Northern Ireland Assembly

Research and Information Service Briefing Paper

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Primary Care Prescribing

1 Background

This briefing paper looks at selected aspects of primary care prescribing in Northern Ireland (NI) including:

- How the prescribing process operates;
- Overall prescribing patterns;
- Prescribing of generic drugs – potential savings;
- The Public Accounts Committee (PAC) Report on Primary Care Prescribing (March 2015); and
- Examples are also included of some European and international models in terms of prescription charging policies, particularly focusing on models with a means-tested element.

Aside from referring to the published work of both the Northern Ireland Audit Office (see Section 4) and tables of selected drugs provided by the DHSSPS to the NI Public Accounts Committee from COMPASS Reports (see Section 5), it is beyond the scope of the paper to look at patterns of prescribing for individual drugs.

The Business Services Organisation publishes a full list and details (including cost) of Prescribing by GP Practice. The most recent publication of this dataset shows there

are **449,827** different medicines and treatments prescribed (an individual drug can be available in numerous strengths and formulations).[1]

Information on the activity of prescribing for individual drugs is available to purchase from the Family Practitioner Services as outlined in the Business Services Organisation publication *Purchase of Northern Ireland Prescribing Individual Drug Data Effect from April 2012 Prescription Data*[2]

The terms 'prescription item', 'generic drugs' and 'generic prescribing' are defined by as follows[3]:

Prescription item – a medicine, appliance or device written by a practitioner onto an appropriate prescription form;

Generic drugs – A pharmaceutical product no longer protected by a patent which can be copied by other companies. It may be marketed either under its own brand or as an unbranded product. Generic drugs are frequently as effective as, but much cheaper than, brand name drugs, because their manufacturers do not incur the risks and costs associated with the research and development of new medicines;

Generic prescribing – Current health policy in NI is that generic medicines should be prescribed in all appropriate circumstances. It is considered that around 75 percent of medicines can be dispensed generically.

2 Introduction

2.1 How the Prescribing Process Operates in Northern Ireland

The current prescribing process is summarised by the NIAO as follows[4]:

Most health service drug expenditure is incurred in primary care where GPs prescribe medicines or treatments to patients if needed (patient consultations with GPs have increased by almost 22 per cent over the six year period to 2013/14). Decisions on which medication or treatment is prescribed rests with the GP and these decisions are regulated and controlled. Once in receipt of a prescription, the patient takes it to an independent retail pharmacy outlet, otherwise called a Community Pharmacy Contractor (CPC) and the CPC dispenses the drug in question, currently at no charge to the patient.

CPCs are responsible for purchasing the drugs either directly from manufacturers or through wholesalers. They are subsequently reimbursed by the Health and Social Care (HSC) Board for the cost of these drugs. In 2013 CPCs received almost £460 million[5]

[1] BSO, Prescribing by GP Practice, http://www3.hscni.net/fpspharmacy/2014-2015.php
[2] http://www.hscbusiness.hscni.net/pdf/Purchase_of_NI_Prescribing_Individual_Drug_Data_Effective_from_February_2012.doc
[3] Primary Care Prescribing, Northern Ireland Audit Office, 27 November, 2014, Glossary of Terms, http://www.niauditoffice.gov.uk/a-to-z.htm/primary_care_prescribing
[4] As above, Executive Summary
[5] This represents about 10% of all health and social care expenditure

for providing community pharmaceutical services, which included reimbursement of £381 million for dispensing almost 39 million items prescribed by GPs.

The demand for primary care medicines is characterised by a unique set of relationships, in which patients neither decide on nor directly pay (currently) for the medicines they consume. GPs decide which medicines should be used but are not strictly responsible for the cost of what they prescribe; whereas the HSC Board pays for medicines by reimbursing pharmacies for dispensing them but is not responsible for deciding which medicines are to be prescribed.

The information in this briefing refers to primary care prescribing only. Secondary care (hospital) prescribing is separate but often impacts on primary care prescribing.

2.2 Introduction of Free Prescriptions in Northern Ireland

The following information is extracted from a RaISe briefing note, published on 2 June 2014[6]:

> In 2007, there was a debate in the Northern Ireland Assembly entitled Health Prescription Charges whereby Members suggested that prescription charges were a barrier to people accessing the medication that they needed. Prescription exemptions were also in place at the time, as well as prescription prepayment certificates - which were available if a patient required more than five items in a four month period, or more than 14 items in a twelve month period.
>
> The main argument for abolishing prescription charges was that it would remove the financial barrier and indirectly improve health. At the time, prescription charges generated around £13 million pounds per year – only 3.5% of the total cost of medicines prescribed. Much of the costs were borne by the health service due to exemptions.
>
> Prescription charges in NI were abolished in 2010 under a previous Health Minister, Michael McGimpsey. This decision followed the publication of a cost/benefit review of charges in 2007. At that time, prescriptions were charged at £6.85 per item. Charges were reduced to £3 per item in 2009, and became free from April 2010.
>
> The then Minister, Michael McGimpsey stated that the costs would be "*accommodated from within my existing budget… I believe that full abolition of charges is right for Northern Ireland. It's an economic investment, as people will be able to get back to work earlier if they have the right medication. It's also an investment in people, at a time when they need it most*."

[6]Black, LA, (2014), Prescriptions: Costs and charges in the UK and Republic of Ireland, RaISe, NI Assembly, NIAR 311-14, http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/general/6114.pdf

The previous Health Minster, Jim Wells, considered the reintroduction of prescription charges to pay for a new specialist drugs fund in NI. In an oral statement to the NI Assembly on 17th February 2015, he stated[7]:

> *Prescription charges were abolished in Northern Ireland in April 2010. The cost of free prescriptions was found from increased efficiencies within the Department's health budget at that time and no additional funding was sought to support the introduction of the policy. In view of the current financial position, I do not think it is unreasonable to ask people to contribute to the cost of their prescriptions and to provide a financial foundation for innovative and specialist medicines for the future. I believe that this is an appropriate time to reconsider the provision of free prescriptions in Northern Ireland.*

2.3 Containing the Cost of Prescribing by GPs

Containing the cost of prescribing by GPs in NI is mainly managed by the HSC Board's Medicines Management Advisers (MMAs) who seek to influence the prescribing behaviour of GPs. As qualified pharmacists, MMAs perform two main functions[8]:

- Each full-time MMA monitors the prescribing patterns of around 25 GP practices with a focus on safety, effectiveness and efficiency. By comparing GP practices MMAs are well placed to highlight areas where financial savings could be generated without impacting on the quality and safety of care; and
- Each MMA is responsible for reviewing prescribing patterns within certain therapeutic areas (such as obesity or asthma). The MMA is set a specific effectiveness target for this area and influences prescribing practice by providing advice to GPs on the most effective treatments.

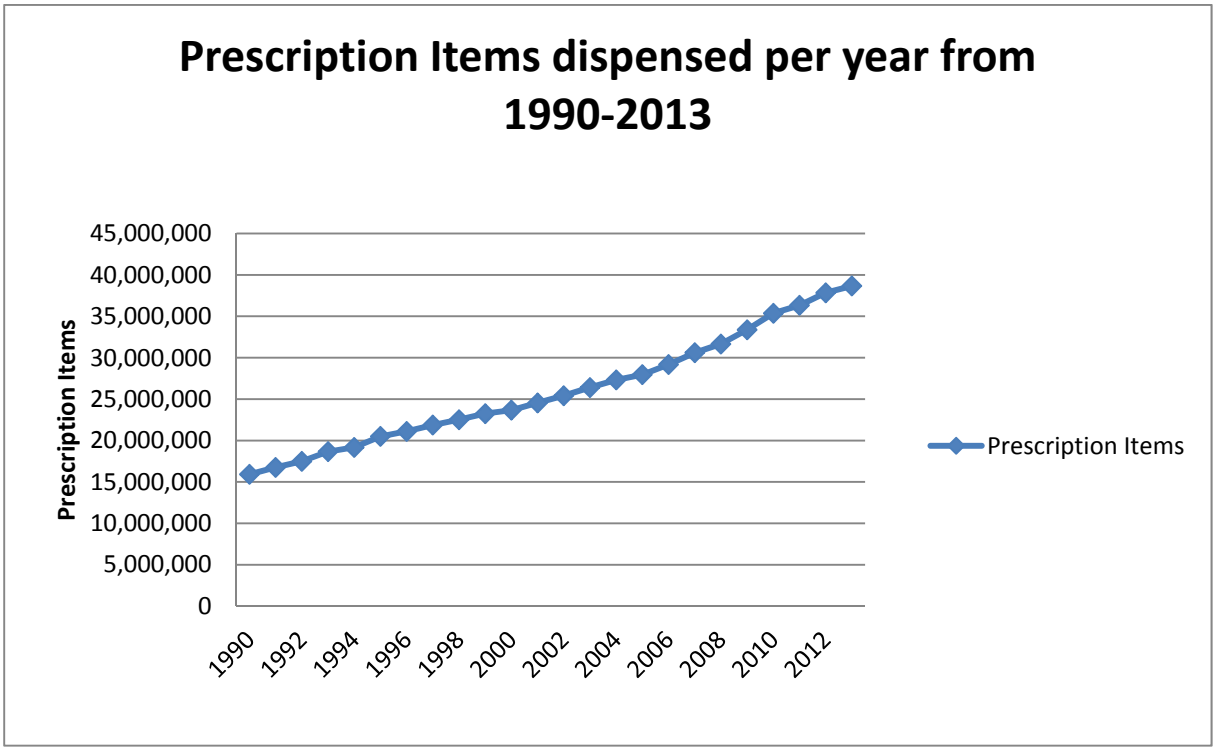
MMAs encourage GPs to prescribe more cost effectively by, for example, increasing the level of generic prescribing and identifying areas where cheaper alternatives (proven to have the same outcomes) can be used. The NIAO highlight that MMAs have played an important role in helping to slow the year-on-year increase in the number of items dispensed and to reduce costs.

[7] Oral Statement to the Assembly by Health Minister Jim Wells – Findings of the Evaluation of the Individual Funding Request Process – 17 February 2015, http://www.dhsspsni.gov.uk/oralstatement170215

[8] Primary Care Prescribing, Northern Ireland Audit Office, 27 November, 2014, Part Three, http://www.niauditoffice.gov.uk/a-to-z.htm/primary_care_prescribing

3. Overall Prescribing Patterns in NI

Graph 1 - Number of prescription items dispensed each year in NI from 1990 to 2013. [9]



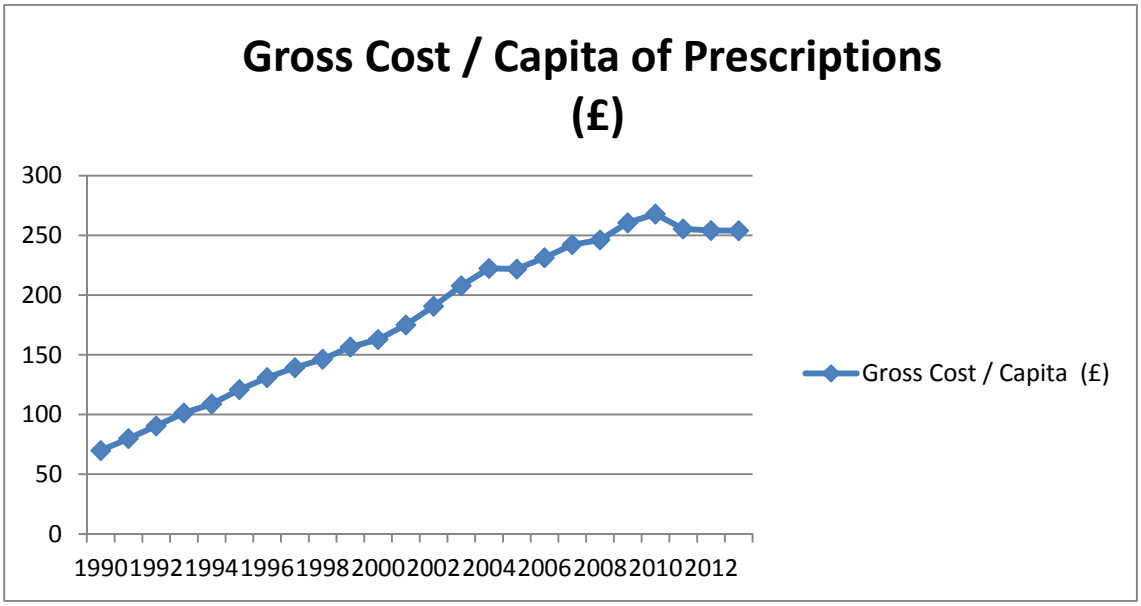
Key: Number of prescription items relates to items dispensed by Chemists Appliance Suppliers and Dispensing Doctors. Hospice, Stock and Oxygen items are included.[10]

Although the number of prescriptions is increasing year on year, there has been a slight decrease in the rate of increase of the number of items prescribed following the introduction of free prescriptions - there has been a 9.3% increase in prescription items dispensed from 2010 to 2013 (35,366,062 in 2010 to 38,661,481 in 2013) compared to the 14.4% increase which occurred in the four years before the introduction of free prescriptions (29,173,341 in 2006 to 33,379,217 in 2009).

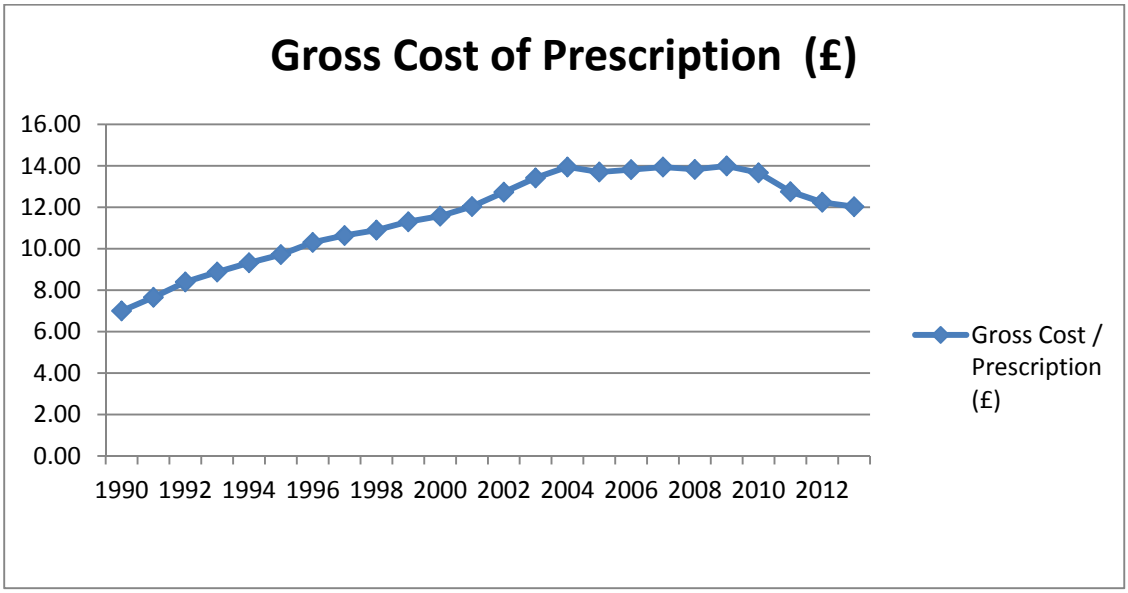
[9] Graph constructed by RaISe from data found in - BSO (2014) 'The Number and Cost of Prescriptions Per Capita for Northern Ireland 1990-2013' *BSO*. [Online] Available at: http://www.hscbusiness.hscni.net/pdf/Number_and_Cost_of_Prescriptions_Per_Capita_NI_1990-2013v2.xls (Accessed on 2nd April 2015)

[10] As above

Graph 2 – Gross cost per capita of prescriptions in NI from 1990 to 2013[11]



Graph 3 – Gross cost per prescriptions in NI from 1990 to 2013[12]



Key For Graphs 2 and 3[13]:

- Number of prescription items relates to items dispensed by Chemists Appliance Suppliers and Dispensing Doctors. Hospice, Stock and Oxygen items are included.
- All costs exclude dispensing related fees.
- Gross Cost not defined in the BSO information.

[11] Graphs constructed by RaISE from data found in - BSO (2014) 'The Number and Cost of Prescriptions Per Capita for Northern Ireland 1990-2013' *BSO*. [Online] Available at: http://www.hscbusiness.hscni.net/pdf/Number_and_Cost_of_Prescriptions_Per_Capita_NI_1990-2013v2.xls (Accessed on 2nd April 2015)

[12] As above

[13] As above

Population figures used for per capita figures are taken from NISRA's mid-year population estimates.

Following the introduction of free prescriptions in 2010 there has been a slight decrease in the gross cost of prescriptions per capita. Per capita, prescriptions have decreased in price by 5% from 2010-2013 (£268- £254) and a decrease in the gross cost of prescriptions by 14% (£13.67- £12.03).

More rational prescribing by GPs in recent years has achieved economies and it is acknowledged that between 2006 and 2013, the cost of prescribing has reduced in real terms by 18%.[14]

4 Primary Care Prescribing (including generic prescribing) in NI

The NIAO recently reviewed primary care prescribing in NI and the information in this section is generally extracted from its report *Primary Care Prescribing* (November 2014).

The majority of items (around 70%) dispensed by CPCs in NI are generic drugs. However, about 70% of the reimbursement costs in 2012/13 related to the supply of 'branded' drugs, although they only account for around 30% of total volume of items dispensed each year.

Generic dispensing rates have improved considerably in NI over the past decade as in 2003/04 only 41% of items dispensed were generic but by March 2014, this had risen to a generic dispensing rate of 71%, with a generic prescribing rate of 80% (compared to England 84%, Scotland 83% and Wales 83%).[15]

The NIAO recently reported that progress in achieving savings through generic prescribing has been slower here than elsewhere in the UK. The NIAO believes that the introduction of new drugs has not been as tightly controlled in NI and therefore the prescribing of newer, more expensive drugs (including new generics) is more widespread in NI. The DHSSPS did not accept this point and stated that its medicines optimisation policy, since 2004, has been[16]:

> *Predicated on quality and safety improvement delivering improved health outcomes and realised efficiencies. Such an approach addresses value for money requirements in addition to important medicine optimisation principles…*

[14] Primary Care Prescribing, Northern Ireland Audit Office, 27 November, 2014, page 4, http://www.niauditoffice.gov.uk/a-to-z.htm/primary_care_prescribing

[15] As above, page 41

[16] As above, pages 12-13

In addition, the NIAO found variations in the volumes and cost of prescribing which did not appear to match variations in clinical need.[17]

The HSC Board advised the NIAO that it believed that most of the potential savings from switching to generic drugs have already been made and the currently achievable savings are likely to be 'modest' at around £1.6 million when set against the overall drugs bill.[18]

The NIAO recently examined the scope for efficiency improvements in terms of generic prescribing in several areas and three of these areas are now outlined – proton pump inhibitors (PPIs), statins and depression drugs. It found that additional efficiency savings could have been made in NI with earlier switching to cheaper generics as follows[19]:

- PPIs – additional efficiency savings of £2.2 million in 2012 and £1 million in 2013;
- Statins - additional efficiency savings of £2.7 million in 2012 and £2.5 million in 2013; and
- Depression drugs - additional efficiency savings of £2.7 million in 2012 and £1.6 million in 2013.

The NIAO estimated that the opportunity cost to HSC services of not prescribing in a more cost-effective way, in the small range of drugs they studied, was over £17 million in 2012 and around £15 million in 2013.[20]

The HSC Board advised that switching from a branded drug to a generic version needs to be carefully managed, especially where medicines are being used to treat depression and other mental health issues.[21] For example, generic prescribing is not economical if the patient fails to take the medicine or is convinced that it is less effective. Patients need to be fully informed of the rationale (clinical and cost) supporting GP prescribing decisions.[22]

Generic prescribing is not the whole story in saving money in prescribing. There is variation across NI between GP practices regarding the cost of prescribing per head of the population. The DHSSPS and the HSC Board have acknowledged that costs per head are higher than they could be. The NIAO recognises that the Business Services Organisation (BSO) together with GP practices have been working to reduce this variation.[23]

[17] As above, page 3
[18] As above, page 42
[19] Primary Care Prescribing, Northern Ireland Audit Office, 27 November, 2014, pages 45 - 54, http://www.niauditoffice.gov.uk/a-to-z.htm/primary_care_prescribing
[20] As above, page 57
[21] As above, page 54
[22] Report on Primary Care Prescribing, Public Accounts Committee, 27th Report, NIA 230/11-16, NI Assembly, 4th March 2015, page 2, http://www.niassembly.gov.uk/assembly-business/committees/public-accounts/reports/report-on-primary-care-prescribing/
[23] Primary Care Prescribing, Northern Ireland Audit Office, 27 November, 2014, page 42, http://www.niauditoffice.gov.uk/a-to-z.htm/primary_care_prescribing

The NIAO reported that in 2013, there was a variation of over 100% between the GP practice with the lowest cost prescribing rate (cost per 1000 NI prescribing units), (£26,303) and the highest (£55,501)[24]:

> *If GP practices performing above the average prescribing cost brought their prescribing costs to that of the average (£41,004), efficiencies of around £19 million could be achieved.*

The DHSSPS disagreed with the NIAO as it believes that the estimate did not take into account other associated factors, such as access to other services, impact of cross-border workers and private healthcare. However, it did accept that those GP Practices with statistically significant variations (beyond two standard deviations from the mean) should be investigated.[25]

Overall, the NIAO concluded that GPs have succeeded in making significant savings over recent years by prescribing generic drugs. However, there is still the potential to make further savings by looking at drugs where there are alternatives available at differing prices. For example all effective generic forms of the same drug will not be the same price and GPs may not be 'shopping around' for the cheapest version.

5 Public Accounts Committee (NI Assembly) Report on Primary Care Prescribing

The PAC Committee has very recently published its *Report on Primary Care Prescribing*.[26] It considered the NIAO Report on Primary Care Prescribing and took evidence on four key areas:

- The likely level of additional prescribing savings which can be generated without adversely affecting patient care;
- The extent to which closer working with GP practices could generate savings;
- The importance of tailoring treatments and medication in order to secure the best outcomes for patients; and
- The efforts made by the DHSSPS and NI pharmaceutical contractors to reach agreement on the arrangements for reimbursing the cost of the most frequently prescribed and dispensed generic medicines.

[24] As above, page 43

[25] Primary Care Prescribing, Northern Ireland Audit Office, 27 November, 2014, page 44, http://www.niauditoffice.gov.uk/a-to-z.htm/primary_care_prescribing

[26] Report on Primary Care Prescribing, Public Accounts Committee, 27th Report, NIA 230/11-16, NI Assembly, 4th March 2015

Some key points, recommendations and conclusions from the PAC report, pertinent to this query, are now included.

Selected Key Points:

The NI PAC Committee noted that[27]:

- Despite the rise in volume of prescription items per year across the UK, prescribing costs per head of population fell in England, Scotland and Wales over the seven year period to 31 March 2014. By contrast, the prescribing costs per head of population in NI were slightly higher in 2013 than in 2007;
- GP practices have achieved savings in prescribing costs over the last four years, mainly due to a substantial increase in the prescribing of generic versions of drugs. It concluded that there is still scope to generate significant further savings in this regard without compromising patient care;
- The DHSSPS is reluctant to accept the validity of cost comparisons provided by the NIAO in its report (already discussed above) either locally (between GP practices) or with other UK regions. The Committee was 'disheartened' that the DHSSPS "*refused to accept that it was possible to use the comparators [provided by the NIAO] to estimate the potential for generating savings*";
- In the Committee's view, GPs have little incentive to consider the cost of their prescribing decisions since the cost falls to the HSC Board and the challenge for the Board is to continue to develop close working relationships with GPs in order to promote better prescribing;
- The data presented in the NIAO report suggesting that the volume and costs of prescribing in NI do not always match variations in indicators of clinical need (it is important that such data is used in conjunction with prescribing costs and volumes to investigate the reasons for any anomalies in prescribing patterns in NI); and
- *It is unacceptable that the Department and community pharmacists have failed to reach agreement on the terms of a revised reimbursement contract….Had the Department been successful in agreeing implementation of the new contract (which is in place elsewhere in the UK) in 2006, £46 million would have been released to provide additional, patient-focused pharmaceutical services in the community*.

Selected Conclusions:

The NI PAC Committee concluded that[28]:

[27] Report on Primary Care Prescribing, Public Accounts Committee, 27th Report, NIA 230/11-16, NI Assembly, 4th March 2015, Extracts from Executive Summary, http://www.niassembly.gov.uk/assembly-business/committees/public-accounts/reports/report-on-primary-care-prescribing/

[28] Report on Primary Care Prescribing, Public Accounts Committee, 27th Report, NIA 230/11-16, NI Assembly, 4th March 2015, Extracts from Conclusions, http://www.niassembly.gov.uk/assembly-business/committees/public-accounts/reports/report-on-primary-care-prescribing/

- The Health service here could make significant savings, without affecting patient care, through better generic prescribing and improved prescribing patterns:
    - The NIAO's examination of GP prescribing patterns in three therapeutic areas showed that GPs here tended to prescribe more expensive generic versions of drugs compared to their UK counterparts (see section 4 above); and
    - The NIAO also identified that reducing local prescribing levels of the most frequently dispensed drug in NI (Pregabalin) to those elsewhere in the UK would have released over £8.5 million in 2012 and £9.7 million in 2013;
- Prescribing costs vary greatly between GP practices – over a 100% difference between the lowest and highest cost GP practices. The HSC Board has had success in reducing the variation in standardised prescribing costs. However, by reducing the average standardised cost by 10 per cent over a three year period, the NIAO have calculated that further savings of £54 million could be generated.
- GPs prescribing choices have only recently been bound by an agreed "formulary" of cost effective drugs. A higher proportion of more expensive drugs were being prescribed in NI because of the delay in introducing the NI Formulary and a 'Managed Entry' process; and
- The DHSSPS, HSC Board and the NI pharmaceutical contractors need to reach agreement on reimbursement arrangements (see footnote 24 for details).[29]

During the course of its evidence gathering the PAC requested additional information from the DHSSPS to assist them with their query and some relevant parts of this information are included in Appendices 1-4:

- Appendix 1 describes the variety of reports that are used by the DHSSPS to monitor prescribing costs in NI;
- Appendix 2 presents a table from the April –June 2014 HSC Board Compass Report (Compass Unit, Operations Directorate) showing the *forty most costly drugs in the HSCB*;
- Appendix 3 presents a table from the April –June 2014 HSC Board Compass Report showing the *Top 20 generic switches by cost*; and
- Appendix 4 presents a table from the April –June 2014 HSC Board Compass Report showing the *Top cost effective switches*.

The information in the PAC Report also includes similar Compass Reports for each of the Local Commissioning Groups.

[29] In 2010, a judicial review concluded that by continuing to apply the Scottish Drug Tariff in NI in the absence of an agreed contract, the Department had failed to meet its statutory duty to provide fair and reasonable remuneration to community pharmacists. A subsequent judicial review also found in favour of community pharmacists. As a result of the Department's failure to agree the new pharmaceutical contract, £46 million (which could have been released to provide additional, patient-focused pharmaceutical services in the community) had to be repaid to pharmacists.

6 Models of Prescription Charges

This section of the paper will provide a brief overview of the charging structures for prescriptions for selected countries - across the UK and Republic of Ireland, France, Finland, Canada, Australia and New Zealand, highlighting where means-tested systems exist.

NI presently has free prescriptions (as does Wales and Scotland) and does not have a means-tested system, but such systems were options considered in the 2007 DHSSPS cost-benefit analysis and highlighted in bold in the NI section below. In England there are charges for prescriptions with exemptions for age and pre-payment certificates. In the Republic of Ireland there are four schemes for paying for prescriptions and one of these, being in receipt of the General Medical Services card, is means-tested.

France and Finland charge for medicines but there are levels of reimbursement depending on both the drug and/or condition.

Most Canadians have access to insurance coverage for prescription medicines through public and/or private insurance plans. The federal, provincial and territorial governments offer varying levels of coverage, with different eligibility requirements, premiums and deductibles. The publicly-funded drug programmes generally provide insurance coverage for those most in need, based on age income, and medical condition.

The Pharmaceutical Benefits Scheme in Australia offers cheaper prescriptions to citizens with a concession card (for example, those on low income, pensioners, and children). In New Zealand there is a charge for prescriptions, with an annual ceiling of what a patient or family need to pay.

6.1 Northern Ireland

Prior to introducing free prescriptions in 2010, the DHSSPS, in 2007, carried out a cost-benefit analysis of possible options, including the abolition of charges.[30] In April 2007 prescriptions were charged at £6.85 per item, although Prescription Prepayment Certificates (PPC) could be purchased to reduce the cost of prescriptions.[31] There were also exemptions from payment on the 'grounds of: age, financial status or medical condition.'[32]

This meant around 50% of the population qualified for free prescriptions under those arrangements; with a potential of up to "*90% of [all] prescriptions being supplied to*

[30] Department of Health, Social Services and Public Safety (2007) *Prescription Charges in Northern Ireland: A cost benefit review,* http://www.dhsspsni.gov.uk/prescription_charges_review_report_2007.pdf

[31] As above, page 1

[32] McCarthy, K.*15th May 2007 Official Report*, Belfast: Northern Ireland Assembly

these patients free of charge". [33] This would result in, for example, diabetics receiving free prescriptions for non-diabetes related medication.[34]

In the cost-benefit analysis by the DHSSPS, the options considered for prescription charges were as follows:[35]

- *Abolition*
- *Reform of the current system of prescription charges and exemptions*
- *Introduce a new system of prescription charges and exemptions*
- *Maintain the current arrangements*
- *Extend exemptions from prescription charges to include up to age 25*
- *Remove exemptions from prescription charges for the 60-64 age group*
- *Make Prescription Prepayment Certificates (PPC) available retrospectively on provision of Electronic Prescription and Eligibility System (EPES) proof of receipt of a qualifying number of prescriptions*
- *Enable Prescription Payment Certificates to be purchased by monthly instalments*
- *Extend the medical exemptions to include patients suffering from a greater range of chronic illnesses*
- ***Introduce a new prescription charge system with a reduced fee (80p) per item and exemptions based on ability to pay and passport benefits only***
- ***Introduce a new prescription charge system with a reduced fee (80p) per item and exemptions based on ability to pay, passport benefits and age only***

6.2 England

Legislation introducing prescription charges was introduced in 1952 to help raise revenue.[36] In 1965 these charges were abolished by the Labour Government led by Prime Minister Harold Wilson. In 1968 they were reintroduced but with a system of exemptions. By the 1980s, prescription charges began to regularly rise.[37]

Currently the NHS prescription charge is £8.20 per item in England, an increase of 15 pence from 2014.[38] However, there are a number of exemptions which result in free prescriptions; this for example, includes people under the age 16 or above 60 years of age.[39] Costs for prescriptions can be reduced by using a prescription payment

[33] As above
[34] Spratt, J. *15th May 2007 Official Report*, Belfast: Northern Ireland Assembly
[35] Department of Health, Social Services and Public Safety (2007) *Prescription Charges in Northern Ireland: A cost benefit review*, pages 3-6, http://www.dhsspsni.gov.uk/prescription_charges_review_report_2007.pdf
[36] National Health Service Act (1946); Section 1 (2).
[37] Black, L-A. (2014) 'Prescriptions: Costs and charges in the UK and Republic of Ireland', *Research and Information Service.* Available at: http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/general/6114.pdf (Accessed on: 1/04/2015).
[38] Gov.uk (2015) 'NHS Charges from April 2015' Available at: https://www.gov.uk/government/speeches/nhs-charges-from-april-2015 (Accessed on 1/04/15).
[39] NHS Choices 'Help with health Costs' Available at: http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Prescriptioncosts.aspx (Accessed on: 1/04/2015).

certificate or PPC. Both the three month and twelve month certificates remain frozen at the 2014 price. These are priced at £29.10, and £104 respectively.[40] Annual certificates allow unlimited prescriptions in a one year period.

Some organisations, including the British Medical Association, believe this increasing cost is unfair and in need of reform.[41] Other groups highlight that people are choosing to pay bills and buy food instead of medicating long term conditions due to the cost of prescriptions.[42] Therefore, it can be argued, that this can lead to a greater long term cost for the NHS.

6.3 Wales

Wales abolished prescription charges in 2007 for all patients registered to a Welsh GP, who get their prescriptions from a Welsh pharmacist. People who live in Wales but who are registered to an English GP (due to the proximity to the border) are issued an 'entitlement card' which if used in a Welsh pharmacy, will entitle them to free prescriptions.[43]

Prescription costs were gradually reduced from £5 in October 2004, £4 in April 2005 and £3 by April 2006, while the list for exemptions extended, to for example, young people up 25.[44] The cost of prescriptions in Wales was met by an increase in the overall Health and Social Care budget.

6.4 Scotland

The Scottish government announced in 2007 that it would begin reducing prescription charges by £1 per year until their eventual abolition in April 2011. This came after the Scottish Health Minister, Nicola Sturgeon, claimed it was 'a tax on ill health'.[45]

Patients in Scotland are entitled to free prescriptions if they are either registered with a Scottish GP and receive the prescription from a Scottish pharmacy, or have an English GP and an entitlement card, and use their prescription in a Scottish pharmacy.[46]

[40] Gov.uk (2015) 'NHS Charges from April 2015' Available at: https://www.gov.uk/government/speeches/nhs-charges-from-april-2015 (Accessed on 1/04/15).
[41] British Medical Association website. (2014) Increase for NHS prescription charges - 1 April 2014 Available online at: http://bma.org.uk/practical-support-at-work/gp-practices/prescribing (Accessed on 1/04/2015).
[42] Prescription charges coalition (March 2013) Paying the Price: Prescription charges and people with long term conditions. Available online at: http://www.prescriptionchargescoalition.org.uk/uploads/1/2/7/5/12754304/paying_the_price_report.pdf
[43] Welsh Government website (2015) Free prescriptions in Wales. Available online at: http://wales.gov.uk/topics/health/nhswales/about/healthinformation/prescriptions/?lang=en
[44] As above
[45] Onmedica website (2007) Scotland abolishes prescription charges. Available online at: http://www.onmedica.com/NewsArticle.aspx?id=ec448c85-fb1c-4486-b430-dc0e8f9b257a
[46] Black, LA, (2014), Prescriptions: Costs and charges in the UK and Republic of Ireland, RaISe, NI Assembly, NIAR 311-14, http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/general/6114.pdf

6.5 Republic of Ireland

Ordinary residents in the Republic of Ireland (those living in Ireland for more than one year) are entitled to either free or subsidised approved prescribed drugs. Around 80% of prescriptions in the Republic of Ireland are paid for or subsidised by the state and these are covered by four principal schemes:

- **General Medical Services Scheme** (GMS – medical cards): patient pays €2.50 per item, up to a maximum of €25.00 per family per month plus the pharmacist's dispensing fee but no mark up. These cards are means tested.
- **Drug Payment Scheme (DPS):** the patient pays a maximum of €144 per month for medicines; the pharmacist receives both a mark-up and a dispensing fee. This service is used for people who do not qualify for a GMS card.
- **Long-term illness scheme (LTI):** the patient receives medicines for specific conditions (e.g. diabetes, epilepsy) free of charge. As with the DPS the pharmacist receives a mark-up and a dispensing fee.
- **Hi-Tech Scheme**: the cost of these medicines is composed of the ex-factory price, in line with the IPHA/HSE Agreement framework, a wholesale mark up of approximately 10% and a patient care fee paid of €62.03 paid to the pharmacist in the month when an item dispensed and €30.26 paid in months where no item is dispensed. Where the patient has a medical card or the medicine is for a specific condition covered by the LTI they do not pay anything, otherwise they pay the €144 a month of the cost in accordance with the DPS.[47]

6.6 France

Prescriptions in France are charged but these charges are often reimbursed. This rate of reimbursement varies depending on the type of medicine. Medicines which are not considered essential will get the lowest rate of reimbursement, and only a very limited number of medicines are fully reimbursable.[48]

Table: Reimbursement Levels for Prescriptions

Rate	Colour
15%	Orange
30%	Blue
65%	White
100%	White/Barred

[47] IPHA (2015) *Supply and Reimbursement,[Online] Available at:* http://www.ipha.ie/alist/medicines-supply-and-reimbursement.aspx *(Accessed on: 1/04/2015)*

[48] Table and information taken from French-Property (2015) 'prescription medicines in France' Available at: http://www.french-property.com/guides/france/public-services/health/receiving-treatment/prescriptions/ (Accessed on 30th April 2015)

Branded drugs are only reimbursed to the level of generic drugs unless no generic version exists.

6.7 Finland

Medicines are not free but are subsidised. There is also an upper limit on annual medicine expense which in 2014 was €612.62. If a person's out-of-pocket expenses in a calendar year exceed this threshold the exceeding part is reimbursed in full. However, a €1.50 co-payment applies to each purchase made after the threshold has been reached.[49]

6.8 Canada

Under the Canada Health Act, all necessary drug therapy administered within a Canadian hospital setting is insured and publicly funded. Outside of the hospital setting, provincial and territorial governments are responsible for the administration of their own publicly-funded prescription drug benefit programs.

Most Canadians have access to insurance coverage for prescription medicines through public and/or private insurance plans. The federal, provincial and territorial governments offer varying levels of coverage, with different eligibility requirements, premiums and deductibles. The publicly-funded drug programmes generally provide insurance coverage for those most in need, based on age income, and medical condition.[50] Medicare accounts for 70% of healthcare expenditure; the remaining 30% is made up of patient payments and private insurance for supplementary items.

The Federal Public Drug Programme is run by the Government of Canada and provides prescription drug coverage for about one million Canadians who are members of eligible groups. 'These groups include First Nations and Inuit, members of the military, Veterans, members of the RCMP, and inmates in federal penitentiaries.'[51]

Provincial and Territorial Public Drug Benefit Programmes are run by each provincial and territorial government and some provide co-funded drugs for eligible groups. Some are income-based universal programmes. These groups include seniors, recipients of social assistance, and individuals and diseases or conditions that are associated with high drug costs.

[49] Expat-Finland (2015) 'Public Healthcare & Services in Finland. Available at: http://www.expat-finland.com/living_in_finland/public_healthcare.html (Accessed on: 1st April 2015).

[50] Health Canada, *Access to Insurance Coverage for Prescription Medicines*. [Online] Available at: http://www.hc-sc.gc.ca/hcs-sss/pharma/nps-snpp/index-eng.php (Accessed 1st April 2015)

[51] As above

6.9 Australia

The Pharmaceutical Benefits Scheme (PBS) is part of the Australian Government's broader National Medicines Policy. PBS provides government subsidies for access to necessary medicines and for most medical conditions. Full prescription fees in Australia as of January 2015 are up to, $37.70 AUD for most PBS prescriptions or $6.10 if a person has a concession card, the Australian government then pays the remainder, making this a co-funded scheme.[52] The average dispensed price per prescription of PBS medicines decreased to $42.20 AUD for the year ending June 2014 from $43.48 AUD in June 2013.

6.10 New Zealand

Medicines are usually subsidised by the Government of New Zealand, however a small charge of $5 NZD applies to each medication prescribed. Not all medicines are fully subsidised and therefore may require additional cost.

Once a patient and their families have collected 20 new prescription items in a year they can get a Prescription Subsidy Card, which means they won't have to pay any more prescription charges until 1 February the following year.[53]

[52] Australian Government *The Pharmaceutical Benefits Scheme* [Online] Available at: http://www.pbs.gov.au/info/about-the-pbs#What_are_the_current_patient_fees_and_charges (Access 28th March 2015).

[53] Ministry of Health 'Prescription Charges' *Ministry of Health* [Online] Available at: http://www.health.govt.nz/your-health/conditions-and-treatments/treatments-and-surgery/medications/prescription-charges

Appendix 1

Reports of GP Prescribing Costs - Source: NI Assembly, PAC Report on Primary Care Prescribing, 4th March 2015, pages 73-75

Monthly variation report of GP prescribing costs

Monthly Reports

- Each GP practice is set an indicative prescribing budget which is set based on the capitation calculation (NI PU)
- Prescribing costs are reported on a monthly basis (**Monthly Prescribing Statements**)
- Each GP practice will receive a report on a monthly basis setting out the spend, the projected spend, performance against budget and performance against peers

Examples of 5 GP practice statements are provided at **Appendix B**, one practice from each LCG:

- Each Local Commissioning Group receives a summary report which sets out the overall performance comparing each of the 5 LCGs
- Regular meetings are held with all LCG chairs and commissioning leads to discuss trends

An example of a LCG Monthly Prescribing Statement is provided at **Appendix C**.

Quarterly Reports

On a quarterly basis, each GP practice receives the **COMPASS report.** COMPASS is a regional prescribing support service that provides GPs with feedback on their prescribing and how they compare to their peers both locally and regionally. The COMPASS report is a prescribing feedback report that provides an in depth analysis of prescribing within general practice and provides a tool to monitor cost-effective prescribing. The report provides an overview of prescribing, identifies potentially high cost areas, encourages generic prescribing, discourages over-prescribing of specific medications e.g. benzodiazepines and demonstrates potential financial savings. Examples of areas that are monitored include:

- Overall prescribing in terms of cost/volume
- Cost effective choices: generic and therapeutic switches
- Controlled drugs
- High risk drugs e.g. red list drugs, methotrexate
- 50 indicators looking at a wide range of therapeutic areas e.g. pain indicators include prescribing of NSAIDs, lidocaine plasters, pregabalin and opioid analgesics

Reports are produced on a quarterly basis at HSCB, LCG and GP practice level. A HSCB COMPASS Report is at **Appendix D.** A sample of the report for each LCG area is at **Appendix E** and a sample of a GP practice report from each LCG area is at **Appendix F.**

Examples of other reports used by HSCB Medicines Management Advisers (MMAs) to monitor prescribing

1. **'Basket of Indicators' Control Charts**
   A specific set of indicators has been agreed with the BMA which are used to monitor whether a practice could be prescribing "excessively" as set out within the terms of the GMS contract. Two standard deviations from the mean is beyond expected norms requiring at least justification and possibly review and improvement. Three standard deviations is an unacceptable position requiring work to remedy the situation. The process is set out in **Appendix G**.

   The indicators are:
   - Items/1000 NIPUs
   - Proportion of PPIs prescribed as lansoprazole or omeprazole as % of all PPIs
   - Proportion of simvastatin, pravastatin or atorvastatin as a % of all statins
   - Frequency (DDD/1000 NIPUs) of benzodiazepines and Z drugs

- Proportion of citalopram, fluoxetine and sertraline items as a % of SSRIs
- Frequency (DDD/1000 NIPUs) of NSAIDs
- Frequency (items /1000 NIPUs) of antibiotics

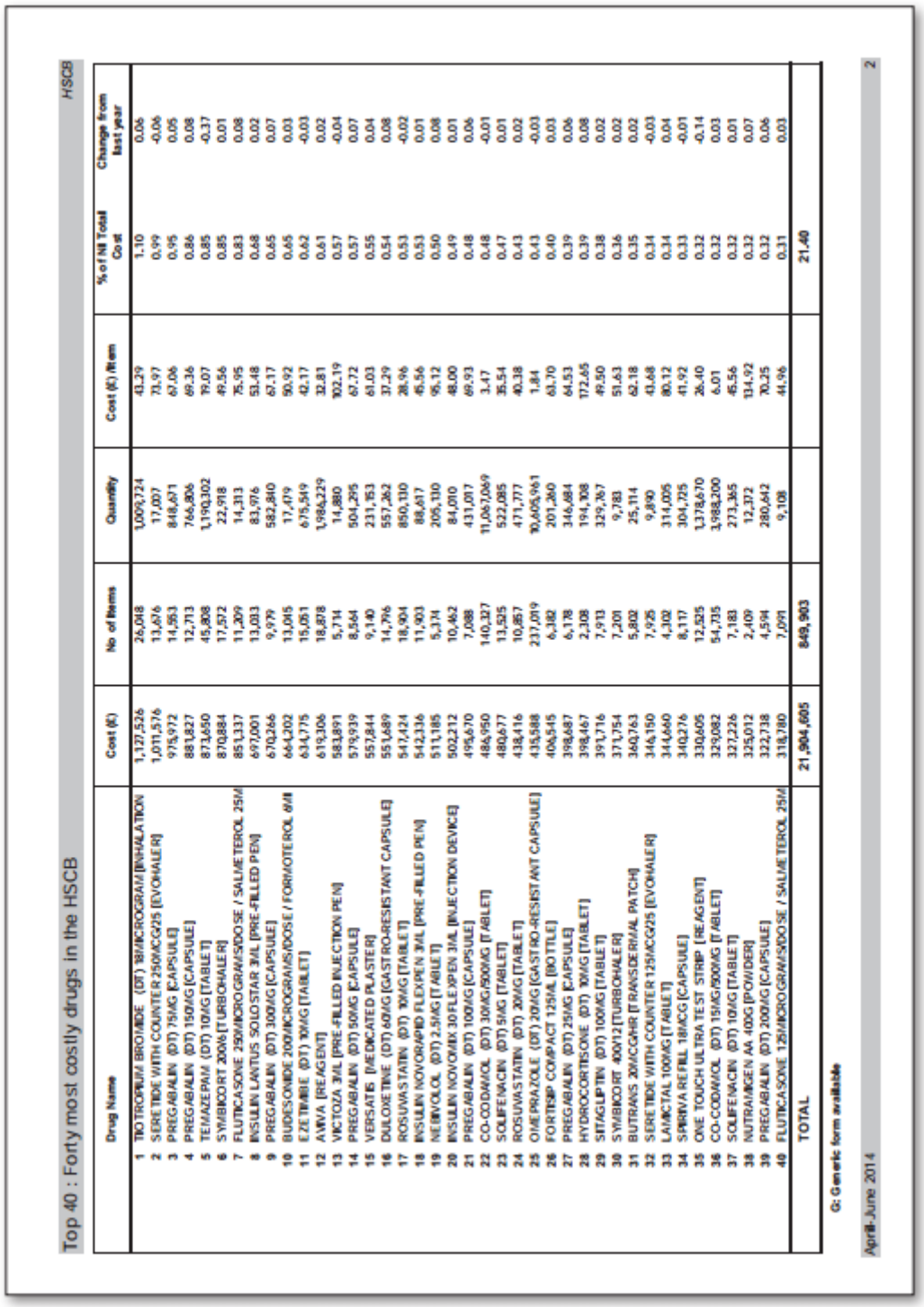
A sample of each control chart is attached at **Appendix H**. The control charts show prescribing information for all GP practices in Northern Ireland and highlight which practices are 2 or 3SDs from the mean.

2. Control Charts Database

A control chart for each indicator is prepared which identifies outlying prescribing behaviour (those practices more than 2 standard deviations and 3 standard deviations from the mean).Control charts are presented for overall controlled drug prescribing, strong analgesics, hypnotic and anxiolytics. Separate reports are produced for patient prescribing and stock prescribing. The database enables MMAs to compare a practice with their LCG area and view two year trend charts at drug group and individual drug level. A sample report from the strong analgesics patient prescribing control chart is attached at **Appendix I**.

Appendix 2

Top 40: Forty most costly drugs in the HSCB - Source: HSC Board COMPASS Report April-June 2014, as seen in NI Assembly, PAC Report on Primary Care Prescribing, 4th March 2015, page 93



HSCB

Top 40 : Forty most costly drugs in the HSCB

	Drug Name	Cost (£)	No of Items	Quantity	Cost (£) /Item	% of NI Total Cost	Change from last year
1	TIOTROPIUM BROMIDE (DT) 18MICROGRAM [INHALATION	1,127,526	26,018	1,009,724	43.29	1.10	0.06
2	SERETIDE WITH COUNTER 250MCG/25 [EVOHALER]	1,071,576	13,616	17,007	73.97	0.99	-0.06
3	PREGABALIN (DT) 75MG [CAPSULE]	975,972	14,553	848,671	67.06	0.95	0.05
4	PREGABALIN (DT) 150MG [CAPSULE]	881,827	12,713	766,806	69.36	0.86	0.08
5	TEMAZEPAM (DT) 10MG [TABLET]	873,650	45,808	1,190,302	19.07	0.85	-0.37
6	SYMBICORT 200/6 [TURBOHALER]	870,884	17,572	22,918	49.56	0.85	0.01
7	FLUTICASONE 250MICROGRAM/DOSE / SALMETEROL 25M	851,137	11,209	14,313	75.95	0.83	0.08
8	INSULIN LANTUS SOLOSTAR 3ML [PRE-FILLED PEN]	697,001	13,033	83,976	53.48	0.68	0.02
9	PREGABALIN (DT) 300MG [CAPSULE]	670,266	9,979	582,840	67.17	0.65	0.07
10	BUDESONIDE 200MICROGRAMS/DOSE / FORMOTEROL 6M	664,202	13,045	17,479	50.92	0.65	0.03
11	EZETIMIBE (DT) 10MG [TABLET]	634,775	15,051	675,549	42.17	0.62	-0.03
12	AMVA [REAGENT]	619,306	18,878	1,986,229	32.81	0.61	0.02
13	VICTOZA 3ML [PRE-FILLED INJECTION PEN]	583,891	5,714	14,880	102.19	0.57	-0.04
14	PREGABALIN (DT) 50MG [CAPSULE]	579,939	8,564	504,295	67.72	0.57	0.07
15	VERSATIS [MEDICATED PLASTER]	557,844	9,140	231,153	61.03	0.55	0.04
16	DULOXETINE (DT) 60MG [GASTRO-RESISTANT CAPSULE]	551,689	14,796	557,262	37.29	0.54	0.08
17	ROSUVASTATIN (DT) 10MG [TABLET]	541,424	18,904	850,110	28.96	0.53	-0.02
18	INSULIN NOVORAPID FLEXPEN 3ML [PRE-FILLED PEN]	542,336	11,903	88,617	45.56	0.53	0.01
19	NEBIVOLOL (DT) 2.5MG [TABLET]	511,185	5,374	205,110	95.12	0.50	0.08
20	INSULIN NOVOMIX 30 FLEXPEN 3ML [INJECTION DEVICE]	502,212	10,462	84,010	48.00	0.49	0.01
21	PREGABALIN (DT) 100MG [CAPSULE]	495,670	7,088	431,017	69.93	0.48	0.06
22	CO-CODAMOL (DT) 30MG/500MG [TABLET]	486,950	140,327	11,067,069	3.47	0.48	-0.01
23	SOLIFENACIN (DT) 5MG [TABLET]	480,677	13,525	522,085	35.54	0.47	0.01
24	ROSUVASTATIN (DT) 20MG [TABLET]	438,416	10,857	471,777	40.38	0.43	0.02
25	OMEPRAZOLE (DT) 20MG [GASTRO-RESIST ANT CAPSULE]	435,588	237,019	10,605,961	1.84	0.43	-0.03
26	FORTESIP COMPACT 125ML [BOTTLE]	406,545	6,382	201,260	63.70	0.40	0.03
27	PREGABALIN (DT) 25MG [CAPSULE]	398,687	6,178	346,684	64.53	0.39	0.06
28	HYDROCORTISONE (DT) 10MG [TABLET]	398,467	2,308	194,908	172.65	0.39	0.08
29	SITAGLIPTIN (DT) 100MG [TABLET]	391,716	7,913	329,767	49.50	0.38	0.02
30	SYMBICORT 400/12 [TURBOHALER]	371,754	7,201	9,781	51.63	0.36	0.02
31	BUTRANS 20MCG/HR [TRANSDERMAL PATCH]	360,763	5,802	25,114	62.18	0.35	0.02
32	SERETIDE WITH COUNTER 125MCG/25 [EVOHALER]	346,150	7,925	9,890	43.68	0.34	-0.03
33	LAMICTAL 100MG [TABLET]	344,660	4,302	314,005	80.12	0.34	0.04
34	SPIRIVA REFILL 18MCG [CAPSULE]	340,276	8,117	304,725	41.92	0.33	-0.01
35	ONE TOUCH ULTRA TEST STRIP [REAGENT]	330,605	12,525	1,378,670	26.40	0.32	-0.14
36	CO-CODAMOL (DT) 15MG/500MG [TABLET]	329,082	54,715	3,988,200	6.01	0.32	0.03
37	SOLIFENACIN (DT) 10MG [TABLET]	327,226	7,183	273,365	45.56	0.32	0.01
38	NUTRAMIGEN AA 400G [POWDER]	325,012	2,409	12,372	134.92	0.32	0.07
39	PREGABALIN (DT) 200MG [CAPSULE]	322,738	4,594	280,642	70.25	0.32	0.06
40	FLUTICASONE 125MICROGRAM/DOSE / SALMETEROL 25M	318,780	7,091	9,108	44.96	0.31	0.03
	TOTAL	21,904,605	849,903			21.40	

G: Generic form available

April-June 2014

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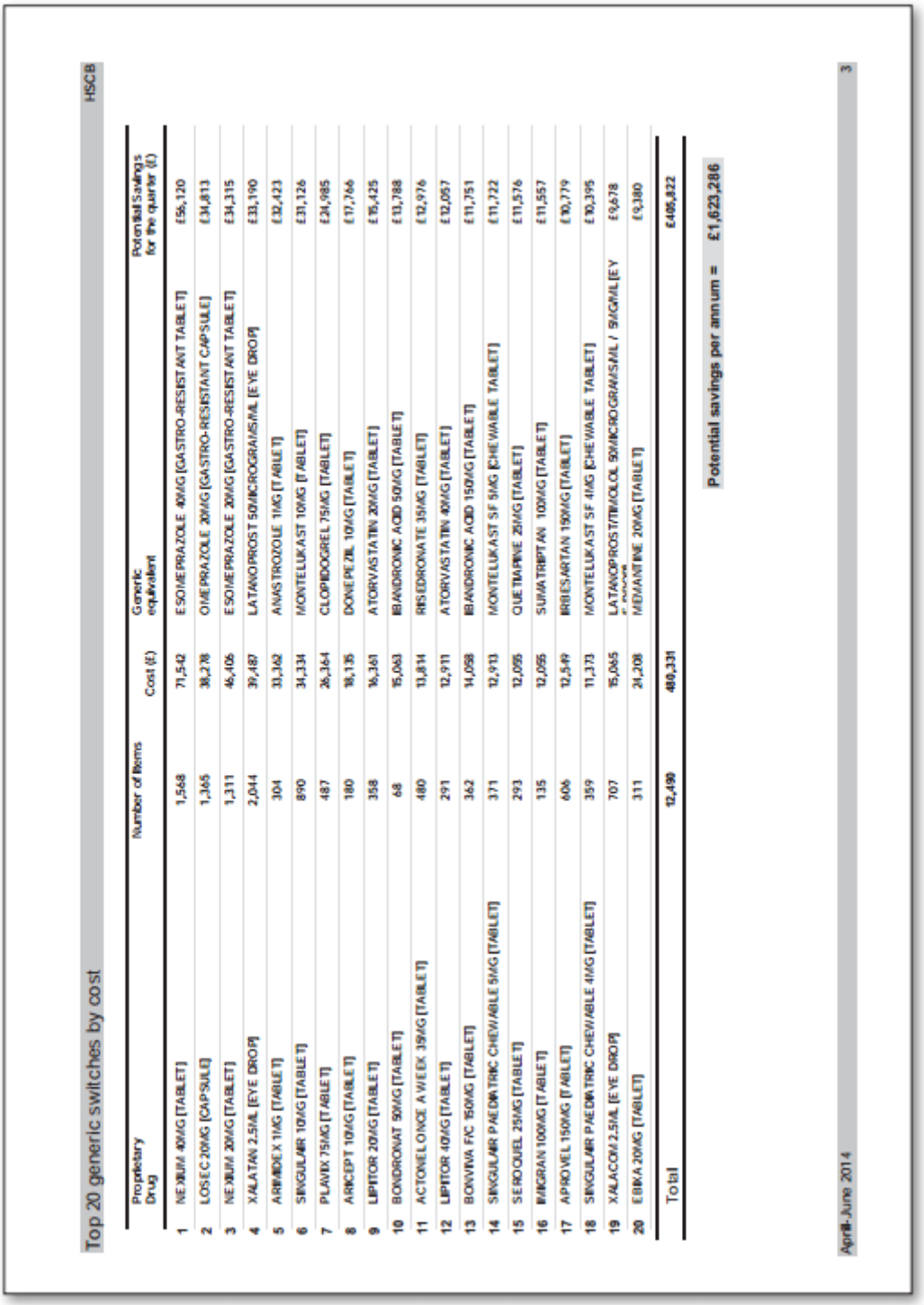
Appendix 3

Top 20 generic switches by cost - Source: HSC Board COMPASS Report April-June 2014, as seen in NI Assembly, PAC Report on Primary Care Prescribing, 4th March 2015, page 94



HSCB

Top 20 generic switches by cost

	Proprietary Drug	Number of Items	Cost (£)	Generic equivalent	Potential Savings for the quarter (£)
1	NEXIUM 40MG [TABLET]	1,568	71,542	ESOMEPRAZOLE 40MG [GASTRO-RESISTANT TABLET]	£56,120
2	LOSEC 20MG [CAPSULE]	1,365	38,278	OMEPRAZOLE 20MG [GASTRO-RESISTANT CAPSULE]	£34,813
3	NEXIUM 20MG [TABLET]	1,311	46,406	ESOMEPRAZOLE 20MG [GASTRO-RESISTANT TABLET]	£34,315
4	XALATAN 2.5ML [EYE DROP]	2,044	39,487	LATANOPROST 50MICROGRAMS/ML [EYE DROP]	£33,190
5	ARIMIDEX 1MG [TABLET]	304	33,362	ANASTROZOLE 1MG [TABLET]	£32,423
6	SINGULAIR 10MG [TABLET]	890	34,334	MONTELUKAST 10MG [TABLET]	£31,126
7	PLAVIX 75MG [TABLET]	487	26,364	CLOPIDOGREL 75MG [TABLET]	£24,985
8	ARICEPT 10MG [TABLET]	180	18,135	DONEPEZIL 10MG [TABLET]	£17,766
9	LIPITOR 20MG [TABLET]	358	16,361	ATORVASTATIN 20MG [TABLET]	£16,425
10	BONDRONAT 50MG [TABLET]	68	15,063	IBANDRONIC ACID 50MG [TABLET]	£13,788
11	ACTONEL ONCE A WEEK 35MG [TABLET]	480	13,814	RISEDRONATE 35MG [TABLET]	£12,976
12	LIPITOR 40MG [TABLET]	291	12,911	ATORVASTATIN 40MG [TABLET]	£12,057
13	BONVIVA FC 150MG [TABLET]	362	14,068	IBANDRONIC ACID 150MG [TABLET]	£11,751
14	SINGULAIR PAEDIATRIC CHEWABLE 5MG [TABLET]	371	12,913	MONTELUKAST SF 5MG [CHEWABLE TABLET]	£11,722
15	SEROQUEL 25MG [TABLET]	293	12,055	QUETIAPINE 25MG [TABLET]	£11,576
16	IMIGRAN 100MG [TABLET]	135	12,055	SUMATRIPTAN 100MG [TABLET]	£11,557
17	APROVEL 150MG [TABLET]	606	12,549	IRBESARTAN 150MG [TABLET]	£10,779
18	SINGULAIR PAEDIATRIC CHEWABLE 4MG [TABLET]	359	11,373	MONTELUKAST SF 4MG [CHEWABLE TABLET]	£10,395
19	XALACOM 2.5ML [EYE DROP]	707	15,065	LATANOPROST/TIMOLOL 50MICROGRAMS/ML / 5MG/ML [EY E DROP]	£9,678
20	EBIXA 20MG [TABLET]	311	24,208	MEMANTINE 20MG [TABLET]	£9,180
	Total	12,490	488,331		£405,822

Potential savings per annum = £1,623,286

April-June 2014

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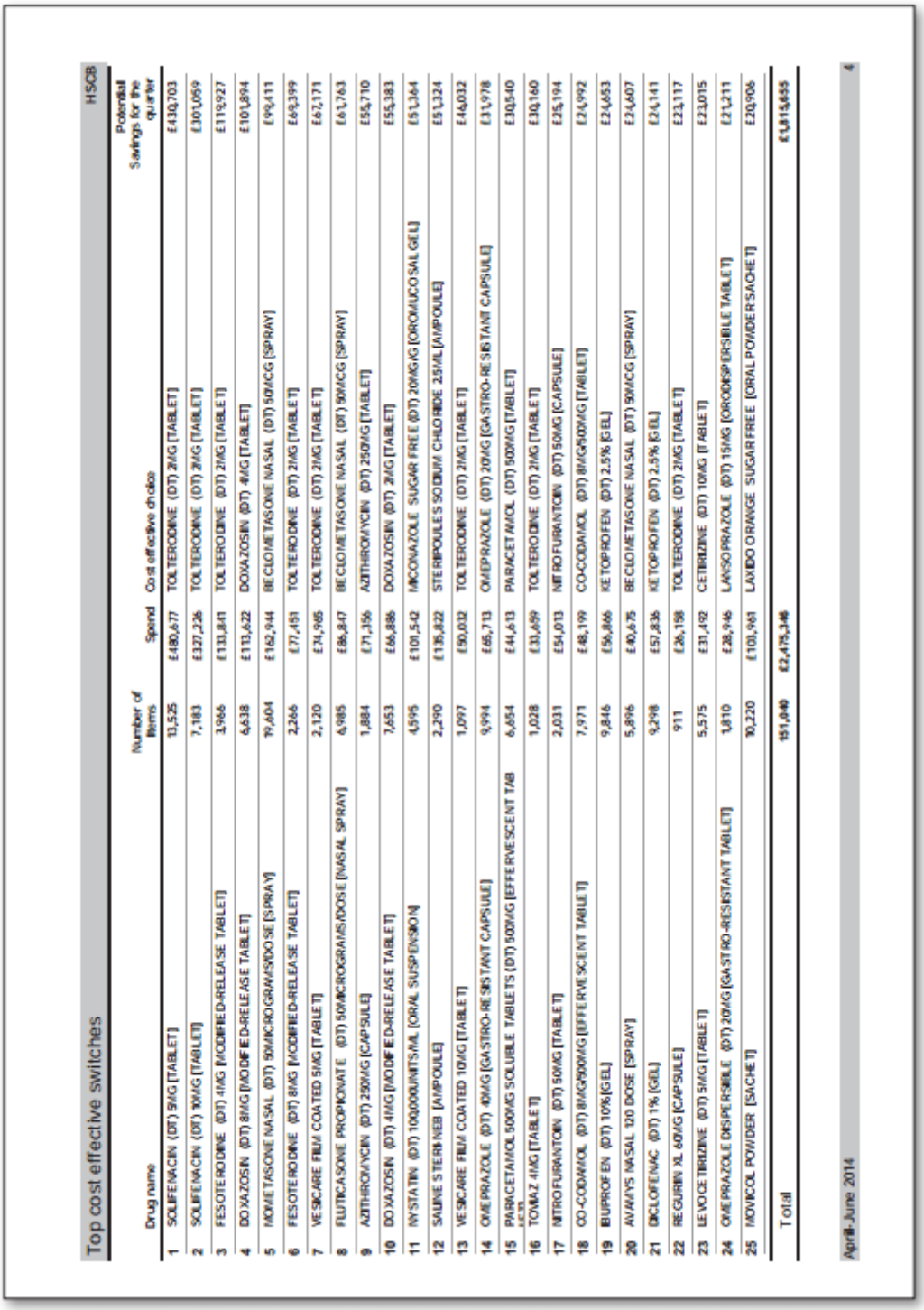
Appendix 4

Top 20 cost effective switches - Source: HSC Board COMPASS Report April-June 2014, as seen in NI Assembly, PAC Report on Primary Care Prescribing, 4th March 2015, page 95



Top cost effective switches

HSCB

	Drug name	Number of Items	Spend	Cost effective choice	Potential Savings for the quarter
1	SOLIFENACIN (DT) 5MG [TABLET]	13,525	£480,677	TOLTERODINE (DT) 2MG [TABLET]	£430,703
2	SOLIFENACIN (DT) 10MG [TABLET]	7,183	£327,226	TOLTERODINE (DT) 2MG [TABLET]	£301,059
3	FESOTERODINE (DT) 4MG [MODIFIED-RELEASE TABLET]	3,966	£133,841	TOLTERODINE (DT) 2MG [TABLET]	£119,927
4	DOXAZOSIN (DT) 8MG [MODIFIED-RELEASE TABLET]	4,638	£113,622	DOXAZOSIN (DT) 4MG [TABLET]	£101,894
5	MOMETASONE NASAL (DT) 50MICROGRAMS/DOSE [SPRAY]	19,404	£162,944	BECLOMETASONE NASAL (DT) 50MCG [SPRAY]	£99,411
6	FESOTERODINE (DT) 8MG [MODIFIED-RELEASE TABLET]	2,266	£77,451	TOLTERODINE (DT) 2MG [TABLET]	£69,399
7	VESICARE FILM COATED 5MG [TABLET]	2,120	£74,985	TOLTERODINE (DT) 2MG [TABLET]	£67,171
8	FLUTICASONE PROPIONATE (DT) 50MICROGRAMS/DOSE [NASAL SPRAY]	6,985	£86,847	BECLOMETASONE NASAL (DT) 50MCG [SPRAY]	£61,763
9	AZITHROMYCIN (DT) 250MG [CAPSULE]	1,884	£71,356	AZITHROMYCIN (DT) 250MG [TABLET]	£55,710
10	DOXAZOSIN (DT) 4MG [MODIFIED-RELEASE TABLET]	7,653	£66,886	DOXAZOSIN (DT) 2MG [TABLET]	£55,383
11	NYSTATIN (DT) 100,000UNITS/ML [ORAL SUSPENSION]	4,595	£101,542	MICONAZOLE SUGAR FREE (DT) 20MG/G [OROMUCOSAL GEL]	£51,364
12	SALINE STERINEB [AMPOULE]	2,290	£135,822	STERIPOULES SODIUM CHLORIDE 25%/ML [AMPOULE]	£51,324
13	VESICARE FILM COATED 10MG [TABLET]	1,097	£90,032	TOLTERODINE (DT) 2MG [TABLET]	£46,032
14	OMEPRAZOLE (DT) 40MG [GASTRO-RESISTANT CAPSULE]	9,994	£65,713	OMEPRAZOLE (DT) 20MG [GASTRO-RESISTANT CAPSULE]	£31,978
15	PARACETAMOL 500MG SOLUBLE TABLETS (DT) 500MG [EFFERVESCENT TAB FOR]	6,654	£44,613	PARACETAMOL (DT) 500MG [TABLET]	£30,540
16	TOVIAZ 4MG [TABLET]	1,028	£33,699	TOLTERODINE (DT) 2MG [TABLET]	£30,160
17	NITROFURANTOIN (DT) 50MG [TABLET]	2,031	£54,013	NITROFURANTOIN (DT) 50MG [CAPSULE]	£25,194
18	CO-CODAMOL (DT) 8MG/500MG [EFFERVESCENT TABLET]	7,971	£48,199	CO-CODAMOL (DT) 8MG/500MG [TABLET]	£24,992
19	IBUPROFEN (DT) 10% [GEL]	9,846	£56,866	KETOPROFEN (DT) 2.5% [GEL]	£24,653
20	AVAMYS NASAL 120 DOSE [SPRAY]	5,896	£40,675	BECLOMETASONE NASAL (DT) 50MCG [SPRAY]	£24,607
21	DICLOFENAC (DT) 1% [GEL]	9,298	£57,836	KETOPROFEN (DT) 2.5% [GEL]	£24,141
22	REGURIN XL 60MG [CAPSULE]	911	£26,198	TOLTERODINE (DT) 2MG [TABLET]	£23,117
23	LEVOCETIRIZINE (DT) 5MG [TABLET]	5,575	£31,492	CETIRIZINE (DT) 10MG [TABLET]	£23,015
24	OMEPRAZOLE DISPERSIBLE (DT) 20MG [GASTRO-RESISTANT TABLET]	1,810	£28,946	LANSOPRAZOLE (DT) 15MG [ORODISPERSIBLE TABLET]	£21,211
25	MOVICOL POWDER [SACHET]	10,220	£103,961	LAXIDO ORANGE SUGAR FREE [ORAL POWDER SACHET]	£20,906
	Total	151,849	£2,479,348		£1,815,455

April-June 2014

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