

Switch Protocol – *(insert drug name)* Tablets to *(insert drug name)* Capsules

Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians

These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.

Rationale

(insert drug name) tablets cost significantly more than the capsules, both have the same indications and there is no difference in clinical effect. NYAWT MMT recommends switching appropriate patients to *(insert drug name)* capsules where possible.

Method

1. Staff working to the protocol should be familiar with the current BNF advice and the Summary of Product Characteristics for medicines included in the protocol.
2. Check the practice has agreed to the protocol and a signed copy is in place.
3. Check for any extra exclusions or amendments to the protocol made by the practice.
4. Check the latest Drug Tariff and any NCSO price rises to ensure which switch (Tabs to Caps or Caps to Tabs) is appropriate. Do not switch if NCSO price concessions are in operation.
5. Rearrange practice formulary/add “do not use” codes to prevent future inadvertent prescribing.
6. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. dispensary staff.
7. Run a computer search to identify patients who are currently receiving prescriptions for tablets (generically or by brand).
8. Identify patients to exclude, those considered suitable to ‘switch now’ and those needing special consideration by GP.
9. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.
10. For those patients who can be switched now or approved by GP; change repeat medication on computer from:

***(insert drug name & strength)* tablets → *(insert drug name & strength)* capsules**
(same dose instructions)

11. Ensure that the old medication is archived.
12. Send a letter to the patient advising them of the change. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information.
13. Add READ code 8Blr or XaJko (on System One) ‘drug changed to cost effective alternative’ for all patients switched.

14. Problem link drug to disease (where possible).
15. Inform relevant practice staff.
16. Record the numbers/patients changed using an 'activity log'.
17. Use an activity log to review all changes made and to measure the effectiveness of the switch. Estimate cost savings made and present results back to the practice and organisation
18. Continue to monitor the long term outcomes of the switch e.g. cost savings via PPD data, complaints, problems encountered etc.

Exclusions

1. History of intolerance to (insert name of drug to be switched to) capsules.
2. Patients with any allergy to the excipients of the new capsule formulation. *Be particularly aware of any potential cross sensitivity between allergies such as soya and peanut.*
3. Ileostomy patients – uncoated tablets are preferred. (Pharmaceutical Journal 6 November 2010 – Supporting Patients with a Stoma).

To flag up for special consideration by GP

1. Any patient that you are concerned may be unsuitable for switching, or other prescribing issue that you are concerned about.

Points to discuss with practice

1. Who is the contact in the practice for the project?
2. Seek agreement from practice as to whether palliative care patients can be switched. Patients considered to be in the last few weeks of life would not normally be recommended for the switch.
3. Agree content of patient letter – a possible form of words is attached below
4. Agree the number of repeats to issue for patients who are switched.
5. Any practice additions, deletions or amendments to the protocol.
6. Given capsules may be manufactured from animal products (gelatin), discuss how to deal with any patients whose notes indicate religious or dietary preferences.

References

None

Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees to take responsibility for the notification of all relevant practice staff.

Possible letter

Dear ~[Title/Initial/Surname]

Your repeat prescription for (insert name of drug) Tablets

The practice has been reviewing its prescribing of **(insert name of drug) tablets**. This is to ensure our patients receive the best treatment with the lowest cost for the NHS. As a result we have changed your future prescriptions to **(insert name of drug & strength) capsules**.

The strength and dose of **(insert name of drug) capsules** is the same and you should not notice any difference in effect.

Your repeat prescription record will be changed automatically so please order your next prescription in the usual way. It would help the NHS save money if you would use up any remaining **(insert drug name)** tablets first.

If you have any queries regarding this letter please contact the surgery/ or the CCG patient relations team* [delete as applicable] [insert email address].

All medicines should be safely stored out of the reach of children.

Yours sincerely

~ [Usual GP/Registered GP/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Document version control

Version	State changes	New version	Actioned by
1 00	Review of document, additional exclusions e.g. ileostomy and reference to religious and dietary preference with references.	2 00	DT
2 00	Addition of statement at beginning regarding nitrofurantoin price	2 01	SK
2 01	Use of on-line version statement; new logo; new allergy check column; new discuss terminal patients with practice statement.	2 02	SK October 2016
2 02	New initial statement regarding protocol use.	2 03	SK November 2016
2 03	Full review	3 00	SK and RA Feb 2017
3 00	New updated CCG logo and updated wording in patient letter	3 01	SK Feb 2017