



# imPACT

Prescription Pricing Authority Newsletter

## Electronic Drug Tariff

delivered by the PPA

Prescription Pricing Authority is pleased to announce that the electronic Drug Tariff will be available on the PPA website from 1st May 2004, providing access to the current edition of the National Health Services Drug Tariff for England and Wales, compiled on behalf of the Department of Health by the PPA.

Approximately 28,000 copies of the 600 plus page paper publication are produced each month and distributed, free of charge, to prescribers and to dispensers who provide NHS Pharmaceutical Services.

Producing the Drug Tariff in an integrated electronic publishing environment will ensure business efficiency gains by removing the labour intensive restrictions created by manual process.

Although the paper copy of Tariff will continue to be the main method of distribution, it is hoped that users will be encouraged to move towards the electronic version in due course.

The electronic Drug Tariff can be accessed through the following web links on the Department of Health and Prescription Pricing Authority websites.

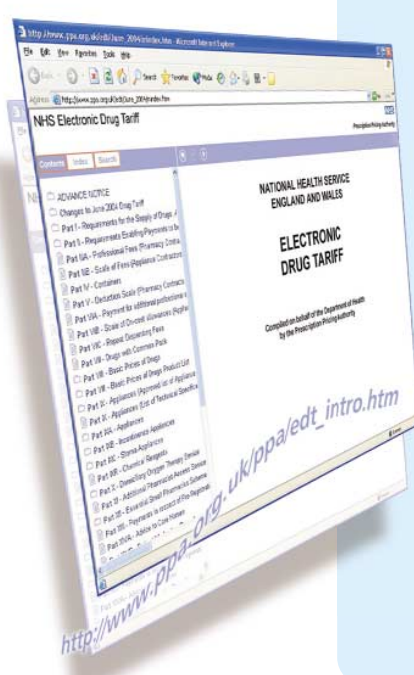
[http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)

<http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/fs/en>

Christine Dalton, Director of Pharmaceutical Policy and Services, stated: *I am delighted to announce the launch of the electronic Drug Tariff which has been completed to schedule. I am in no doubt that the electronic Drug Tariff will deliver greater accessibility to our users, including a growing number of prescribers and prescriber groups.*

The Drug Tariff is published on a monthly basis under Regulation 18, of the National Health Service (Pharmaceutical Services) Regulations 1992 by direction of the Secretary of State for Health.

**We have put together a comprehensive user guide for the electronic Drug Tariff overleaf.**



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 click on...[imPACT@ppa.nhs.uk](mailto:imPACT@ppa.nhs.uk)



Prescription Pricing Authority

# electronic Prescribing & Financial Information for Practices (ePFIP)

Are you struggling to predict your practice prescribing costs at the end of the year? Do you know which area of you're prescribing is costing you more than last year or what effect your prescribing initiatives are having? Do you have any out of formulary prescribing? Do you know how your antibiotic prescribing compares to others?

To help you answer these (and other) questions, the Prescription Pricing Authority (PPA) has developed a new service, called **electronic Prescribing & Financial Information for Practices (ePFIP)**. It's a free, quick and convenient PC-based online service that provides you with information about your practice regarding your prescribing habits and costs, which enables you to compare and manage your prescribing performances against National and PCT comparators.

This service requires no additional software for your PC and provides you with information contained in three different types of reports. This information is updated on a monthly basis and provides the following facilities:

- View the reports online.
- Download available reports to your PC for viewing later.
- Allows data exporting (e.g. to Excel).
- Print the available reports.

The reports contained within the system are:

## Prescription Prescribing Report

This provides you with headline prescribing information for your practice, comparisons with your practice's PCT and National positions for the previous 13 months.

The report describes the trends and current position of prescribing within your practice in terms of both cost and volume. This is based upon chapters and sections within the BNF.

Actual values and growth from the same month in the previous year are provided at the following levels:

- Practice
- PCT
- National

## Practice Detailed Prescribing Information (PDPI)

This provides you with a full inventory of your prescribing for the last 12 months. It provides a breakdown for your practice by GP, practice nurse and other practice prescribers.

This information can be selected by:

- Period - any month from the last 12.
- Prescriber - the practice, all prescribers or a specific prescriber.
- BNF - all chapters or a specific chapter, with drill-down capability to presentation by quantity prescribed.
- Order - sorted by prescriber or BNF code.

## Prescribing Monitoring Document (PMD)

This provides financial information about prescribing costs against budgets. It shows the cost of prescribing, enabling prescribers to manage the drugs element of their unified budget.

The report includes the same information as the original paper version but has been enhanced to include:

- Pie charts presenting the expenditure by major therapeutic group for the current month and the year to date.
- Additional columns presenting the expenditure for each major therapeutic group as a percentage of the total expenditure for the current month and the year to date.
- A bar chart showing the cumulative expenditure by month for the previous year, the current year and forecast for the current year.

**Use this service and get those answers now, register with the PPA and get the information you want when you want it.**

Please contact the PPA Helpdesk by email at [help@ppa.nhs.uk](mailto:help@ppa.nhs.uk) or by telephone on 0191 203 5050.

You can also access more information for this service from the PPA's web site [www.ppa.nhs.uk](http://www.ppa.nhs.uk)

# The Electronic Drug Tariff User Guide



The electronic Drug Tariff application browser is designed to enable users to view the information held within the Drug Tariff and has been optimised for viewing at a screen resolution of 1024 x 768 with 256 or more colours using Microsoft(r) Internet Explorer version 4 or above, Netscape 6.1 or above, Mozilla, and Safari.

The electronic Drug Tariff is an application that uses a frameset view utilising a frameset file that divides the browser window into three main areas:

**A navigation frame** on the left displays the Contents, Index, and Search tabs.

**A toolbar frame** across the top displays a set of buttons users can click to move around in the electronic Drug Tariff system.

**A topic frame** on the right displays the actual Drug Tariff topics included in the WebWorks Help system.

The navigation frame uses either a Java applet or JavaScript for the Contents, Index, and Search features. You can resize the navigation frame by dragging the vertical line that separates the navigation frame from the topic frame. If you

reduce the size of the navigation frame so much that all three tabs no longer fit in the available space, arrow buttons are displayed and you can move from tab to tab by clicking the arrow buttons.

The Contents tab displays the Drug Tariff table of contents in the form of an expandable/collapsible tree view. Closed book icons represent TOC entries that have subentries. Click a closed book to open it and see its contents. When you expand a book, the closed book icon is replaced by an open book icon. You can click the book again to close it. The page icons represent individual Drug Tariff topics.

The Index tab displays the entries from the Drug Tariff index. You can click on the index letter and scroll to find the index entry you want. Double-click an index entry to display the corresponding Drug Tariff topic.

Using the Search tab, you can search the full text of electronic Drug Tariff system. You type the word or phrase to search for, and then press Enter or click Go. The Search tab displays a list of all the topics in the Drug Tariff system that contain the word or phrase you entered. If you search for multiple words, the search finds Drug Tariff topics that contain all the words you entered. The topics found by search are ranked in order of relevance. The higher the ranking, the more likely the topic includes the word or phrase you searched for.

## FP57 Availability

A reminder - Over the last few months there have been a number of enquiries from pharmacists to both the PPA and the Department of Health, requesting how FP57 forms ("Receipt and refund claim for NHS prescription charges") can be obtained.

Whilst these forms can be purchased directly from Astron, it is much more cost-effective to request them from your local PCT who order these forms on your behalf in order to distribute locally.

# PACT Centre Pages

The PACT Centre Pages report on Cardiovascular prescribing, issued to general practitioners in May 2004, is reproduced here for readers with an interest in patterns and trends of prescribing.

Cardiovascular disease is the main cause of death in the UK and over half of these deaths (120,000 per annum) are from coronary heart disease (CHD). Prescribing of drugs to prevent and treat CHD has risen to 44.6 million items per quarter and cost has more than doubled to £513 million per quarter in the last 5 years. This rise is mainly due to prescribing of lipid-regulating drugs, drugs affecting the renin-angiotensin system and antiplatelet drugs (Charts 1 and 2).

One of the targets for the NHS in the Department of Health's Priorities and Planning Framework 2003–2006 is to contribute to a national reduction in death rates from CHD in people under 75 of at least 25% by 2005 compared to 1995–1997. Practice-based registers should now cover not only patients with established CHD but also the majority of patients at high risk, particularly those with hypertension, diabetes and a body mass index greater than 30.<sup>1</sup> Advice on interventions to reduce the risk of CHD (smoking cessation, increasing physical activity, healthy eating and a reduction in being overweight or obese) should be included in systematic treatment regimens. The recently updated Joint British Societies Coronary Risk Prediction charts and computer program now aim to assess 10 year risk of cardiovascular disease rather than risk of CHD; the objective being to aid treatment of all cardiovascular events including stroke. The charts are simpler than the 1999 version with only three age groups. Separate charts for Type 2 diabetes are no longer provided.<sup>2</sup>

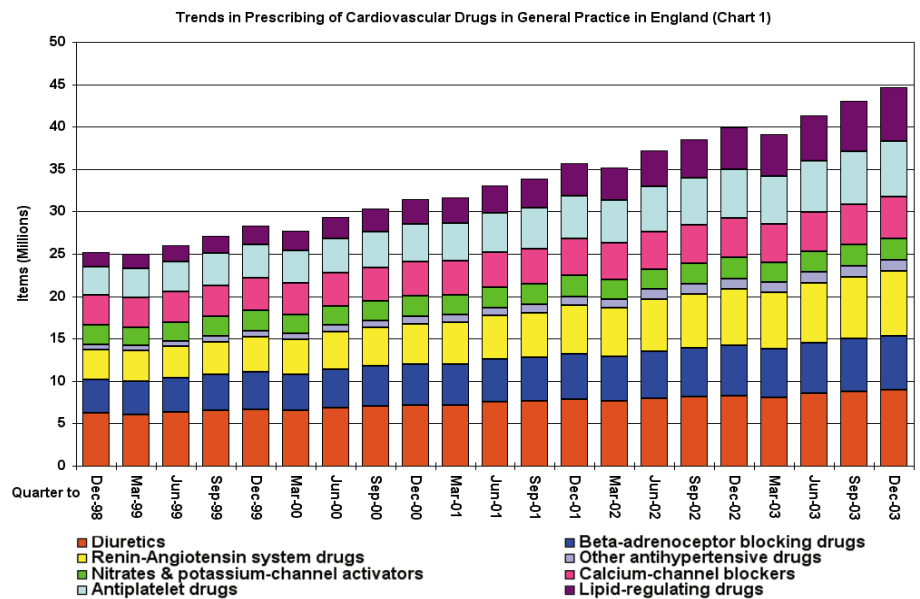
A further target in the Priorities and Planning Framework is to reduce the rate of smoking in manual groups from 32% in 1998 to 26% by 2010. Between April 2002 and March 2003 around 123,900 people successfully quit smoking through NHS smoking cessation services.<sup>3</sup> In the quarter to December 2003 the PPA received 311,000 items for nicotine replacement therapy costing £6.8 million and 26,000 items for bupropion costing £993,000. PPA data do not include supply through other routes such as voucher schemes. The CHD, stroke and hypertension domains in the GMS contract include action for practices to record patients' smoking status and whether smoking cessation advice has been offered.

## Hypertension

The recommended blood pressure target for most patients is 140/85mmHg or lower. For patients with renal impairment or diabetes or established cardiovascular disease the target is lower at 130/80mmHg. The British Hypertension Society (BHS) guidelines recommend antihypertensive treatment for sustained hypertension (160/100mmHg or above). Patients with systolic pressure 140-159mmHg or diastolic pressure 90-99mmHg, or both should be offered treatment if any of the following are present:

- target organ damage
- a complication of hypertension or diabetes
- an estimated 10 year risk of cardiovascular disease greater than 20% despite lifestyle advice.<sup>3</sup>

A recent Health Technology Assessment "Lowering blood pressure to prevent MI and stroke: a new preventive strategy" concluded that current guidelines limit the number of



people who can receive treatment based on specific blood pressure levels.<sup>4</sup> For example, a younger person with a high blood pressure will have lower risk of MI and stroke compared to an older person with average blood pressure. A recent meta-analysis investigating effects of blood pressure lowering regimens on major cardiovascular events based on different antihypertensive drug classes observed greater risk reductions in regimens which targeted lower blood pressure goals. No clear difference was demonstrated in the risk of CHD between regimens based on ACE inhibitors, beta blockers or diuretics.<sup>5</sup> Choice of antihypertensive therapy depends on contraindications, indications for specific patient groups and cost-effectiveness. ALLHAT compared an ACE inhibitor, a calcium channel blocker and a thiazide diuretic in 33,357 patients with hypertension and one or more risk factors for CHD events.<sup>6</sup> Evidence from ALLHAT supports the use of a thiazide as first line therapy in most patients. The draft NICE guidelines on management of hypertension in adults in primary care suggest drug therapy should begin with a thiazide or if not tolerated or ineffective a beta blocker.<sup>7</sup>

The BHS guidelines recommend a stepped approach to treatment using an AB/CD algorithm. This algorithm does not have a preferred first line antihypertensive, but states where there are no compelling indications then the least expensive drug (usually a thiazide diuretic) should be chosen. The algorithm is split into drugs that inhibit the renin-angiotensin system (angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor antagonists (AIIRAs) (A) or beta blockers (B)) and those that do not (calcium channel blockers (C) and diuretics (D)).

Step 1 in patients 55 years or above, or black patients is C or D

Step 1 in patients aged 54 years or below and non-black is A (or B\*)

Step 2 is A (or B\*) plus C or D.

Step 3 if blood pressure remains uncontrolled it is A (or B\*) plus C and D.<sup>2</sup>

\* Combination therapy involving B and D may induce more new onset diabetes compared with other combination therapies.

AIIRAs are recommended where people with microalbuminuria or proteinuria have a

contraindication to ACE inhibitors<sup>7</sup> or where cough is a limiting adverse effect with ACE inhibitors. ACE inhibitors remain the first choice in treatment of heart failure, although AIIRAs can be used as an alternative if patients are intolerant to ACE inhibitors. This is an unlicensed indication for AIIRAs and trial evidence does not support their routine use.<sup>8</sup>

## Hyperlipidaemia

Randomised controlled trials have shown that the absolute benefit of lowering cholesterol concentration is related to an individual's baseline risk of cardiovascular events and to the degree of cholesterol lowering rather than the individual's cholesterol concentration.<sup>9</sup> The Heart Protection Study demonstrated that a statin benefits patients at high risk of CHD regardless of their initial cholesterol concentration. Patients in this study were considered to be at high 5 year risk of death from CHD and received either simvastatin 40mg daily or placebo.<sup>10</sup> Currently there are no long-term outcome data available for the newer drugs, rosuvastatin and ezetimibe, whereas there are outcome data for atorvastatin, pravastatin and simvastatin.

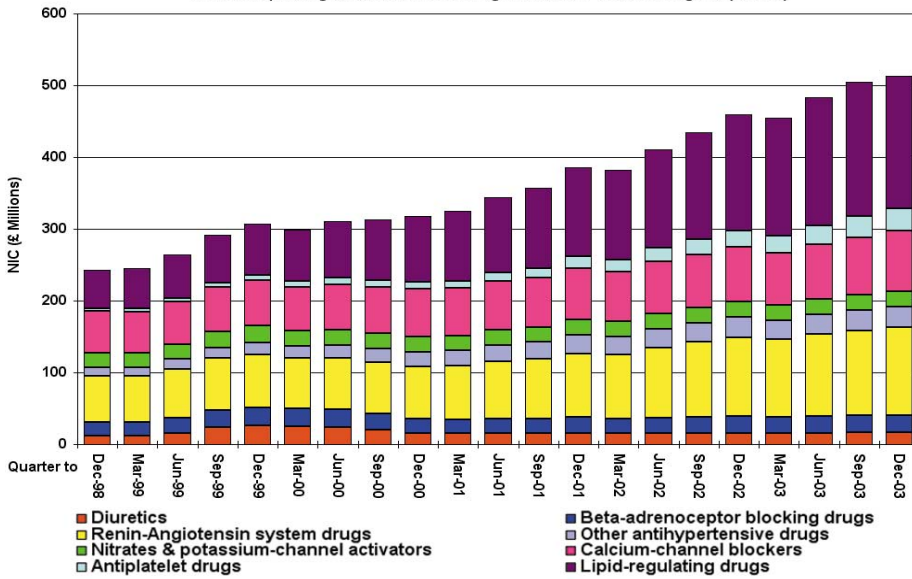
## Antiplatelet drugs

The NSF for CHD recommends low dose aspirin for patients with diagnosed CHD or other occlusive arterial disease. If patients are intolerant of aspirin a useful alternative could be clopidogrel, however it is not cost-effective to prescribe clopidogrel for all patients. The draft NICE appraisal for the secondary prevention of occlusive vascular events recommends a combination of aspirin and dipyridamole modified-release for two years for people who have had an ischaemic stroke or transient ischaemic attack.<sup>11</sup>

## Prescribing Data

More is spent on lipid regulating drugs than any other class of cardiovascular drug, prescribing and spending have both risen by around 250% over the last 5 years (6.4 million items and £184.7 million, quarter to December 2003). Chart 3 shows the year on year increase in prescribing of statins for strategic health authorities for the last three years. 96% of items for lipid regulating drugs are for statins (simvastatin 2.6 million items and atorvastatin 2.4 million items per quarter). Since the price reduction for simvastatin in December 2003

Trends in Spending on Cardiovascular Drugs in General Practice in England (Chart 2)



more was spent on atorvastatin (£76.8 million compared to £70.9 million quarter to December 2003). About 1.8 million people (over 3% of the population) are currently receiving statin therapy and this is potentially saving 6–7,000 lives a year as well as reducing the number of heart attacks.<sup>1</sup>

Diuretics are the most commonly prescribed cardiovascular drugs but only account for 3% of all cardiovascular cost. There were 8.9 million items for diuretics at a cost of £16.3 million (excluding diuretics in combination with other antihypertensive drugs), quarter to December 2003. Thiazides account for 54% of all diuretic items: bendroflumethiazide (bendrofluazide) is the most commonly prescribed (4.5 million items and £5.0 million). Furosemide (frusemide) is the most commonly prescribed loop diuretic (2.5 million items and £3.2 million). Co-amilofruse accounts for 65% of potassium sparing diuretics in combination (560,000 items, £2.3 million per quarter). Amiloride prescribing has fallen to 86,000 items, £222,000 per quarter. Spironolactone prescribing has grown by 330% over the last 5 years to 331,000 items, £1.4 million per quarter.

There were 6.4 million items for beta blockers, quarter to December 2003, costing £24.7 million. Atenolol is most frequently prescribed (4.2 million items, £6.0 million). Prescribing of renin-angiotensin system drugs has more than doubled in the last 5 years with cost increasing by 91% (7.6 million items, £122 million). ACE inhibitor prescribing has grown to 5.8 million items, costing £76.2 million per quarter. The most commonly prescribed ACE inhibitors are ramipril and lisinopril (2.0 million and 1.7 million items, costing £31.2 million and £18.2 million respectively, per quarter). AIIIRAS account for 1.8 million items and £45.9 million per quarter. There are 4.9 million prescription items for calcium-channel blockers, costing £83.9 million per quarter. Amlodipine accounts for 39% of prescribing for calcium-channel blockers (1.9 million items, £43.3 million).

Prescribing of antiplatelet drugs has doubled in the last 5 years to 6.5 million items per quarter costing £31.3 million. Aspirin is still the most frequently prescribed (5.7 million items), quarter to December 2003. However clopidogrel accounts for three quarters of all antiplatelet drugs cost (£23.1 million) compared to £4.8 million for aspirin.

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Summary

Reducing smoking, increasing physical activity, healthy eating and a reduction in being overweight or obese are key interventions in the prevention of CHD in the population.

Offering treatment and advice to people at high risk of developing cardiovascular disease is important; the Joint British Societies Risk Prediction charts have been updated to identify patients' 10 year risk of cardiovascular disease.

The main groups of drugs for hypertension are similar in efficacy. Where there are no compelling indications then the least expensive drug should be chosen, usually a thiazide diuretic.

The benefit of lowering cholesterol depends on the patient's baseline risk of CHD and the degree of cholesterol lowering rather than the cholesterol concentration alone.

The NSF can be found on the following website - [www.dh.gov.uk](http://www.dh.gov.uk)

Our Centre Pages article can also be found on - [www.ppa.nhs.uk](http://www.ppa.nhs.uk)



# Feedback imPACT

**We would like to take the opportunity to thank those of you who took the time to respond to our end of year imPACT questionnaire. Feedback was broadly positive with a number of requests to increase issues of impact from quarterly to monthly with a strong demand for an electronic distribution of the publication. We value your opinions and will be looking to take on board your comments and amend the publication accordingly.**

*Once again thanks for taking the time to fill in the questionnaire.*

## Future Events

# Stakeholder Forums

Following on from the re-launch of our Health Benefits division as Patient Services in April of this year; we will be running a series of Stakeholder events aimed at our Patient/Public Stakeholders, those working as PALS representatives in either a PCT or Hospital environment.

It is our aim to educate frontline NHS staff, those involved with charities and members of the public about Help with Health costs.

The next Patient Services Stakeholder event will take place on 21<sup>st</sup> of June at the Jury's Inn, Broad Street, Birmingham.

Places are limited for these events so please register your interest as soon as possible.

For those of you attending the NHS Confederation Conference and Exhibition at the International Convention Centre and National Indoor Arena, Birmingham 23rd to 25th June 2004, there will be a further opportunity to come and talk to us as we will have a stand presence at this event.

Further events have been arranged and will take place throughout the year. Event details will be available on the PPA website [www.ppa.org.uk](http://www.ppa.org.uk)

If you would like to attend or require further information please contact

**[kirsty.ocallaghan@ppa.nhs.uk](mailto:kirsty.ocallaghan@ppa.nhs.uk)**

Or call **0191 203 5851**

## Patient Services

# An open invitation to the PPA

Tyne Division is based in Bridge House, Newcastle upon Tyne and processes prescriptions received from dispensing doctors practices, appliance contractors, oxygen concentrator companies and the Channel Islands. The Division also process claims for personal administration items from GP practices.

The Division has considerable contact with practice staff throughout England and has continued to develop good working relationships with them through encouraging visits to the Division.

We ask customers to complete a questionnaire to gain feedback on the visit and how it could be improved. We are pleased that customers rate the visits as very good or good. Based on comments received we have developed a pack that customers take away with them after the visit and have also tried to show them their own batch being processed. This encourages questions and we can clarify points customers may have which are relevant to their own prescriptions."



Keith Ward, Divisional Manager for Tyne Division, says "We had a number of enquiries a few years ago from practices who were interested in visiting the Division to gain a better understanding of what happened with their prescriptions once we received them for processing. These were so successful that in the past year we have accommodated visits from over a hundred practice staff, mainly in groups of up to ten. There are benefits for practice staff in that they learn more about the PPA and the services it now provides and also staff have the opportunity to meet directly with our customers to discuss ways in which we can improve our customer service."

Carol Morrison, Team Manager adds, "The visits last for around 2 hours and we take practice staff through the total process from receiving the batch to payment schedule stage.

Some practice staff go to great lengths to visit the PPA – one group left Essex at 5:00am and did not return home till 9:00pm. However, as well as visiting Bridge House, which is in the city centre of Newcastle, they are also conveniently situated for taking in some retail therapy or visiting some of the "cultural" sites nearby so this may account for such a long day!

**Visits to Tyne Division  
can be arranged through  
contacting:**

Carol Morrison,  
Team Manager,  
on 0191 203 5312.

# Hints and Tips

## Electronic Drug Tariff

**A reminder** – We're sure that all of you are now aware that, in addition to the "paper" Drug Tariff, there is now an electronic version which is freely available on a monthly basis and can be found on the PPA's website [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)

## Zinc Paste Bandages

**Please note** – With effect from 1<sup>st</sup> June 2004 Zinc Paste bandage BP 1993, Zinc Paste and Calamine Bandage, Zinc Paste, Calamine and Clioquinol bandage BP 1993 and Zinc Paste and Ichthammol Bandage BP 1993 have all been added to the Nurse Prescribers Formulary for District Nurses and Health Visitors. Thus, all nurse prescribers are once again able to prescribe these bandages.

## Schedules 1 and 2

**For information** – As a consequence of the publication of NHS(GMS) (Prescription of Drugs etc) Regulations 2004, what used to be Schedules 10 and 11 of the "old" Regulations are now Schedules 1 and 2 of the new Regulations.

## Glucosamine Sulphate

**A reminder** – We advised in "Hints and Tips" in the March 2003 edition of impACT that generic orders for Glucosamine Sulphate (which is a "recommended International Non-proprietary Name" (rINN) can be met by supplying any branded product, whether or not the brand supplied is included in Schedule 1 of NHS(GMS) (Prescription of Drugs etc) Regulations 2004.

## Supplementary Prescribing

**A reminder** – We continue to receive queries from contractors asking whether or not a supplementary prescriber can prescribe a particular item. Supplementary prescribing is a three-way prescribing partnership between the independent prescriber (generally the medical practitioner), the supplementary prescriber and the patient within the parameters of an agreed treatment plan. Supplementary prescribers are subsequently able to prescribe:

All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices included in Drug Tariff Part IX, foods and other borderline substances approved by the Advisory Committee on Borderline Substances. Prescription Only Medicines excluding Controlled Drugs.

## Drugs prescribed for contraceptive purposes

**Please note** – As you will know, Dianette tablets are no longer indicated for use as an oral contraceptive. However, a prescriber may mark a prescription for a drug other than a contraceptive with the female symbol/make it clear that the prescription is for contraceptive purposes. A prescription charge should only be taken in the absence of such an endorsement.

## Maggots

**For information** – We have received a number of queries from pharmacists asking whether they can dispense an order for "maggots". Currently, maggots are being marketed under the brand name "LarV" as an unlicensed medicine and may, therefore, be prescribed by a general practitioner but not by supplementary or nurse prescribers.

## Peak Flow Meters

**Please note** - The MHRA (Medicines and Healthcare products Regulatory Agency) has announced that a new standard for Peak Flow Meters will be introduced in September 2004. As a consequence, the existing standard and low range Drug Tariff specification 51 peak flow meters have been annotated with the three-month notice of deletion with effect from the June 2004 edition of the Drug Tariff, to be deleted 1<sup>st</sup> September 2004.

## Drug Tariff Part IX

**For information** – You may have noticed a slight increase in the number of Part IX appliances which are annotated with the three-month notice of deletion. This is because agreement was reached with the Drug Tariff Part IX Forum (which consists of Department of Health, PPA and ABHI representatives) that devices not prescribed within the previous twelve-month period may be eligible for deletion from the Drug Tariff.

## To summarise:

- The Drug Tariff is now available electronically at [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)
- The various types of zinc paste bandages may now be prescribed by all nurse prescribers.
- Schedules 10 and 11 of the "old" Regulations are now Schedules 1 and 2 of the NHS (GMS) (Prescription of Drugs etc) Regulations 2004.
- Glucosamine Sulphate is a rINN and, if prescribed, can be met by supplying any branded equivalent product.
- Supplementary prescribers may prescribe most products that a doctor can prescribe, the main exclusions being certain controlled drugs and the majority of unlicensed medicines.
- A prescriber may mark a prescription for a drug other than a contraceptive with the female symbol/make it clear that the prescription is for contraceptive purposes and, in such circumstances, a prescription charge should not be taken.
- Maggots are an unlicensed medicine and may, therefore, be prescribed by general practitioners.
- A new standard for peak flow meters will be introduced in September, therefore, the Drug Tariff entry for these devices will be amended from that date.
- Part IX devices which have not been prescribed in the previous twelve months are now, on an ongoing basis, being annotated with three-month notices of deletion.