

Drug

Pricing

Having been a pharmacist for nearly 40 years, 30 of those in the community, I know a thing or two about drug pricing and prescribing costs. I now work in a CCG and monitor drug spend by GPs to try to help them keep within their budget by prescribing less expensively, and asking patients to buy what they can.

A couple of years ago I noticed something worrying. Drugs that had been around since the year dot and, for good reason, were cheap as chips were going up in price, and not by a few pennies. One company owned most of them. I checked historical prices and spend and tracked prescribing costs for several months.

I emailed the DH – how could this be allowed to happen, didn't anyone realise? Passed around several inboxes, I finally received a reply from a chap who tried to explain the

Drug Tariff* to me. You don't get to my stage in your pharmacy career without knowing the Drug Tariff inside out. I gathered more evidence and looked for someone else to tell.

Colleagues around the country were coming to the same conclusion: one company was buying up old drugs, discontinuing the brand name (so taking them out of the [ABPI Pharmaceutical Price Regulation Scheme](#)) and increasing the price several-fold. The Drug Tariff should be able to control generic drug

* the Drug Tariff is the bible for all community pharmacists and forms the basis of payments for all GP prescriptions

price rises but can only act if there are several suppliers – for these products there was only one. Drugs that had been £1 for 100 a few years ago were suddenly £100 for 28. This strategy made the headlines a few years ago with the epilepsy drug [Epanutin \(phenytoin\)](#) and appeared to be developing into a small industry.

Still looking for someone to tell, I informed the [Competition and Markets Authority](#). I had an acknowledgement but nothing else.

The company I was tracking began to get greedy and has made the [headlines](#) several times this year. Other, smaller, companies now seem to be joining this particular bandwagon and, so far, have slipped under the radar.

The latest ploy seems to be to keep selling the company and [changing its name](#).

This has cost the NHS a fortune. It could have been stopped years ago but it wasn't.

And there is more...

The [NHSBSA](#) manages everything related to drug costs in primary care via the Drug Tariff, but there's a problem. If a drug is not in the Tariff your GP can still prescribe it, but there is no 'list' price so no real way of knowing what it will cost.

CCGs now receive monthly reports of 'unspecified products' that have been prescribed by their GPs – drugs for which the

BSA has paid over the odds on our behalf, for reasons I still cannot fathom. A simple check of [MIMS](#) or a Google search would give them a far better idea of the proper price! Examples include £80 for a packet of tablets that any community pharmacist could obtain for £8, £190 for an inhaler that is only available as a single branded product (£30) and so it goes on.

The data arrives 3 months in arrears so the money is gone, unless you are very lucky and manage to dispute the charge successfully. In the meantime, more prescriptions have been issued and GP budgets depleted further.

All we can do is firefight and advise.

I care about the NHS and I hope that it will be around to support me in my old age.

GPs try to stay with their prescribing budgets and teams of pharmacists around the UK try to help them with advice and strategies but the unscrupulousness of a few small companies, not the pharma industry as a whole, and the idiocy of the payments system that often stands in the way.

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