

MURs and Prescription Interventions

What is the difference?

There have been a number of queries from pharmacists about MURs and Prescription Interventions and their differentiation. There is only one service; it is what prompts the review that is the differentiating factor.

Medicines Use Reviews can be prompted proactively by identification of a certain group of patients, e.g. older people on multiple medicines, people with diabetes or asthma, that subsequently lead to an invitation for a Medicines Use Review. Your PCT may highlight a target group they would like to be the focus of attention for MURs.

A **Prescription Intervention** that triggers a review is more reactive, in the sense that it is the response to a significant problem with a person's medication that subsequently leads to a Medicines Use Review being conducted. The issue or issues that prompt you to offer a MUR in this circumstance are likely to be highlighted as part of the dispensing process. Commonly the issues will highlight the need for the patient to develop their understanding of their medicines in order to improve their own use of the medicines.

The same consultation occurs for MUR and Prescription Intervention, i.e. establishing the patient's actual use, understanding and experience of taking their medicines; identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient; identifying side-effects and drug interactions that may affect the patient's compliance with instructions given to him; and improving the clinical and cost-effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

The MUR form is completed for both aspects of the service.

Are dose optimisation and dose synchronisation Prescription Interventions?

It would not be sufficient for a pharmacist to simply complete a MUR form solely relating to a proposed dose optimisation or synchronisation as an MUR. However, as part of an MUR or Prescription Intervention, dose

optimisation and synchronisation could clearly be included under 3(2)(d) of the Secretary of State Directions on Advanced services which state:

The underlying purpose of MUR services is, with the patient's agreement, to improve his knowledge and use of drugs by in particular-

- (a) establishing the patient's actual use, understanding and experience of taking drugs;
- (b) identifying, discussing and resolving poor or ineffective use of drugs by the patient;
- (c) identifying side effects and drug interactions that may affect the patient's compliance with instructions given to him by a health care professional for the taking of drugs; and
- (d) improving the clinical and cost effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

Examples

The following examples are provided to assist in determining what may and may not be considered a prescription intervention triggered MUR:

1. A prescription requests 56 Lisinopril 10mg tablets TWO to be taken daily. You recommend to the GP that the patient could be changed to 28 Lisinopril 20mg tablets ONE to be taken daily. This intervention alone would not trigger a prescription intervention MUR, but could be included as a recommendation if a MUR was initiated for another reason.

2. A patient presents at the pharmacy with a prescription for 28 days of Aspirin and you know that they came to the pharmacy last week for a 28 day prescription of Simvastatin. When you look at the patient's PMR you realise that their medicines need to be synchronised and contact the surgery to ask them to amend the quantities on the next

prescription. This intervention alone would not trigger a prescription intervention MUR, but could be included as a recommendation if a MUR was initiated for another reason.

3. A Fluticasone inhaler has been added to a patient's inhaler regimen; when you dispense the prescription you check that the patient understands when to use the new medication. Whilst talking to the patient, it transpires that they have not been using their medication as they needed to do to obtain the most benefit. You decide that the patient needs more advice than the brief counselling that you are able to provide at the time of dispensing and invite the patient for a Medicines Use Review. This intervention could trigger a prescription intervention MUR.

MUR FAQs

1. Is it necessary to complete the same documentation for both?

Yes.

2. Can you perform a prescription intervention MUR by talking to a patient in the pharmacy, without conducting a patient interview in a consultation area?

No. A prescription intervention triggered MUR must be conducted following the requirements laid down in the Secretary of State Directions.

3. When you perform a prescription intervention triggered MUR do you only have to review the medicines that have highlighted the need for the intervention?

No. A prescription intervention triggered MUR to be conducted on all the patient's medicines, following the requirements laid down in the Secretary of State Directions.

4. Can you perform a prescription intervention triggered MUR for a patient who has not received their prescribed medication from your pharmacy for the last three months?

Yes you can, as the three month rule does not apply to prescription interventions.