NHS
Prescription Services

Prescribing and Dispensing Newsletter
impact

December 2009

NHS Prescription Services at the Pharmacy Show

For the second year in a row, NHS Prescription Services (NHS RxS) had a stand at the Pharmacy Show conference held at the Birmingham NEC.

Our staff were on hand to talk to visitors over the two days about things such as submitting prescriptions for payment, how to make sure that forms are filled in correctly and showing people useful information they can find on our website. Most people who came to talk to us had a general enquiry about what we do, and some of you were particularly interested in the visits that we'll be arranging to come out to visit your dispensaries.

Elaine Metcalf from our Client and Customer Services department said; "Having attended the Pharmacy Show last year it was a pleasure to see some familiar faces and also some new ones. The Pharmacy Show allows us to discuss on a one to one basis with our customers their concerns/issues with the service that we provide.

We appreciate that it is not always easy for our customers to take time out of their busy schedules to either attend the Pharmacy Show or to visit our processing sites.

If you would like us to visit you, please contact us by calling 0191 203 5867 or alternatively email us at contractorvisit@ppa.nhs.uk

Staff from the Customer Service Team at the Pharmacy Show

We'll be going again next year, so if we didn't see you this year, look out for our stand in 2010! Stand K140.

2010 Open Day Dates
PAGE 2

Help with Health Costs
PAGE 3

The Prescribing Review Report - Antipsychotic drugs
PAGE 4-6

Who's talking to us about payments?
PAGE 7

Missed one of our open days?

NHS Prescription Services holds monthly open days rotated between our three processing centres. If you didn't make one in 2009, then we will be holding them again in 2010.

For those of you who want to book your places early, below are the first three confirmed dates

● 21 January 2010	Newcastle
● 18 February 2010	Middlebrook
● 18 March 2010	Wakefield

If you're a GP practice who sends in claims to us, such as dispensing doctors or for personally administered items, you may want to come to our Newcastle office which handles your accounts.

To find out more or book your place log on to **www.nhsbsa.nhs.uk/prescriptions/opendays** or contact our helpdesk on **0845 610 1171, prescriptionpricinghelpdesk@ppa.nhs.uk**

Access to prescription information

NHS Prescription Services website has a number of reports that you may find useful in predicting your dispensing volumes and payments.

Information	Web page link
Prescribing volumes of GP practices near you for the last 12 months	**http://www.nhsbsa.nhs.uk/PrescriptionServices/1344.aspx** Click on 'Common Information Requests' and then click the report called 'Monthly Items for Practices'
Number of monthly Medicine Use Reviews undertaken by Pharmacies	**http://www.nhsbsa.nhs.uk/PrescriptionServices/1344.aspx** Click on 'Common Information Requests' and then click the report called 'Monthly medicine use reviews for pharmacies'
Summary of selected monthly payments to Pharmacies within your PCT area	**http://www.nhsbsa.nhs.uk/PrescriptionServices/1344.aspx** Click on 'Common Information Requests' and then click the report called 'Monthly New Pharmacy Contract Information'
Summary of selected payments to Pharmacies within your PCT for the last 12 months	**http://www.nhsbsa.nhs.uk/PrescriptionServices/1344.aspx** Click on 'Common Information Requests' and then click the report called 'Monthly PCT Items and Fees for Pharmacies'

The NHS Information Centre website has a number of summary reports that you may find useful in predicting your dispensing volumes within specific treatment areas.

Information	Web page link
Quarterly PCT level prescribing data broken down by therapeutic area	**http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions** Select the report called 'Primary Care Trust Prescribing Data'
Annual dispensing data for England broken down by therapeutic area and chemical substance	**http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions.aspx** Select the report called 'Prescription Cost Analysis'

Help with Health Costs

With winter fast approaching its worth remembering Prescription Prepayment Certificates (PPCs) make real savings for patients who have to pay for more than 3 prescription items in 3 months, or 14 items in a year.

The current PPC rates are:	
3 months - **£28.25**	12 months - **£104.00**

PPC holders typically get at least 4 items a month on prescription, which saves them a massive £276.00 a year. Not to be sniffed at with Christmas just around the corner!

And the better news is that patients buying the 12 month PPC have the option to pay by direct debit, spreading the cost evenly over 10 monthly installments.
What could be easier!

Register to sell PPCs

Most people find out about PPCs from their GP or local pharmacy. **To find out more about registering to sell PPCs visit our website www.nhsbsa.nhs.uk or call 0191 203 4945**

Free prescriptions for cancer patients

Back in April, the medical exemption scheme was extended to include cancer patients. Free prescriptions can now be obtained by anyone who in their doctor's judgement is receiving treatment for:

- **cancer**
- **the effects of cancer**
- **the effects of current or previous cancer treatment**

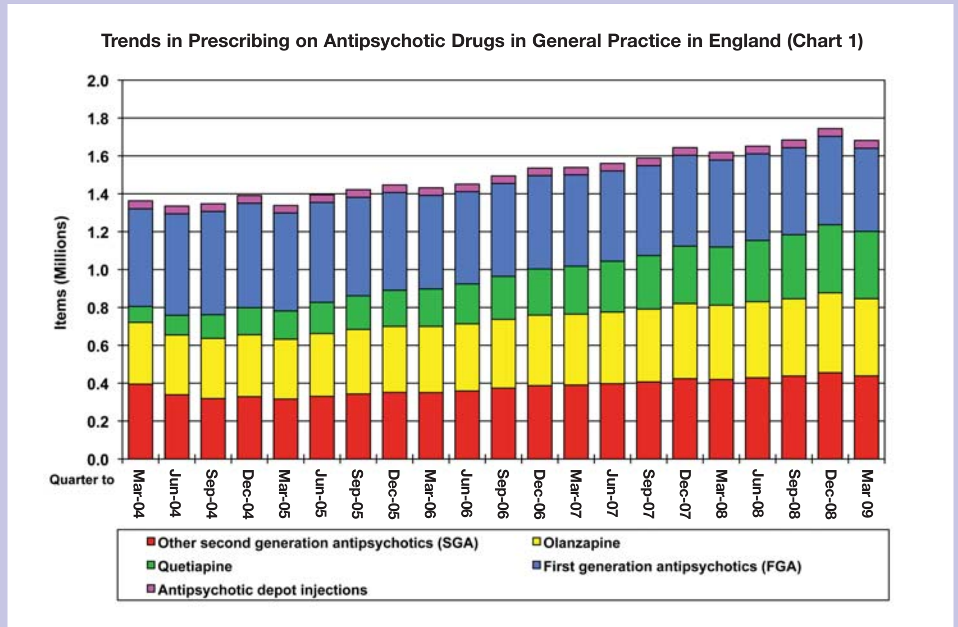
Medical exemption certificates are valid for 5 years and can be applied for through the patient's GP using form FP92a. Other conditions, such as epilepsy and diabetes (where treatment is not by diet alone) are also covered.

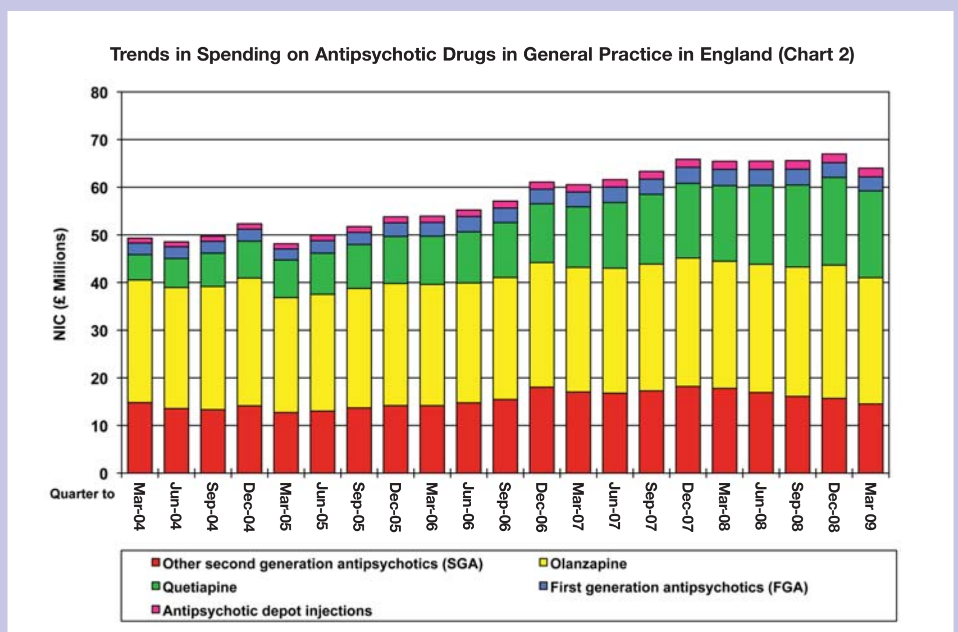
Uptake since April has been good, but your help in making sure patients are aware of the new exemption would be invaluable.

More information is on our website www.nhsbsa.nhs.uk

The Prescribing Review report on Antipsychotic drugs,

available to general practitioners in August 2009, is reproduced here for readers with an interest in patterns and trends of prescribing.





Antipsychotics can be broadly classified into first generation antipsychotics (FGAs, formerly known as 'typical' antipsychotics) and second generation antipsychotics (SGAs, formerly known as 'atypical' antipsychotics). They are used for managing disturbed patients whether the underlying psychopathology is schizophrenia, agitated depression, mania or brain damage. The potency of most antipsychotics is directly proportional to their ability to block dopamine receptors in the brain. However, many also have significant effects on acetylcholine, norepinephrine, histamine and serotonin receptors.[1,2]

Selection of FGAs (e.g. chlorpromazine, haloperidol, fluphenazine and flupentixol) is influenced by the degree of sedation required and the variability in patient susceptibility to the main adverse events: extrapyramidal side effects (EPSEs), hyperprolactinaemia, and metabolic side effects. SGAs (e.g. quetiapine, olanzapine, risperidone) have a different propensity to cause the same range of side effects to FGAs; the main difference between the two is the therapeutic index in relation to EPSEs.[1]

Clozapine is reserved for people with schizophrenia which has not responded well to the sequential use of two or more antipsychotics (one of which should be an SGA) each for at least 6-8 weeks.[2] Depot antipsychotics are used for maintenance therapy, especially when patients have difficulty complying with oral medication. They are usually initiated in hospital but use is continued by the community mental health team. There are five FGA depot injections available but risperidone is the only SGA available as a long-acting injection.

Charts 1 and 2 show that prescribing of SGAs exceeds that of FGAs thus reflecting recommendations made in the first NICE Schizophrenia Guideline (2002) to prescribe SGAs in preference to FGAs. In addition, licence extensions in the treatment of bipolar disorder for some of the SGAs such as risperidone, olanzapine and quetiapine could have led to an increase in their prescribing. Currently, oral SGAs account for 73% of antipsychotic items prescribed and 95% of the total cost. It is also worth noting that there may be significant prescribing via the hospital prescription route for oral and depot antipsychotics depending on local patterns of service delivery, which is not captured in this data.

Breakdown of prescribing by strength for the top three SGAs (Table 1)

	% of total items Quarter to Mar 04	% of total items Quarter to Mar 09
Risperidone 500mcg tab/Orodispersible tab	40	24
Risperidone 1mg tab/Orodispersible tab	29	30
Risperidone 2mg tab/Orodispersible tab	14	22
Risperidone 3mg tab/Orodispersible tab	6	9
Risperidone 4mg tab/Orodispersible tab	6	9
Risperidone 6mg tab	1	2
Total Oral Risperidone Items	**351,305**	**280,162**
Olanzapine 2.5mg tab	20	17
Olanzapine 5mg tab/oral lyophilisate tab	32	30
Olanzapine 7.5mg	5	5
Olanzapine 10mg tab/oral lyophilisate tab	39	38
Olanzapine 15mg tab/oral lyophilisate tab	4	5
Olanzapine 20mg tab/oral lyophilisate tab	0	5
Total Oral Olanzapine Items	**325,864**	**408,169**
Quetiapine 25mg tab	45	53
Quetiapine 100mg tab	18	16
Quetiapine 150mg tab	16	7
Quetiapine 200mg tab	18	12
Quetiapine 300mg tab	2	8
Total Oral Quetiapine Items	**84,143**	**354,826**

Schizophrenia

Premature mortality in people with schizophrenia exceeds that of the general population by approximately 50%. This is due partly to a wide range of physical health problems; these include those induced by cigarette smoking (which is more prevalent in this population), obesity and diabetes.[3] This tendency towards increased cardiovascular risk may be compounded by metabolic adverse effects such as weight gain, hyperglycaemia and diabetes which are associated with both FGAs and SGAs. Two seminal randomized controlled trials, CATIE and CUtLASS were published after the first NICE Schizophrenia guideline.[4,5] CUtLASS showed there was no evidence that people receiving FGAs vs SGAs would experience any disadvantage in terms of quality of life, symptoms or associated costs of care, and CATIE also suggested that there is little to choose in terms of overall tolerability and effectiveness between the FGAs and SGAs studied. The new NICE Schizophrenia guideline 82 now recommends that all people with newly diagnosed schizophrenia should be offered antipsychotic medication but, unlike the previous guideline, makes no recommendation with regard to the preferred use of SGAs over FGAs. It recommends that the choice of drug should be made jointly between the patient and the health professional taking into account the views of the carer. The relative likelihood for individual antipsychotic drugs to cause EPSEs, metabolic side effects and other side effects should also be considered. NICE recommends treatment with an antipsychotic should be considered equivalent to an individual therapeutic trial; thus the following should also be recorded: the indications; expected benefits and risks; expected time for a change in symptoms and for side-effects to occur. Also any dosages outside the licensed range need to be justified and recorded, and notes made of efficacy, side effects, adherence and physical health.[3]

NICE recommends health professionals should monitor physical health at least once a year and copy the results to the secondary care coordinator. This process should be proactively managed. Recently a cohort analysis carried out in the US compared clinician monitoring rates of plasma lipid and glucose in people taking antipsychotics before and after guidelines were issued by the American Diabetes Association, and found that these remained alarmingly low despite US government endorsement.[6]

Agitated behaviour in the elderly

In 2004 the Committee on Safety of Medicines (now the Commission on Human Medicines) first reported a clear increase in the risk of stroke with the use of risperidone and olanzapine in elderly people with dementia. A year later a Europe-wide review concluded that the risk could not be excluded for other SGAs or FGAs.[7] An extended follow-up (up to 54 months) of the dementia antipsychotic withdrawal trial (DART-AD) found that patients with Alzheimer's dementia who continued to use antipsychotics were more likely to die than those taking placebo (at 24 months' survival: 46% vs 71%, respectively; 36 months' survival 30% vs 59%, respectively).[8] Recent warnings issued by the European Medicines Agency and the Medicines and Healthcare products Regulatory Authority both reiterated the 'increased risk of stroke and a small increased risk of death when any antipsychotics are used in elderly people with dementia'.[7,9] The NICE-SCIE guidance on dementia advises that antipsychotics are only to be used in exceptional circumstances in such patients and, in its recent National Dementia Strategy, the Department of Health has included an audit tool to help organizations monitor practice.[10,11]

Prescribing Data

(Reporting quarter = Jan–Mar 2009, Index quarter = Jan-Mar 2004)

Prescribing of antipsychotic drugs (excluding depot injections) has increased by 24% in the last five years to 1.6 million items per quarter, and costs have increased by 29% to £62.2 million. Prescribing of SGAs (excluding depot injections) has risen by 49% to 1.2 million items and costs by 29% to £59.2 million. Prescribing of FGAs (excluding depot injections) has decreased 15% to 439,000 items, whereas the cost has risen by 21% to £2.9 million. Chlorpromazine is the most commonly prescribed FGA (117,000 items, £694,000). However, its prescribing has fallen by 28% and its cost has more than doubled. Prescribing of haloperidol (excluding depot injections) has increased 16% to 107,000 items with the cost decreasing by 7% to £437,000.

Prescribing of antipsychotic depot injections remains constant at 41,000 items (a 2% decrease), but in the last five years their cost has risen to £1.8 million (a 79% increase). The most commonly prescribed depot injection is flupentixol decanoate (15,000 items, £210,000) but items and spend have decreased by 17% and 33% respectively. However, prescribing of risperidone depot injections has quadrupled to 7,000 items (£1.3 million).

Table 1 shows the percentage of items prescribed, by strength, for the top three most prescribed SGAs in primary care in the quarter to March 2004 compared with quarter to March 2009. Oral risperidone is the only antipsychotic licensed for the short-term treatment (up to 6 weeks) of dementia-related behavioural disturbances in people with Alzheimer's dementia who are unresponsive to non-pharmacological measures. Over the last five years there has been a drop in the total prescribing of risperidone by 20% (to 280,000 items per quarter), and a 52% decrease in risperidone 500 microgram tablets/ orodispersible tablets. Olanzapine is the most commonly prescribed SGA (408,000 items). Prescribing of olanzapine has increased by 25% while cost has risen by 3% (to £26.5 million). The most commonly prescribed strength of oral olanzapine is 10mg tablets (155,000 items costing £12.7million), followed by 5mg tablets (123,000 items costing £5.9million). The lowest oral strength (2.5mg) has increased by 8% to 69,000 items; costs fell by 7% to £2.2million. The prescribing of quetiapine has quadrupled and now stands at 355,000 items, with cost more than trebling to £18.2 million per quarter. The most commonly prescribed presentation of quetiapine is the low strength 25mg tablet (188,000 items, £5.4 million), followed by 100mg tablets (55,000 items, £3.9 million). The impact of the new NICE Schizophrenia Guideline, the National Dementia Strategy and the recent reports in the medical press should be noticeable in future prescribing patterns.

Key Messages

Antipsychotics have diverse pharmacological actions and side effect profiles.

NICE recommends that treatment with antipsychotics should be individualized and take account of the patient's and carer's views.

All people with schizophrenia should have their physical health monitored once a year.

Inappropriate use of antipsychotics in elderly people with dementia has been clearly shown to increase the risk of stroke.

Risperidone is the only antipsychotic licensed for short-term (maximum 6 weeks) management of persistent aggression in elderly people with Alzheimer's dementia.

References

1. Taylor David, Paton Carol, Kerwin Robert. Prescribing Guidelines, The South London and Maudsley NHS Foundation Trust and Oxleas Foundation Trust, 9th edition, Informa Healthcare, 2007
2. BNF 57, BMJ Group and RPS Publishing, 2007
3. NICE Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care. Clinical Guideline 82. March 2009. www.nice.org.uk/guidance/CG82
4. Lieberman JA, Stroup TS, McEvoy JP, et al. Effectiveness of antipsychotic drugs in patients with chronic schizophrenia. N Engl J Med 2005;353:2005
5. Jones PB, Barnes TRE, Davies L, et al. Randomized controlled trial of the effect on quality of life of second- vs first generation antipsychotic drugs in schizophrenia. Arch Gen Psychiatry 2006;63:1079-1087
6. Haupt DW, Rosenblatt LC, Kim E et al. Prevalence and predictors of lipid and glucose monitoring in commercially insured patients treated with second-generation antipsychotic agents. Am J Psychiatry 166;3: 345-353
7. Drug Safety Update. Antipsychotics: use in elderly people with dementia. Volume 2, Issue 8, March 2009
8. Ballard C, Hanney ML, Theodoulu M, et al. The dementia antipsychotic withdrawal trial (DART-AD): long-term follow-up of a randomized placebo-controlled trial. Lancet Neurology 2009;8:151-7
9. MeReC Stop Press. EMEA reinforces safety concerns over using antipsychotics in elderly patients with dementia. www.npci.org.uk/blog/?p=246
10. NICE Dementia. Clinical Guideline 42. November 2006. www.nice.org.uk/nicemedia/pdf/CG42 Dementiafinal.pdf
11. National Dementia Strategy www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/index.htm

Pharmacy payment schedules explained

NHS Prescription Services (NHS RxS) sends out payment schedules every month to pharmacy contractors to tell you how we've calculated your payment. We normally send this out at least five days before you get your payment on the first of the month. In response to calls from a number of contractors asking for an explanation of different sections of the schedule, we have published a document on our website that will explain key areas for you.

www.nhsbsa.nhs.uk/prescriptions/schedules

You'll need to click on the link for pharmacy contractors.

Who's talking to us about your payments?

At NHS Prescription Services (NHSRxS) we are very aware of our responsibilities around data protection and information security. Information about payments is confidential and we will not disclose it to anyone without the relevant authorisation.

When a PCT approves a contractor to provide a pharmaceutical service or to provide dispensing services as part of NHS General Medical Services we set up a pharmacy contractor's payment account. We will use information we get at the time to set up our security checks, including making a note of anyone that the contractor tells us is entitled to receive information about their account.

If you need to change who is entitled to receive information about your payments, you must tell us as soon as possible, so that we only discuss your account with the people you want us to.

You will need to do this in writing by sending us a completed 'PPD304 Confirmation of bank and correspondence details' which we include with your monthly schedule of payments.

The process for GP practices is a little bit different because we don't pay you directly. Your PCT pays you, and you should discuss your payment information with your PCT payment contact.

You can find out more about our policy on data security at **http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Data_Protection_Policy.pdf#**

Vaccine payments - the finer points about filling in claim forms

Depending on the type of personally administered vaccine that you've dispensed you will send in your claim to NHS Prescription Services (NHS RxS) on either an FP10ss prescription form or a FP34 high volume vaccine form as part of your monthly submission.

It's important that you use the correct form for claiming for your vaccine and you write on the necessary additional information that we need to calculate your reimbursement and remuneration correctly. For example, if a vaccine is available from more than one manufacturer you will need to tell us either the name of the brand, the manufacturer of the vaccine or who supplied you with the vaccine. This information can be provided for that item, on an FP10 item in the endorsing column, and on the FP34 form for high volume vaccine, in the specific column on the form.

According to the General Medical Services Statement of Financial Entitlements you should only use high volume vaccine forms for one of six types of vaccine or a vaccine which is a combination of any of these six.

- **Influenza**
- **Hepatitis A**
- **Pneumococcal**
- **Typhoid**
- **Hepatitis B**
- **Meningococcal**

Combination vaccines that include anything that is not one of these six must not be claimed through the FP34 high volume vaccine form. Below is a table showing some examples as to which combination vaccines you can and can't claim on an FP34 high volume vaccine form.

Sending forms back to you for more information

If information is missing on an FP10ss or FP34 high volume vaccine form that we need to calculate your payment, we will send this back to you for more information. We will send you a copy of the form and indicate on the copy which item we need information on and what information we need. We will still calculate your payment for the other items on the form. You then need to send that copy back to us with the information on it that we need with your next month's submission, when we will calculate payment for that item. If you need a copy for your records, please take a copy yourself rather than keeping the one we send to you.

You will find more information about what submission documents you need to use and guidance on our website **www.nhsbsa.nhs.uk/prescriptions/submission documents**

Combination vaccine name	Claim on FP34 high volume vaccine form	Why
Ambirix	√	Hepatitis A and B
Hepatyrix	√	Hepatitis A and typhoid
Revaxis	X*	It's a combination of diphtheria, tetanus and poliomyelitis
Twinrix	√	It's a combination of Hepatitis A and B
Viatim	√	Hepatitis A and typhoid

* If claimed on an FP34 we will 'disallow' the item and not make payment for it.

Contact details for the NHS Prescription Services

Got a question about dispensing contractor reimbursement, endorsement guidance, or prescription searches?

Contact our helpdesk.

Phone **0845 610 1171** or
e-mail **prescriptionpricinghelpdesk@ppa.nhs.uk**