

FDB OptimiseRx:

Complex Cost Messages

INTENTION OF MESSAGE

Complex Cost messages present the prescriber with a list of lower cost alternative drug products which may be the same drug at a different strength, dose and/or formulation or a therapeutically equivalent (e.g. from felodipine to amlodipine) drug product. These messages may also include additional national best practice guidance for the prescriber to consider. Where there are multiple alternative products a complex cost message will be used instead of a Simple Cost Message.

SOURCES REFERENCED

Annual Prescription Cost Analysis data (for per patient per year savings), NHS Dictionary of Medicines and Devices (dm+d), Price concessions (NCSO), and local sources.

MESSAGE CRITERIA

Complex Cost messages will trigger once an applicable drug product has been chosen by the prescriber and a complex cost alternative drug product is available. These messages may also include additional logic (e.g. to identify patient specific context) that must be met for the message to trigger. This ensures that the swap is only presented only where relevant.

Message logic may consider documented past medical history, previously prescribed drug products and patient specific criteria. The message will explain the rationale (and applicable references) for presenting therapeutically interchangeable products and provide alternative drug products for the prescriber to select from.

WORKFLOW: ACUTE PRESCRIPTIONS

Complex Cost Swap messages will appear to the prescriber once a drug product has been selected (prior to a dose and supply quantity being defined) if the message logic is met.

These message types will also trigger on reauthorisation and restart if the criteria is met.

REPORTING

The performance of Complex Cost Messages can be monitored over time through Actualised Cost Savings or Financial Year Cost Savings Reports, available on the OptimiseRx Portal.

Cost savings for these messages are calculated as either 'per acute' or 'per patient per year'. Savings for drugs that are used for chronic treatments are calculated over the course of 1 year and these swaps will have a 'per patient per year' saving. Drugs that are used for acute or intermittent treatment have a calculated saving of 'per dose unit', e.g. tablet, capsule, spray etc.


In some cases, it is not possible to calculate a cost saving for complex swap messages. Savings can only be calculated for brands and drug tariff generics (except specials).

FDB OptimiseRx: Complex Cost Messages

Best practice guidance

OptimiseRx

Selected drug - **Felodipine 10mg modified-release tablets**

 **Consider prescribing amlodipine instead of felodipine 24-hour modified-release tablets.** Accept Reject

Source

Significant financial savings may be made by swapping to amlodipine tablets.
As a general guide 5mg of felodipine 24-hour modified-release tablets may be considered equivalent to 5mg of amlodipine. This equivalence is based on the typical maintenance dose of the two agents as detailed in their product licensing literature. Both felodipine and amlodipine are normally given as a single daily dose. Dose adjustment may be necessary depending on the specific condition being treated and the patient's response.

[View the triggered rule for this patient](#)

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Example of a point of Complex Cost Message in EMIS Web

OptimiseRx Warnings for Felodipine 10mg modified-release tablets

Consider prescribing amlodipine instead of felodipine 24-hour modified-release tablets Show 2 Suggestions Overrule with Reason Overrule

- Significant financial savings may be made by swapping to amlodipine tablets.
- As a general guide 5mg of felodipine 24-hour modified-release tablets may be considered equivalent to 5mg of amlodipine. This equivalence is based on the typical maintenance dose of the two agents as detailed in their product licensing literature. Both felodipine and amlodipine are normally given as a single daily dose. Dose adjustment may be necessary depending on the specific condition being treated and the patient's response.

References www.evidence.nhs.uk

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Example of a point of Complex Cost Message in SystmOne

FDB OptimiseRx:

Simple Cost Messages

INTENTION OF MESSAGE

Simple Cost messages present the prescriber with a single lower cost alternative drug product of the same drug and strength.

The formulation of this alternative drug product may be slightly different, for example presenting a cheaper capsule formulation of a drug product originally ordered as tablets.

SOURCES REFERENCED

Drug Tariff, NHS Dictionary of Medicines and Devices (dm+d), price concessions and Generic Medicine Shortages (NCSO).

MESSAGE CRITERIA

Simple Cost Swap messages will trigger once prescription details have been completed and a cheaper alternative drug product is available. Cost savings for these messages are calculated based on the dosing information entered by the prescriber. These messages are one to one (i.e. one trigger product and one alternate product) with no additional patient specific filtering.

END-USER WORKFLOW: NEW PRESCRIPTIONS

Simple Cost Swap messages will appear to the prescriber once a drug product and supply quantity have been selected. The message will show the original and alternative drug product alongside each other together with the costs and calculated saving were the message to be accepted. These messages do not contain references or guidance to the prescriber.

These message types will also trigger on reauthorisation and restart if the criteria is met.

REPORTING

The performance of Simple Cost Messages can be monitored over time through Actualised Cost Savings or Financial Year Cost Savings Reports, available on the OptimiseRx Portal.

Cost savings for these messages are calculated as either 'per dose unit' or 'per patient per year'. Savings for drugs that are used for chronic treatments are calculated over the course of one year and these messages will have a 'per patient per year' saving. Drugs that are used for acute or intermittent treatment have a calculated saving of 'per dose unit', e.g. tablet, capsule, spray etc.

FDB OptimiseRx: Simple Cost Messages

Cost saving recommendation

Optimise Rx

A more cost-effective alternative drug could be used.

| Original drug | Recommended alternative |
|----------------------------------|---------------------------------|
| Name Azithromycin 250mg capsules | Name Azithromycin 250mg tablets |
| Class Generic | Class Generic |
| Cost £6.16 | Cost £1.88 |

Saving £4.28

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Example of a Simple Cost Swap Message in EMIS Web

OptimiseRx Cost Savings for Azithromycin 250mg capsules

| Original | Suggested |
|--|--|
| Azithromycin 250mg capsules 6 capsules Generic £6.16 | Azithromycin 250mg tablets 6 tablets Generic £1.88 |

Total saving **£4.28**

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Example of a Simple Cost Swap Message in SystemOne

FDB OptimiseRx:

Solution Overview

AIMS OF MESSAGE

OptimiseRx messages enable you to deliver high value clinical guidance at the point of care. These messages should promote safe prescribing against best practice and where applicable provide alternative drug products and associated savings.

Messages are authored to make them as effective and meaningful to the prescriber as possible. To achieve this, all messages aim to be succinct, accurate and patient contextual. Wherever possible it is intended that messages be actionable by the prescriber as opposed alerting for information only.

GOAL ORIENTATED MESSAGES

Considering the desired prescribing outcomes when requesting messages ensures that OptimiseRx aligns with your wider medicines initiatives and helps in tailoring the OptimiseRx profile to maximise value.

MESSAGE SCOPE

Once the message requests align to prescribing initiatives the following criteria can be used to ensure that they are feasible and will provide value to the prescriber while helping to achieve prescribing goals.

INCLUDED

- Is the message related to the product that will trigger it?
- Is the rule patient contextual? Is the criterion (e.g. weight, age, past medication) being evaluated routinely and accurately documented within the Patient's electronic record using Read Code or dm+d terminology?
- Does the message provide a clear intervention for the prescriber to make?
 - This may include:
 - The stopping of a product and/or treatment regime
 - The amendment of a product and/or treatment regime, including but not limited to:
 - Cost swaps
 - Therapy changes or substitutions
 - The addition of product to a treatment regime (i.e. a concomitant prescription)*
 - The ordering or review of supplementary diagnostics
- Is a localised OptimiseRx message the best way for you to support the intended message outcome/guide the prescribers towards best practice?

FDB OptimiseRx: Solution Overview

EXCLUDED

It's important that OptimiseRx messages provide value without interrupting users with ambiguous messages or duplicating or conflicting with any existing alerts. Answering 'No' to the below helps in avoiding this:

- Will the message overlap or interact with and existing Clinical Decision Support (CDS) without providing clearly defined additional value?
 - This may include:
 - Existing drug-drug interactions
 - Existing drug-allergy interactions
 - Existing drug-condition interactions
 - Existing OptimiseRx messages
- Does the message have the potential to cause alert fatigue by presenting for most prescriptions?
- Does the message only provide general information about the drug without any clear intervention for the prescriber to make?

Further information and guidance on how to request and author the most effective localised OptimiseRx messages can be provided by your Account Manager and Content Representatives.

VALUE & RETURN ON INVESTMENT

Message usage and adoption analysis should be carried out on a periodic basis to determine if messages are providing their expected value. Messages considered no longer relevant/useful should be reviewed for potential amendments or retirement.

*Please note this OptimiseRx functionality is only available within the SystemOne and Microtest system

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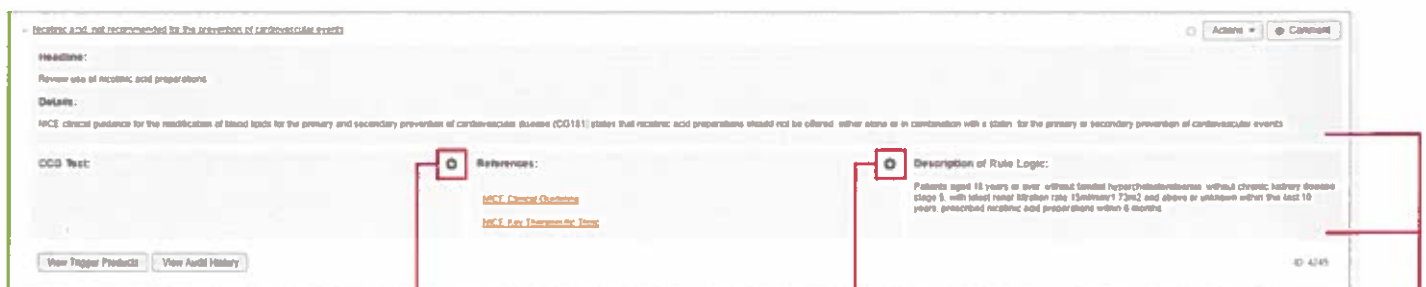
Registered address: Swallowtail House, Grenadier Road, Exeter Business Park Exeter EX1 3JX, UK. Registered in England No. 1880682

FDB OptimiseRx – Localising national messages:

Text & URLs functionality

Localise national messages within your core profile by adding references, text and URLs, eliminating the need for a new CCG localised message. The core national message components are authored and maintained by FDB OptimiseRx.

IDENTIFYING MESSAGES ELIGIBLE FOR CCG TEXT AND URLS IN YOUR PROFILE

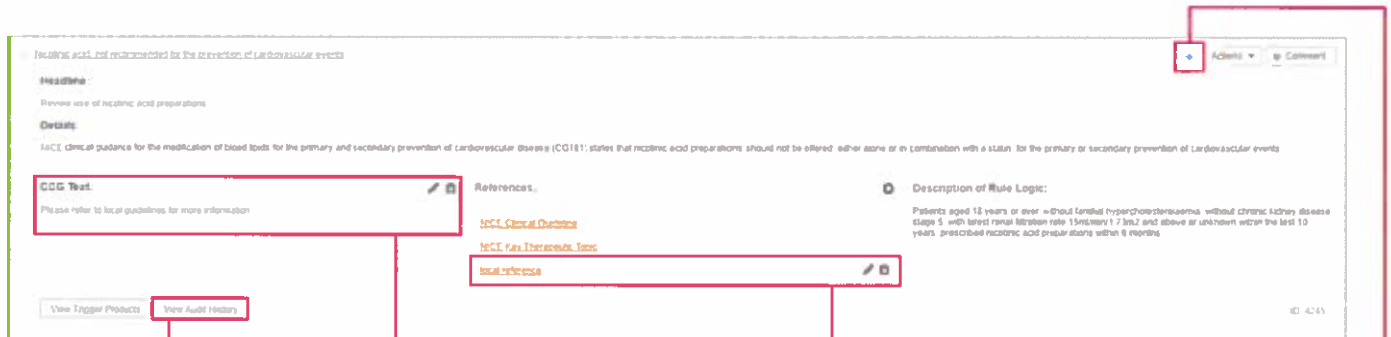


The screenshot shows a clinical message editor interface. It includes a 'Headline' field with the text 'Review use of nicotinic acid preparations', a 'Details' field with a paragraph of text, a 'CCG Test' field, a 'References' field containing two links: 'NICE Check Quality' and 'NICE Full Summary Text', and a 'Description of Rule Logic' field containing a paragraph of text. The interface also features 'View Tagger Products' and 'View Audit History' buttons at the bottom left, and 'Admin' and 'Cancel' buttons at the top right.

- Add a specific local message
- Insert direct links to local guidance sources
- Core message components are maintained by the OptimiseRx Content Team

CCG TEXT AND URL CAN BE EDITED & DELETED

WITH A FULL AUDIT HISTORY CAPTURING THE CHANGES



● Full audit history of changes

● Edit and delete content that you have added

● Blue icon identifies when a message has been edited

| Date | User | Action | Field | Old Value | New Value |
|---------------------|---------|--------------|--------------|-----------------|---|
| 14/11/2017 10:34:13 | example | Text Added | Step Logic | | Please refer to local guidelines for more information |
| 14/11/2017 10:33:30 | example | URL Edited | Display Name | local reference | local references |
| 14/11/2017 10:33:30 | example | URL Added | Display Name | | local reference |
| | | | URL | | http://guidon.clinicaltrials.gov |
| 19/10/2017 15:59:46 | Admin | Status Added | Status | Unknown | Enabled |

FDB OptimiseRx Best Practice & Safety:

Do Not Prescribe Messages

INTENTION OF MESSAGE

Do Not Prescribe messages present the prescriber with a message providing localised guidance and national best practice guidance which indicates that the drug product in focus may not be appropriate to prescribe for the patient in context.

SOURCES REFERENCED

Nationally Triaged Sources, Local Sources.

MESSAGE CRITERIA

Do Not Prescribe messages will trigger once an applicable drug product has been selected and any additional logic in relation to patient specific context is met. Message logic can assess criteria such as documented patient specific medical history, previously prescribed drug products and patient specific parameters.

WORKFLOW: NEW PRESCRIPTIONS

Do Not Prescribe messages will appear once a product has been selected (prior to dose and supply quantity being defined) if the message logic is met.

Message logic can assess criteria such as documented medical history, previously prescribed products and patient specific criteria. The message will explain its rationale for firing and may include additional information on interventions. This message type cannot be accepted or rejected, only acknowledged.

These message types will also trigger on reauthorisation and restart if the criteria is met.

REPORTING

The performance of Do Not Prescribe Messages can be monitored over time through the Best Practice Message Metrics Report, available on the OptimiseRx Portal.

Accept and reject counts for these messages are taken from whether the message trigger drug product was or was not prescribed at the end of the consultation where the message displayed.

FDB OptimiseRx - Best Practice & Safety: Do Not Prescribe Messages

Best practice guidance

OptimiseRx

Selected drug - **Prucalopride 1mg tablets**

Review use of prucalopride.

Source View reference information

NICE guidance for the use of prucalopride in chronic constipation in women (TA211, December 2010) states that it should only be used in patients who have failed to get adequate relief when treated with at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months and in whom invasive treatment is being considered. Although NICE TA211 relates to women, the licensed indications have recently been changed to include men; it is anticipated that the guidance will be updated in due course to include men.

[View the triggered rule for this patient](#)

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OK

Example of a point of care Best Practice & Safety Do Not Prescribe Message in EMIS Web

OptimiseRx Warnings for Prucalopride 1mg tablets

Expand All Collapse All Reset All Warnings Overrule All with Reason Overrule All

Review use of prucalopride Overrule with Reason Overrule

• NICE guidance for the use of prucalopride in chronic constipation in women (TA211, December 2010) states that it should only be used in patients who have failed to get adequate relief when treated with at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months and in whom invasive treatment is being considered. Although NICE TA211 relates to women, the licensed indications have recently been changed to include men. It is anticipated that the guidance will be updated in due course to include men.

References [NICE](#) [NICE](#)

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Proceed with Alternative Proceed with Original **Do Not Proceed**

Example of a point of care Best Practice & Safety Do Not Prescribe Message in SystmOne

FDB OptimiseRx:

Formulary Messages

(Also known as RAG or Traffic Light Messages)

INTENTION OF MESSAGE

Formulary Messages notify the prescriber whether the drug product being prescribed is on a CCG restricted list (most commonly 'amber' or 'red') and provide additional guidance provided by local guidance (e.g. only prescribe under specialist supervision, do not prescribe). These messages are information only and do not provide alternative drug products.

SOURCES REFERENCED

Local Formularies.

MESSAGE CRITERIA

Formulary messages will trigger once an applicable drug product has been selected and it appears on a formulary list.

Messages can also be condition specific, meaning that an alert will only be presented if a drug is/is not being prescribed for a documented indication.

As a localised formulary feature, you have control over the message criteria.

WORKFLOW: NEW PRESCRIPTIONS

Formulary messages will appear once a drug product has been selected (prior to dose and supply quantity being defined) if the message logic is met. Message logic may include patient specific medical history for indication specific formulary messages.

The message will explain its rationale for presenting and allow the prescriber to acknowledge the message, after which they can either continue or stop prescribing the drug product. 'Amber' messages (or other colour indicating shared care) will be authored to only fire at initial prescribing whereas 'red' messages will fire whenever a 'red' product is prescribed or reauthorised. A link to local formulary guidance will be provided within a Formulary Message.

REPORTING

The performance of Formulary Messages can be monitored over time through the Formulary Message Metrics Report, available on the OptimiseRx Portal.

FDB OptimiseRx: Formulary Messages

Best practice guidance

Optimise Rx

Selected drug - **Atosiban 6.75mg/0.9ml solution for injection vials**

The selected product is classified as RED.

Source View reference information

Only suitable for use within hospital or specialist care setting.

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OK

Example of a point of care 'Red' Formulary Message in EMIS Web

OptimizeRx Warnings for Atosiban 6.75mg/0.9ml solution for injection vials

Expand All Collapse All Reset All Warnings Overrule All with Reason Overrule All

The selected product is classified as RED Overrule with Reason Overrule

Only suitable for use within hospital or specialist care setting.

References [electronic Medicines Compendium](#)

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Proceed with Alternative Proceed with Original Do Not Proceed

Example of a point of care 'Red' Formulary Message in SystmOne

FDB OptimiseRx Best Practice & Safety:

Information Only Messages

INTENTION OF MESSAGE

Information Only messages present the prescriber with an informational message promoting an intervention or consideration relating to the drug product being prescribed. This message cannot be accepted or rejected as any intervention is intended to be made outside of the prescribing workflow.

SOURCES REFERENCED

Nationally Triaged Sources, Local Sources.

MESSAGE CRITERIA

Information Only messages will be presented once an applicable drug product has been selected and any additional logic in relation to patient context is met. Message logic can assess criteria such as documented patient specific medical history, previously prescribed drug products and patient specific parameters.

WORKFLOW: NEW PRESCRIPTIONS

Information Only messages will appear once a drug product has been selected (prior to dose and supply quantity being defined) if the message logic is met.

The message will explain its rationale for firing along with the potential interventions. This message type can only be acknowledged by a prescriber who can then continue with their existing prescription.

These message types will also trigger on reauthorisation and restart if the criteria are met.

REPORTING

The performance of Information Only Best Practice Messages can be monitored over time through the Information Only Messages Report, available on the OptimiseRx Portal.

FDB OptimiseRx - Best Practice & Safety: Information Only Messages

Best practice guidance

Optimise Rx

Selected drug - Metformin 500mg tablets

Monitor the patient's serum creatinine; no result recorded within 1 year.

Source View reference information

A Royal College of General Practitioners (RCGP) indicator (2014) to assess the safety of prescribing states that prescribing metformin without an annual serum creatinine check is potentially hazardous and may put those patients at risk of harm. Renal function should be checked before therapy begins and regularly (e.g. annually) thereafter. Metformin is mainly excreted via the kidneys; any loss in renal function would lead to a rise in metformin concentration thus increasing the risk of

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OK

Example of a point of a Best Practice & Safety Information Only Message in EMIS Web

OptimiseRx Warnings for Metformin 500mg tablets

Expand All Collapse All

Monitor the patient's serum creatinine; no result recorded within 1 year

- A Royal College of General Practitioners (RCGP) indicator (2014) to assess the safety of prescribing states that prescribing metformin without an annual serum creatinine check is potentially hazardous and may put those patients at risk of harm. Renal function should be checked before therapy begins and regularly (e.g. annually) thereafter.
- Metformin is mainly excreted via the kidneys; any loss in renal function would lead to a rise in metformin concentration thus increasing the risk of potential side effects, such as lactic acidosis.

References [bjgp.org](#)

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Proceed

Example of a point of a Best Practice & Safety Information Only Message in SystemOne

FDB OptimiseRx Best Practice & Safety:

Prescribable Alternative Products

INTENTION OF MESSAGE

Prescribable Alternative Product Best Practice and Safety messages present the prescriber with national best practice guidance and localised clinical guidance relating to the drug product being prescribed and patient in context. This message can be acted on (accepted or rejected) and an alternative drug product selected to be prescribed within the workflow.

SOURCES REFERENCED

Nationally Triaged Sources, Local Sources.

MESSAGE CRITERIA

Prescribable Alternative Product Best Practice and Safety messages will trigger once an applicable product has been selected and any additional message logic in relation to patient specific context is met. Message logic can assess criteria such as documented patient specific medical history, previously prescribed drug product and patient specific parameters. The message will explain its rationale for firing along with the intervention that can be made.

END-USER WORKFLOW: NEW PRESCRIPTIONS

Alternative Product Best Practice and Safety messages will appear to the prescriber once a drug product has been selected (prior to a dose and supply quantity being defined) if the message logic is met. Prescribers can accept or reject this message.

These message types will also trigger on reauthorisation and restart if the criteria are met.

REPORTING

The performance of Alternative Product Best Practice Messages can be monitored over time through the Best Practice Message Metrics Report, available on the OptimiseRx Portal.

FDB OptimiseRx - Best Practice & Safety: Prescribable Alternative Products

Best practice guidance

Optimise Rx

Selected drug: **Azithromycin 250mg capsules**

Review choice of antibiotic; consider amoxicillin, clarithromycin or doxycycline. Accept Reject

Source View reference information

Public Health England (PHE, May 2017) recommend a 5-day course of amoxicillin, clarithromycin or doxycycline for the first-line treatment of low severity (CRB65 severity score = 0) community acquired pneumonia, reviewing treatment at 3 days and extending treatment duration up to 7 to 10 days if poor response. For moderately severe cases (CRB65 severity score = 1 or 2; assess if atypical) treated at home, a 7 to 10-day course of dual therapy with clarithromycin and amoxicillin is recommended, or treat with doxycycline alone. For patients with a CRB65 severity score = 3 or 4, admit.

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Proceed Cancel

Example of a point of care Best Practice & Safety Actionable Message in Emis Web

OptimiseRx Warnings for Azithromycin 250mg capsules

Expand All Collapse All Reset All Warnings Overrule All with Reason Overrule All

Review choice of antibiotic; consider amoxicillin, clarithromycin or doxycycline Show 6 Suggestions Overrule with Reason Overrule

Public Health England (PHE, May 2017) recommend a 5-day course of amoxicillin, clarithromycin or doxycycline for the first-line treatment of low severity (CRB65 severity score = 0) community acquired pneumonia, reviewing treatment at 3 days and extending treatment duration up to 7 to 10 days if poor response. For moderately severe cases (CRB65 severity score = 1 or 2; assess if atypical) treated at home, a 7 to 10-day course of dual therapy with clarithromycin and amoxicillin is recommended, or treat with doxycycline alone. For patients with a CRB65 severity score = 3 or 4, admit urgently to hospital for treatment.

References [NICE](#) [NICE](#) [NICE](#) [www.gov.uk](#)

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Proceed with Alternative Proceed with Original Do Not Proceed

Example of a point of care Best Practice & Safety Actionable Message in SystmOne

FDB OptimiseRx:

Best Practice Sources

The OptimiseRx content team routinely evaluate multiple national best practice sources for content to be authored into OptimiseRx messages.

DRUG SAFETY ALERTS (MHRA)

Medicines and Healthcare Products Regulatory Agency (MHRA) Drug safety alerts are reviewed for possible inclusion in OptimiseRx.

INCLUDED

Alerts from the MHRA affecting drugs prescribed in primary care that OptimiseRx logic can support are authored.

EXCLUDED

Where there is no additional value over the prescribing decision support already present in clinical systems. Safety alerts relating to drugs used only in secondary care, United States Food and Drug Administration (FDA) warnings or non-UK source alerts (except for European Medicines Agency) and alerts relating to devices and field safety notices are also excluded.

PUBLIC HEALTH ENGLAND

Antimicrobial Public Health England (PHE) guidance is currently monitored for inclusion in OptimiseRx. All other PHE guidance is not actively reviewed for inclusion however may be considered on customer request.

PRESCQIPP

All publicly available PrescQIPP bulletins are reviewed for inclusion in OptimiseRx.

NICE GUIDANCE

NICE Guidance related to the below core long term conditions are reviewed on release for potential messages to be included in OptimiseRx:

CORE THERAPEUTIC TOPICS

- Diabetes
- Ischaemic heart disease
- Heart failure
- Hypertension
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease

NICE KEY THERAPEUTIC TOPICS

All NICE KTTs (published on an annual basis) are reviewed for potential addition of OptimiseRx messages.

NHS ENGLAND

NHS England is monitored and guidance related to NHS England funded and recommended medications is reflected in OptimiseRx messages.

OTHER SOURCES

The below sources are also monitored periodically for any relevant information that may affect existing messages:

- SPC updates (e.g. changes to indications/licensing that may affect existing messages)
- Drug Tariff (Borderline substances)
- Ophthalmic Specials
- Prescribing indicators:
 - Royal College of GPs revalidation safety prescribing indicators
 - Beers criteria
 - STOPP criteria
 - PINCER

FDB OptimiseRx:


Working alongside existing Clinical Decision Support

AIMS OF MESSAGE

OptimiseRx messages enable you to deliver high value clinical guidance at the point of care. All messages aim to be succinct, accurate and patient contextual to avoid prescriber alert fatigue and/or possible confusion.

OptimiseRx messages need to be complimentary to the presence of alerts in clinical systems and avoid any potential to duplicate or overlap with these.

To achieve this, OptimiseRx messages should not directly overlap or interact with a clinical system's existing Clinical Decision Support (CDS).

OptimiseRx may include messages that are also present in a clinical system's prescribing decision support where OptimiseRx can offer CCGs and prescribers additional value over and above what is offered in existing CDS. This ensures that OptimiseRx never directly duplicates existing CDS present in clinical systems and ensures that the use of OptimiseRx is consistent across these clinical systems. Where a message is unable to be activated in EMIS Web it will be denoted in the OptimiseRx portal by the  symbol:

STEP 1: SAFETY SOURCES

National best practice guidance issued by the below authoritative sources are routinely reviewed for possible messages:

- MHRA Drug Safety Alerts
- Royal College of GPs revalidation safety prescribing indicators
- NICE Guidance & Key Therapeutic Topics

Additionally, customer message requests may occasionally overlap with existing CDS provided in the clinical system. These items are appraised by the FDB editorial team who will consider the addition of these messages based on the additional value OptimiseRx may be able to offer.

FDB OptimiseRx: Working alongside existing Clinical Decision Support

STEP 2: ADDITIONAL VALUE

Where message requests conflict or overlap with a clinical system's existing CDS, the OptimiseRx message must provide additional value to the prescriber. Additional value can be defined as either:

ADDITIONAL PATIENT SPECIFICITY

The OptimiseRx message must contain patient criteria additional to what is used by existing CDS and therefore limiting the presentation of the message to a defined set of specific patient scenarios. This additional patient specificity means messages will present in specific circumstances only; this is not the case if the modification is only present in the text of the message and not something that can be coded against to avoid excessive alerting.

PROVIDING A PRESCRIBABLE ALTERNATIVE PRODUCT

Navigating to alternative drug products makes it easier for prescribers to adhere to guidance and therefore gain greater benefit from OptimiseRx compared to a clinical system's existing CDS. Where an appropriate alternative drug product has been proposed by a CCG or in national best practice guidance consideration will be given to authoring an OptimiseRx message that may otherwise directly conflict or overlap with the clinical system's CDS.

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