

Adrenaline 150 microgram auto-injectors supply

Urgent actions required by community pharmacy teams following warnings of reduced availability of EpiPen and EpiPen Junior.

New protocol introduced to ensure those with the greatest need have access to limited stock of adrenaline auto-injectors



The Department of Health and Social Care (DHSC) and NHS England asked all community pharmacies to implement additional validation processes from Wednesday 17th October.

This has been put in place following critical supply issues to ensure that the limited stock of adrenaline 150 microgram auto-injectors reaches those most in need.

DHSC has stated: "We have now reached a critical supply issue and need to implement controls on the supply of 150 microgram adrenaline auto-injectors. Children weighing 25kg or less with the greatest short term need must have access to these first, ensuring that every patient has at least one in date 150 microgram adrenaline auto-injector. This can only be achieved by restricting issue of new devices until further notice."

Pharmacy contractors and their teams are asked to read the protocol and Q&As (see: psnc.org.uk/adrenaline) and to implement this new verification procedure with immediate effect.

Community pharmacies are being asked to play a role in prioritising the limited stock now available by asking all patients who present with prescriptions (both NHS and private) for adrenaline 150 microgram auto-injectors some brief validation questions to check whether they are most in need of a supply. A flowchart outlining the questions to be asked is included in the Protocol.

The Dispenser Validation Protocol

DHSC is advising that all patients need

to have access to a minimum of two adrenaline 150 microgram auto-injectors, but that it is sufficient if just one of these is in-date (meaning at least one month left before expiry) provided the patient also carries an expired device as back-up which is not discoloured and contains no precipitate.

Note: DHSC is now advising that expired auto-injectors should not be used if they contain a precipitate or are discoloured. This can be checked by viewing the contents of the glass cartridge in the auto-injector through the viewing window.

The dispenser validation protocol should allow pharmacies to deduce whether a prescription should be fulfilled, partially fulfilled, or supply should be delayed. The process applies to EpiPen Junior 150 microgram, Jext 150 microgram and Emerade 150 microgram adrenaline auto-injectors. The dispenser validation process does not apply to 300 microgram or 500 microgram strengths of adrenaline auto-injectors.

Ordering and Dispensing Auto-Injectors

Where patients meet the criteria and are eligible to receive supplies, pharmacies will then need to order the product from wholesalers who will carry out an additional prescription validation step.

Where a patient is prescribed a different brand to what they have previously received, pharmacies will need to ensure that patients, parents and carers know how to use the auto-injector being supplied.

NHS England has issued a letter (shared

Steps for pharmacies to take

1. Read the new protocol from DHSC, noting in particular:
 - The flow chart of questions to ask patients to ascertain those who are in most need of supply;
 - The extension to the usability of some batches of Jext 150 and 300, previously advised of 300 EpiPen expiry extension; and
 - The guidance that all expired pens with precipitate or discoloured should be discarded. This can be checked by viewing the contents of the glass cartridge.
2. Read the FAQs prepared by DHSC
3. Implement the protocol with immediate effect (i.e. from 17th October)

through GPs) to all patients and users of EpiPen Junior with further advice. The letter can be used by pharmacies to support patients and make them aware of the latest advice.

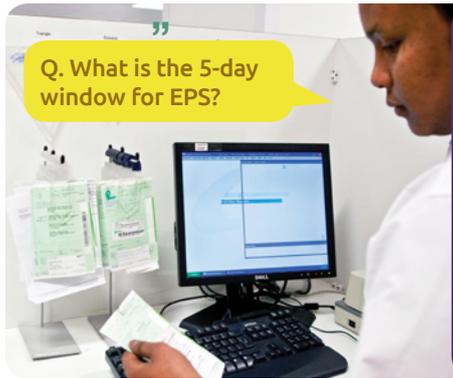
Further Information

In addition to the validation processes, there have been some changes to the recommendations around use of the various auto-injectors in addition to the changes announced previously. Pharmacy teams should note:

- During the period of reduced supply, the cut-off for switching from 150 microgram to 300 microgram dosage for all devices is now 25kg. This change will result in off-label use of Jext 150 microgram and Emerade 150 microgram;
- The extension to the usability of some lots of Jext 150 microgram and 300 microgram, and the previously advised EpiPen 300 microgram expiry extension; and
- The guidance that all expired auto-injectors with precipitate or discoloured should be discarded.

End of month submission webinar: Your questions answered

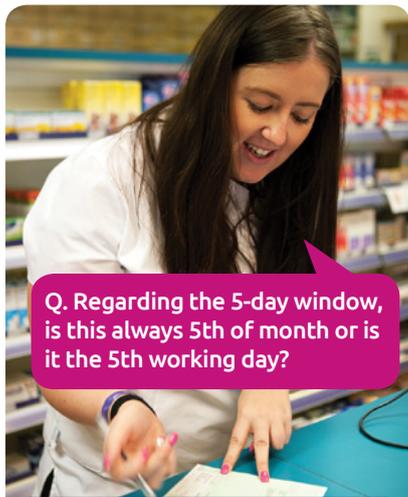
- In September over 300 people tuned in to PSNC’s webinar on end of month submission
- Feedback shows 95% found the webinar useful and 83% would recommend it to others
- PSNC’s Dispensing and Supply Team answers some of the submission-related questions asked by webinar viewers



Q. What is the 5-day window for EPS?

A. The 5-day window allows electronic prescriptions dispensed in one month to be claimed up until midnight on the 5th of the following month so long as the dispensing notification message has been sent to the Spine prior to midnight on the last day of the dispensing month.

The 5-day window was implemented so that the submission of electronic prescriptions would be aligned with that of paper prescriptions, i.e. contractors are given the first 5 days of the following month to submit both their paper prescription bundle and any electronic prescriptions. It was envisaged that these 5 days would be used by contractors for administration purposes, to ensure that all prescriptions dispensed within the dispensing month are counted and submitted correctly.



Q. Regarding the 5-day window, is this always 5th of month or is it the 5th working day?

A. This is always the 5th of the month and not the 5th working day. It is important to bear this in mind particularly during months where the first 5 days spread over a weekend or Bank holiday. This may give pharmacies limited time to submit electronic claims before midnight of the 5th of the following month in order to secure payment for that monthly submission.

We recommend submitting claims regularly throughout the month to prevent issues that may arise (e.g. loss of connectivity) if claims are submitted all at once.



Q. How should I count up my EPS totals?

A. We recommend using your PMR systems report to provide a breakdown of monthly EPS totals which can be used to complete your FP34C submission document. Counting EPS tokens for purposes of completing your declaration is not recommended as this can often lead to errors resulting in incorrect Advance payment calculation.

The image below outlines the different scenarios showing how the 5-day window can impact the timing of payment for a claim.

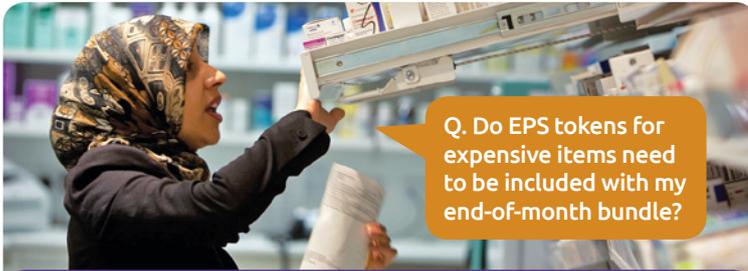
September					October						
27	28	29	30	1	2	3	4	5	6	= September dispensing month	
Dispense notification sent 28 th September					Electronic claim message received after midnight on 5 th October						
September					October						
27	28	29	30	1	2	3	4	5	6	= October dispensing month	
Dispense notification sent 28 th September					Electronic claim message received after midnight on 5 th October						
September					October						
27	28	29	30	1	2	3	4	5	6	= October dispensing month	
Dispense notification sent 1 st October					Electronic claim message received before midnight on 5 th October						

Looking at the image above, the first row shows that a dispense notification was sent

on 28th September and an electronic claim message received by the NHS BSA on 4th October (before midnight on 5th October). This claim would be reimbursed along with the prescription bundle submitted for the month of September.

If a dispense notification is sent in September but claim message is received after midnight on 5th October (please see 2nd row), this claim will be counted towards the total for October prescriptions and reimbursed accordingly. It will not be included in your payment for prescriptions dispensed in September even if it has been declared in your September end of month submission document.

The third row in the image shows a dispense notification message sent on 1st October with a claim message received before midnight on 5th October – reimbursement for this claim will be included with October’s submission and not September’s.



Q. Do EPS tokens for expensive items need to be included with my end-of-month bundle?

A. There is no virtual red separator for EPS Release 2 prescriptions and EPS tokens should not be placed in the red separator in the end-of-month prescription bundle. This is because these tokens are not used for payment of electronic prescriptions (payment is solely based on the information contained in the electronic claim message).

EPS tokens need to be filed separately and only included with your bundle if it has been used to capture a patient signature for purposes of exemption (except age exemption) or charge declaration.

PSNC does advise, however, that as part of the pharmacy's reconciliation process, contractors should keep a log or generate report(s) from their PMR system for the following types of items:

- Expensive items (items with a net ingredient cost of £100 or over);
- Specials and unlicensed products; and
- Items with broken bulk or out of pocket expense claims.

This report or log should then be used to reconcile items/values on the pharmacy's FP34 Schedule of Payment which is sent by the Pricing Authority after the bundle has been priced. If you are unable or unsure as to how to generate a report which incorporates the above, contact your PMR system supplier for further information.

Remember: EPS tokens with any captured exemption (except age exemption) or charge declarations should be filed separately from prescriptions. The tokens do not need to be sorted in GP order, or by exempt or charge status.

If you would like more information on any of the topics covered, the PSNC Dispensing and Supply Team will be happy to help (0203 1220 810 or e-mail info@psnc.org.uk).

Look out for more webinar questions next month...



Q. How do you submit an EPS prescription where one item is covered by a war pension certificate and the other is a paid item?

A. The NHS BSA has confirmed that the only way to process prescriptions (both paper and EPS) containing item(s) covered by a war pension certificate correctly is to request that the prescriber write two separate prescriptions; one prescription for the item which the patient is going to claim on the war pension exemption certificate and one prescription for the chargeable item. The contractor will then be able to submit these prescriptions separately in the relevant exemption groups.

Please note: NHS BSA has no way of identifying which item(s) on a prescription are covered by a war pension exemption (either during any audit work or exemption checks) so always ensure that items covered by a war pension exemption are on a prescription of their own.

Useful links

A recording of the end of month submission webinar – psnc.org.uk/submissionwebinar

Understanding the EPS payment schedule – psnc.org.uk/EPSfactsheet

Exemptions from the prescription charge – psnc.org.uk/exemptions

MPs publish report on generic medicine price increases

The Public Accounts Committee (PAC) has called on the Department of Health and Social Care (DHSC) to make plans to help address the impact of generic medicine price rises on the NHS by the end of the year.

The PAC's report on its inquiry into price increases for generic medicines states that the NHS had to spend additional time, money and effort to source medicines affected by price rises in 2017, noting "the extra efforts that pharmacies had to make to get medicines that were in short supply".

The MPs have asked DHSC to set out what actions it will be able to take to address future price rises and to set out its plans for maintaining the supply of medicines both before and after Brexit. The inquiry report recommends that DHSC and NHS England should establish clear and timely information flows about generics price or supply issues, including with local commissioners and clinicians.

PSNC gave both written and oral evidence to the PAC inquiry to highlight the impact that the generic shortages are having on community pharmacies, and remains in close contact with DHSC to monitor the generics pricing situation.

Drug Tariff Watch: November 2018

Part VIIIA additions

Category A:

- Dicobalt edetate 300mg/20ml solution for injection ampoules (6)
- Ephedrine 30mg/1ml solution for injection ampoules (10)
- Ivabradine 2.5mg tablets (56)
- Nevirapine 400mg modified-release tablets (30)
- Paroxetine 40mg tablets (28)

Category C:

- Alitretinoin 10mg capsules (30) – *Toctino*
- Beclometasone 5mg gastro-resistant modified-release tablets (30) – *Clipper*
- Bupivacaine 25mg/10ml (0.25%) solution for injection ampoules (5) – *Marcain*
- Bupivacaine 25mg/10ml (0.25%) solution for injection ampoules (20) – *Bupivacaine Sure-Amp*
- Bupivacaine 50mg/10ml (0.5%) solution for injection ampoules (5) – *Marcain*
- Bupivacaine 50mg/10ml (0.5%) solution for injection ampoules (10) – *AMCo*
- Bupivacaine 50mg/10ml (0.5%) solution for injection ampoules (20) – *Bupivacaine Sure Amp*
- C1-esterase inhibitor 1,500unit powder and solvent for solution for injection vials ■ (1) – *Beriner*
- C1-esterase inhibitor 500unit powder and solvent for solution for injection vials ■ (1) – *Beriner*
- Chlorhexidine gluconate 1% solution ■ (150ml) – *Cepton*
- Deferasirox 180mg tablets (30) – *Exjade*
- Deferasirox 360mg tablets (30) – *Exjade*
- Deferasirox 90mg tablets (30) – *Exjade*
- Epoetin alfa 1,000units/0.5ml solution for injection pre-filled syringes (6) – *Eprex*
- Epoetin alfa 10,000units/1ml solution for injection pre-filled syringes (6) – *Eprex*
- Epoetin alfa 2,000units/0.5ml solution for injection pre-filled syringes (6) – *Eprex*
- Epoetin alfa 20,000units/0.5ml solution for injection pre-filled syringes ■ (1) – *Eprex*
- Epoetin alfa 3,000units/0.3ml solution for injection pre-filled syringes (6) – *Eprex*
- Epoetin alfa 30,000units/0.75ml solution for injection pre-filled syringes ■ (1) – *Eprex*
- Epoetin alfa 4,000units/0.4ml solution for injection pre-filled syringes (6) – *Eprex*
- Epoetin alfa 40,000units/1ml solution for injection pre-filled syringes ■ (1) – *Eprex*

- Epoetin alfa 5,000units/0.5ml solution for injection pre-filled syringes (6) – *Eprex*
- Epoetin alfa 6,000units/0.6ml solution for injection pre-filled syringes (6) – *Eprex*
- Epoetin alfa 8,000units/0.8ml solution for injection pre-filled syringes (6) – *Eprex*
- Etanercept 25mg/0.5ml solution for injection pre-filled syringes (4) – *Enbrel*
- Etanercept 50mg/1ml solution for injection pre-filled syringes (4) – *Enbrel*
- Golimumab 100mg/1ml solution for injection pre-filled disposable devices ■ (1) – *Simponi*
- Golimumab 50mg/0.5ml solution for injection pre-filled disposable devices ■ (1) – *Simponi*
- Golimumab 50mg/0.5ml solution for injection pre-filled syringes ■ (1) – *Simponi*
- Hepatitis B (rDNA) 20micrograms/1ml vaccine suspension for injection vials ■ (1) – *Engerix B*
- Hepatitis B (rDNA) 40micrograms/1ml vaccine suspension for injection vials ■ (1) – *HBvaxPRO*
- Insulin isophane porcine 100units/ml suspension for injection 3ml cartridges (5) – *Hypurin Porcine Isophane*
- Insulin soluble bovine 100units/ml solution for injection 10ml vials ■ (1) – *Hypurin Bovine Neutral*
- Insulin soluble bovine 100units/ml solution for injection 3ml cartridges (5) – *Hypurin Bovine Neutral*
- Levobunolol 0.5% eye drops 0.4ml unit dose preservative free (30) – *Betagan Unit Dose*
- Mefloquine 250mg tablets (8) – *Lariam*
- Methyl salicylate 30% / Menthol 8% cream ■ (35g) – *Deep Heat Maximum Strength*
- Paliperidone 175mg/0.875ml prolonged-release suspension for injection pre-filled syringes ■ (1) – *Trevicta*

KEY:

- Special container
- Item requiring reconstitution
- * This pack only (others already available)

- Paliperidone 263mg/1.315ml prolonged-release suspension for injection pre-filled syringes ■ (1) – *Trevicta*
- Paliperidone 350mg/1.75ml prolonged-release suspension for injection pre-filled syringes ■ (1) – *Trevicta*
- Paliperidone 525mg/2.625ml prolonged-release suspension for injection pre-filled syringes ■ (1) – *Trevicta*
- Posaconazole 100mg gastro-resistant tablets (24) – *Noxafil*
- Prednisolone 30mg tablets (28) – *Actavis UK Ltd*
- Sodium phenylbutyrate 500mg tablets ■ (250) – *Ammonaps*
- Sodium valproate 50mg modified-release granules sachets sugar free (30) – *Epilim Chronosphere*
- Tocofersolan 50mg/ml oral solution sugar free (20ml) – *Vedrop*
- Tramadol 75mg / Dexketoprofen 25mg tablets (20) – *Skudexa*
- Valproic acid 150mg gastro-resistant capsules (100) – *Convulex*
- Valproic acid 300mg gastro-resistant capsules (100) – *Convulex*
- Valproic acid 500mg gastro-resistant capsules (100) – *Convulex*

Part VIIIA amendments

- Aspirin 300mg suppositories (10) – *Martindale Pharmaceuticals Ltd* is changing to Category A
- Macrogol compound oral powder sachets NPF sugar free (30) – *Laxido Orange* is changing to Category A
- Terazosin 10mg tablets (28) – *Hytrin* is changing to Category A

Part IX deletions

Product	Type, Size
LYMPHOEDEMA GARMENTS - Sigvaris Advance Arm Sleeves Advance 1, Low Compression (14-18mmHg) <ul style="list-style-type: none"> • with Seamless Hand Piece and Grip Top Plus Size • with Seamless Hand Piece and Grip Top • with Seamless Hand Piece without Grip Top 	All sizes
LYMPHOEDEMA GARMENTS - Sigvaris Advance Arm Sleeves Advance 2, Medium Compression (20-25mmHg) <ul style="list-style-type: none"> • with Seamless Hand Piece and Grip Top • with Seamless Hand Piece and Grip Top Plus Size • with Seamless Hand Piece without Grip Top 	All sizes