

Prescribing intervals — guidance for prescribers

The CCG does not have a formal policy on repeat prescription quantities that should be issued to patients. However, prescribers should provide prescription quantities for intervals that they feel are clinically appropriate and in line with the medical needs of the patient. These may vary from case to case and should take the following into account:

- the need to safeguard NHS resources
- patient convenience
- the dangers of excess drugs in the home.

Factors such as the stability of the treatment, patient compliance, possible reactions and any necessary monitoring also need to be considered.

Sometimes a prescriber may feel it is appropriate to give two or more months' supply on one prescription (e.g. levothyroxine or contraceptive pills). This can be appropriate when it is relatively safe and convenient. It saves time for patients, GP surgeries and pharmacies, as well as reducing travel costs and the carbon footprint. It can be particularly helpful in reducing the workload in processing prescriptions for patients whose medicines are unlikely to change.

There can be increased risks if quantities prescribed are not reviewed and managed effectively, from the inherent danger of medicines and their oversupply, as well as the general and financial waste that often results when treatments are changed.

As an alternative to increasing quantities (or prescribing intervals) [electronic repeat dispensing](#) (eRD) may be appropriate for some patients, but this should be introduced in a controlled and structured fashion ensuring all parties are fully prepared for the change to prevent problems.

Longer duration prescriptions (e.g. 56 or 84-day prescriptions) may be appropriate when:

- The dose is stable and unlikely to change during the authorised repeat prescription
- It is very likely to improve patient compliance
- The risk of harm to the patient (or others) of having larger amounts of medication is low.

Shorter duration prescriptions (e.g. 28-day or less) may be most appropriate when:

- Controlled drugs are included (recommended duration of 30 days maximum)
- Drugs require regular monitoring and/or dose changes, e.g. cytotoxics or warfarin
- Medications are first started, as changes or dose adjustments are more likely
- Patients are at the end of life as frequent changes may be required
- Patients living in care homes or supported by social care staff as medication is prescribed in 28-day quantities in line with the service providers' ordering cycles
- Items used 'as required' should be prescribed in reasonable quantities to meet the person's anticipated need and the quantity reviewed as necessary
- The item involved is very expensive or has a short shelf-life.

Routine seven-day prescriptions are generally discouraged. They may be appropriate if there is good clinical reason to restrict a patient's supply to seven days, such as: expected changes to medication; dependence on a medication compliance aid that contains a medication that is only stable for limited periods when included in an MDS; or if there is a realistic risk of overdose or misuse of the medication.

Reference

<https://www.bma.org.uk/advice-and-support/gp-practices/prescribing/prescribing-in-general-practice> (accessed online 9.12.21)