising Realistic Medicine.
3. Radia, H and Bradley, M (2018). Extended -release methylphenidate-a review of the pharmacokinetic profiles of available products
4. Shaid, D and Sutherland, G (2018) Prescribing Audit of ADHD Medication in NHS Borders.
5. Shared Care Guidelines in the treatment of Attention Deficit/Hyperactivity Disorders NHS Borders 2010, reviewed July 2018.