

## Repeat Prescribing Duration Recommendation

### Recommendation:

Kent and Medway CCG recommend the following:

#### 1. Promote Electronic Repeat Dispensing (eRD) as a first line approach to all patients who are:

##### On a stable list of medicines with:

- No significant changes in the last 6 months.
- No changes anticipated for the duration of the batch of prescriptions (usually 6 or 12 months).
- Stable dosage regimens.

##### Those with stable medical conditions.

- No recent unplanned hospital admissions (in the previous 6 months).
- No new conditions diagnosed in the past 6 months.

##### Those with up to date disease/medication monitoring.

- Attendance at any required clinics.
- Appropriate blood tests performed within appropriate timeframe and recorded in the patient notes.

##### Exclusion criteria – The following medicines are NOT suitable for eRD

- Controlled drugs (including temazepam, tramadol, gabapentin and pregabalin).
- Benzodiazepines.
- Hypnotics.
- Drugs which require close and careful monitoring e.g. methotrexate.
- Unlicensed medicines

#### 2. For patients who don't meet the inclusion criteria for Electronic Repeat Dispensing :

a. Consider a 28 day repeat duration for patients who: - are started on new medications; -who have an unstable long term condition requiring frequent medication changes; - who require support with concordance due to polypharmacy or confusion

b. Consider a 56 day repeat duration for patients who: - are on a stable medication regime -have a stable long term condition -do not require support with concordance

c. 84 day prescriptions must be reserved only for those medications with that specific pack size e.g. HRT, oral contraception