

Drugs Profits Check List

Use when reviewing Drugs Income and Profit figures

Ensure everything is claimed

- Are FP34 claims sent and paid every month?
- Does the FP34 process include running searches every month?
- Are all items claimed, even low value ones?
- Is the FP34 form sent by Royal Mail Tracked 24hr?
- Dispensing: Are PAI scripts kept separate from the Dispensary scripts so they can be checked?

What is the Gross Drugs Profit? Target: +20%

Ensure everything is paid

- Are PCSE payments reconciled against the FP34 claim?
- Are there any missing PCSE statements? (Should be 1 every month)
- Is there a seasonal increase during flu season? (Should be Oct & Nov)
- Are there payments for all registered GPs every month?
- Dispensing: Check for 'Wrong Movements' and GP script distribution.

To reconcile the payments, ensure number of PCSE 'Prescriptions' = Items claimed

Optimise drugs and manage suppliers

- Are drug prices less than or equal their NHS Basic Price?
- £30 rule: if NHS Basic Price is greater than £30, check for supplier discount or special treatment.

Do more of what's profitable

- Drugs on pharmacy prescription? Only if loss-making.
- Dispensing: Check for eligible dispensing patients. Consider switching to 28-day prescribing.

To check the NHS Basic Price, go to the NHSBSA 'DM+D'

Minimise stock wastage

- Is ordering done on a fixed schedule, e.g. monthly?
- Are order quantities based on a stock count?
- Are any expensive drugs bought for a single patient? (minimise this)

Reorder quantity = monthly demand + buffer - stock count

Ensure accurate bookkeeping

- Are 'Reimbursable' drugs separate from 'Non-reimbursable' in the accounts?
- Does the bookkeeper have a list of PAIs?
- Are costs matched to revenues?
- What is the Gross Drugs Profit Margin for each drug?

Drugs Payment = NHS Basic Price - NHS Discount + VAT Allowance + Dispensing Fee

Flus - the most valuable drug

- Has the correct flu vaccine been claimed?
- Does the purchase quantity = quantity claimed?
- Be careful to avoid over-ordering to avoid wastage

When claiming flus:
Write what's on the box

Personally Administered Items

Common items in regular use (there are many others)

Adrenaline	Hydroxocobalamin (B12)
Ambirix vacc	Kenalog (Triamcinalone)
Anaesthetic Inj (Bupivacaine, Instillagel, Lidocaine, Marcain, Xylocaine)	Leqvio/Inclisiran
Anti-nausea Inj: Metoclopramide, Prochlorperazine/Stemetil	Mepivacaine/Lignospan/Scandonest cartridges
Atropine	Nebido (Testosterone Undecanoate)
Benzylpenicillin (+ water for Inj)	Neuroleptic inj: Depixol, Flupentixol, Modecate
Chlorphenamine, Cyclizine	Nexplanon
Coils (Mirena, Jaydess, Copper etc.)	Pessary (PVC & Vinyl) - <i>not all</i>
Decapeptyl (Triptorelin)	Prolia (Denosumab)
Depo-Medrone (Methylprednisolone)	Prostap (Leuprorelin)
Depo-Provera (Medroxyprogesterone)	Revaxis*
Efcortisol	Sayana Press (Medroxyprogesterone)
Firmagon (Degarelix)	Staladex (Leuprorelin)
Flus - purchased only	Steri-strip, Omnistrip, Leukostrip 6mm x 75mm 36 strip: 12pk x 3strip
Furosemide amps	Sustanon
GlucaGen Hypokit	Sutures (not all, eg: 1666h, 662G, W1621T, W320BG, W8020T, W9923)
Hep A +Typhoid (ViATIM)	Typhoid: Typhim Vi, Viotif Cap
Hep A: Avaxim, Havrix, Vaqta,	Water for injections
Hep A+B: Ambirix, Twinrix	Xgeva (Denosumab)
Hep B: Engerix B (for 'at risk' only)	Zoladex (Goserelin)

*Revaxis. School-leavers: use free stock from Central Supply. Adults: use purchased stock

Red: = Volume Vaccine, do not print prescription

Guidelines

- The list changes over time. To check an item is a PAI, go to: dmd-browser.nhsbsa.nhs.uk
- Only claim purchased PAIs. Do not claim for PAIs from Central Supply (ImmForm) or items brought by the patient from the pharmacy
- Do not issue a prescription to patient, or send EPS
- Issue the prescription on the day of the procedure for the item(s) given on just that occasion
- Use approved Practice templates to record procedures
- Dispensing practices: claim PAIs on a separate FP10 to Dispensed items