

# Clinical Applicability and Integration of Pharmacist-Prescribed Drugs for the Treatment of Mild Illnesses into Routine Practice

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## Abstracts

With the reclassification of 105 drugs for 16 indications from prescription medication to pharmacist prescribing, autonomous pharmacist prescribing was formally implemented in Switzerland in 2019. Its goal was to reduce the cost of healthcare and medical consultations. The purpose of this study is to compare the clinical utility of prescription drugs to over-the-counter (OTC) drugs and assess how well they are incorporated into routine practice.

Methods: Using Compendium.ch and Pharmavista.ch, clinical pharmacists compared the chemical and galenical equivalencies between over-the-counter drugs and those prescribed by pharmacies. Then, in October 2021, a scoping review was conducted to ascertain clinical relevance in accordance with the recommendations of clinical guidelines. Finding out if a pharmacy's prescription drugs belonged to a homogenous therapeutic class—one that takes into account intermolecular variations rather than variations in efficacy and safety as defined by clinical guidelines—that includes over-the-counter pharmaceuticals was the final step in completing clinical relevance.

In conclusion, the majority of pharmacists who prescribe drugs do not offer any therapeutic benefits over over-the-counter alternatives. The expense of patient drugs and pharmacist training were further implementation hurdles.

Keywords: community pharmacies, community pharmacy services, autonomous pharmacist prescribing.

## 1. Introduction

Common, self-limiting, or uncomplicated conditions which may be diagnosed and managed without medical intervention are the definition of minor ailments. Heartburn and allergic rhinitis are two examples of these ailments (Hersberger, 2010). In Switzerland, "over-the-counter (OTC)" products and pharmaceuticals that are independently prescribed by a pharmacist can be

used to manage such conditions in a community pharmacy. Similarly, pharmacists are permitted to serve as independent or supplemental prescribers for some medical conditions, including mild diseases, in nations like the United Kingdom and Canada. Clinically, some services have shown promise (Ahpra, 2019).

When "a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health professional," this is known as autonomous prescribing. In some therapeutic circumstances, such as when preventing a direct risk to the patient, autonomous pharmacist prescribing (PP) is permitted in Switzerland. In order to address the shortage of general practitioners (GPs), the need to make primary care more accessible for mild illnesses, and to encourage patients to take care of themselves, federal legislation were amended to expand (Aly, 2018; Giuranno, 2021).

Finding the same or comparable drugs to over-the-counter ones:

To assess chemical and galenical equivalencies, a comparison between all of the drugs on the PP list and those that were available over-the-counter in October 2021 was conducted. Switzerland's standard drug databases were examined in order to compare them: International non-proprietary names (INNs) were used to look for the active ingredients; salts were taken into account because they are counted in the PP list. In comparison to over-the-counter medications, pharmaceuticals from the PP list that were identical to OTC medications (same active ingredient, dosage, and dose form) or similar to OTC medications (same active ingredient, but different dosage and/or dose form) were deemed to have no therapeutic significance (Amadorm, 2021).

Assess the community pharmacy's use of the PP list for patients' everyday care:

For one month, from September 16, 2021, to October 17, 2021, community pharmacists were given access to a cross-sectional computerized survey. Since the data was gathered anonymously and no personal health information was needed, it did not require formal ethics committee approval. It was distributed via email by the Vaud

Ethics Committee, which is part of the National Pharmacists' Association, which has 83.3% of all pharmacies in Switzerland as members (CDC, 2022; Famiyeh, 2017).

Since levonorgestrel is the primary choice for therapy, emergency contraception one of the drugs with positive clinical relevance was the most important drug indication, according to pharmacists. Hexamidine treatment for bacterial conjunctivitis, an eye condition with positive therapeutic value, was the second most significant pharmacological indication. Given that patients were still familiar with both of the non-prescription drugs that were reclassified as prescription drugs for safety concerns, which pharmacists could also prescribe, these findings may be related to patient needs (Dineen, 2020; Grossman, 2013).

From the viewpoint of the pharmacists:

The PP list should reduce needless physician consultations and healthcare expenses while also improving patient care and pharmacy practice. However, in actual use, the service was thought to face many obstacles (such as the fact that the required health insurance did not fund the service or that there was insufficient outside assistance to incorporate the PP list into routine operations).

Most of the time, responding pharmacists opted for over-the-counter (OTC) medications when the patient may be treated with either PP list meds or OTC medications (Eckhaus, 2021).

This condition may be explained in part by the low clinical relevance of the drugs on the pharmacist's prescribing list. Additionally, OTC drugs are delivered by pharmacists, and the service is at least partially funded by the medication's margin. Pharmacists must charge a separate cost for PP lists, which may need to be conveyed to the patient. As a result, they still treat patients with over-the-counter drugs.

## **2. Recommendations:**

It is crucial to note that the study may have methodological flaws, such as the lack of a systematic assessment to assess the practical applicability of the PP list or the paucity of evidence-based data for certain drugs used to treat minor conditions. However, the most pertinent Swiss community pharmacy sources and guidelines for the health issues consulted were examined, and all of the medications aside from mebeverine—had clearly stated clinical relevance in the various guidelines. The conclusions are not exclusive to Swiss practice because these guidelines are written by international medical bodies or refer to worldwide clinical trials. Using a cautious approach, this study did not consider pharmaceuticals on the PP list that had equivalent over-the-counter (OTC) ingredients (same active ingredient but different dosage and/or dose form) as clinically relevant. The dosage, length of treatment, and/or minimum age for treatment, however, will frequently differ, and these could also be novel therapeutic alternatives for community pharmacists.

Pharmacists from the French and Italian regions of Switzerland provided more responses for the study's second goal. As a result, the study may not be representative of all Swiss pharmacists. Nonetheless, comparable findings were found in a prior study conducted in the German regions.

## **3. Conclusion:**

In Conclusion, The Swiss PP list appears to be insufficient to meet its objectives of lowering healthcare expenses and consultations. The majority of the first-line medications on the PP list are currently over-the-counter (OTC). Nonetheless, this demonstrates that even in situations where first-line medicines are not a possibility, pharmacists may be relied upon to accurately determine the clinical relevance. Pharmacists emphasize how crucial it is to prescribe drugs from this list in order to accomplish this goal, but after three years, its use was not put into practice. It is advised that the PP list be revised to increase its clinical relevance in order to better incorporate drugs from it into patients' everyday care. Policymakers may also take into account additional obstacles to the PP list's adoption, such as the training of pharmacists or the expense of patient drugs.

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