



•Your Targets,  
Your Strategy

## **Current Issues For MUR Targeting**

Following the recent LPC lectures on back to basics MURs, 'MAGIC A MUR' we have produced a list of current targets that can be incorporated into your MUR strategy as targets for potential reviews.

The list below contains current issues in pharmacy where use of a MUR is probably the best method of delivering the improvements to the patient's healthcare outcomes. Each issue has a brief description, ways to identify, what improvements can be made and how to communicate the actions to the necessary parties.

We hope this list will act as an aid to help you identify MUR opportunities and carry out effective MURs.

### **1. Combivent (Boehringer) discontinuation – Expected June 2008.**

#### ***Action-Now***

- **MISSION: Background** – Manufacturer is discontinuing the supply of Combivent inhalers as a non-CFC version will not be available before the EU deadline for removal of all CFC products.
- **AWARENESS: Identify & Promote** – Search on PMR for active patients and passively filter prescriptions for patients using Combivent inhalers then seek an MUR.
- **IMPROVE: Advise** – Patients should have their medication changed or reviewed so that their treatment is not affected by the issue.
- **COMMUNICATE** –
  - **To the patient:** Inform the patient about the status with Combivent inhaler and reasons for discontinuation, reinforce that there are no safety concerns.
  - **To the doctors:** Suggest action to Doctors surgery for either substitution to salbutamol and ipratropium inhaler or for review of therapy inline with COPD treatment algorithm (Nice 2004).

### **2. Paraffin Fire Hazard NPSA Rapid Response Alert – Nov 2007**

#### ***Action-Now***

- **MISSION: Background** – Following a death of a patient the NPSA released a rapid response to increase the awareness of health professionals of the potential fire hazard with products containing more than 50% paraffin.
- **AWARENESS: Identify & Promote** – Search on PMR for active patients using large amounts (100g plus) of paraffin products and passively filter prescriptions for such products then seek an MUR.

- Examples Of products: Diprobase ointment, emulsifying ointment, liquid paraffin 50%/white soft paraffin 50%, white soft paraffin and zinc ointment.
- **IMPROVE: Advise** – Patients should be made aware of the problem to reduce the risk of any occurrence.
- **COMMUNICATE** –
  - **To the patient:** Information should be provided about the potential fire risk of smoking or being near someone who is smoking. Inform them of the above hazard and suggest that bedding and clothes should be regularly changed if they have come into contact with a large amount of paraffin product. This is because fabrics impregnated with paraffin can easily catch on fire and the fire is difficult to extinguish.

### 3. Beclometasone CFC Inhalers Discontinuation – Expected Quarter 3 2008

#### **Action-Over next six months**

- **Mission: Background** – Manufacturers are now discontinuing MDIs containing CFCs because of the EU deadlines. There are presently three remaining generic suppliers and they believe that they can continue to supply demand until the third quarter of this year.
- **AWARENESS: Identify & Promote** – Search on PMR for active patients using beclometasone CFC Inhalers and passively filter prescriptions for such products then seek an MUR.
- **IMPROVE: Advise** – Patients should have their medication changed or reviewed so that their treatment is not affected by the issue.
- **COMMUNICATE** –
  - **To the doctor:** Firstly have a conversation with your local Doctors about your plans and ask if they have any preferences to include. Suggest action to Doctors surgery for substitution to Clenil or Qvar CFC-free MDIs or for review of therapy inline with asthma treatment british thoracic society guidelines.
  - **To the patient:** Information should be provided to the patient of the status with beclometasone CFC inhaler and reasons for discontinuation, reinforce that there are no safety concerns.
    - **NOTE: Clenil Modulite<sup>®</sup>** inhalers are equipotent to the existing CFC-containing inhalers and therefore require no dose adjustment. **Qvar<sup>®</sup>** inhalers are not equipotent to existing CFC-containing inhalers; doses are usually halved. The MHRA recommend that, to avoid confusion for the patient and during

dispensing, prescriptions for CFC-free beclometasone products are written for **branded** products.

#### 4. Anticoagulant NPSA Alert, 'Make therapy safer' – March 2007

##### ***Action-Now (recommendations to be in place before April 2008)***

- **MISSION: Background** – The NPSA outlined in an alert to all healthcare professionals in March of this year a number of actions that can make anticoagulation therapy safer for patients. Data indicated that anticoagulants have caused between 1990-2002 over **600 patient safety incidents**, of these **120 (20%) patients died**. The risks associated with treatment are deemed easy to minimise by improving the care therefore the National Patient Safety Agency (NPSA) in association with the British Society for Haematology (BSH) have recommended the actions contained in their safety alert number 18.
- **AWARENESS: Identify & Promote** – Search on PMR for active patients using warfarin and passively filter prescriptions for such products then seek an MUR.
- **IMPROVE: Advise** – The recommended information and actions of the NPSA alert 18 should be completed to reduce risks to the patients treatment (see Devon LPC training package on website >online resource >pharmacy contract > dispensing or call us for a copy!).
- **COMMUNICATE** –
  - **To the Patient:** Understanding of treatment and that arrangements are in place for monitoring (follow up if unknown) • Ensure patients INR is at a safe level for the prescription to be dispensed. • Explain the treatment regime, side effects and lifestyle advice (see training package). • Explain new version of yellow booklet, if patient does not have one dispense one.
  - **To the doctor:** Check that arrangements are in place for next INR reading.
  - **To your pharmacy:** The NPA recommends that you keep a record of the patients last INR test date with the present INR reading and their next appointment on the PMR record to prove that the information was obtained.

#### 5. Yellow Card Reporting Scheme MHRA Campaign – March 2008

##### ***Action-Now(campaign running for 6 weeks to 7<sup>th</sup> April)***

- **MISSION: Background** – MHRA have launched a campaign for Pharmacists to mention the yellow card scheme to customers when talking about their medicines. The MHRA feel that Pharmacists are well placed to explain that medicines have side effects as well as benefits and that if the patient suffers a

side effect it can be reported with the help of a Pharmacist. This will help the body obtain better information regarding the safety of medicines.

- **AWARENESS: Identify & Promote** – Passively be alert to side effect enquiries by your patients then seek an MUR.
- **IMPROVE: Advise** – Provide information and investigate any side effect issue.
- **COMMUNICATE** –
  - **To the patient:** Inform patient that the MHRA is the body that protects patient health by making sure that medicines and devices are safe. • If suspected side effects are being reported inform patient that it can be reported by the yellow card system, via internet ([www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)) or that you can do it for them. • Inform them that the reports can help identify any problems with medicines that might not have been known about before.