NHS
Derby and Derbyshire
Integrated Care Board

Primary Care Prescribing Rebates - Principles and Process

Background
Primary care rebate schemes (PCRS) are contractual arrangements offered by pharmaceutical companies, or third-party companies, which offer financial rebates on prescribing expenditure. Under the terms of such a scheme, the NHS is charged the Drug Tariff price for primary care prescriptions dispensed, the manufacturer then provides a rebate to the primary care organisation based on an agreed discount price.

Rebate agreements usually take the form of legal agreements between the manufacturer and ICB. It is important that NHS Derby and Derbyshire has a framework to support evaluation and sign off of rebate schemes to ensure that schemes provide good value for money to the public purse, are in line with organisation vision, values, policies and procedures and to ensure that the ICB is transparent in considering these schemes.

The principles outlined in this document allow for the objective evaluation of schemes submitted to the ICB and a clear process for approving and scrutinising agreements.

Scope
This framework applies to PCRS submitted directly to NHS Derby and Derbyshire. It does not apply to national schemes that have already been approved by NHS England and made available to ICBs, for example NHS England's national procurement for direct acting oral anticoagulants (DOACs).

Principles for Assessing Rebate Schemes
NHS Derby and Derbyshire will adopt the following principles when deciding whether to participate in a PCRS or not.

Product Related
Any medicine considered under a PCRS must be licensed in the UK. Where there is more than one licensed indication for a medicine, a scheme should not be linked to a particular indication for use.

Any device or nutritional supplement considered under a PCRS should be included within the relevant chapter of the Drug Tariff.

Products should not have a negative decision by NICE or be included in the Joint Area Prescribing Committee Red or Do Not Prescribe traffic light list.

Rebate schemes promoting unlicensed or off label uses will not be entered into. All recommendations for use of a medicine within a PCRS must be consistent with the Marketing Authorisation of the medicine in question.

PCRS are not appropriate for medicines in Category M and some medicines in Category A of the Drug Tariff. This is due to the potential wider impact on community pharmacy reimbursement.

There should be assurance of resilience of supply for the product.

Rebate Scheme Related

Rebate schemes should ideally have been subjected to PrescQIPP scrutiny and be part of their live schemes. The Pharmaceutical Industry Scheme Governance Review board (PISGRB) has been created by PrescQIPP in response to requests by commissioners to provide guidance as to the acceptability of Primary Care Rebate Schemes being offered to the NHS by the pharmaceutical industry. The role of the PISGRB is only to provide an independent assessment of any particular scheme. PrescQIPP does not approve or reject schemes but aids commissioners in the process of decision making regarding the acceptance or rejection of a scheme.

Ideally the PCRS should not be linked directly to requirements to increase market share or volume of prescribing. A volume-based scheme should only be agreed if clinically appropriate. However, the administrative burden of monitoring such a scheme should be carefully considered.

The primary care rebate scheme will not preclude the ICB from considering any other schemes subsequently offered by manufacturers of competitor drugs, should they wish to do so.

Suppliers should not make guideline or formulary positioning conditional to any rebate offer.

The administrative burden to the NHS of setting up and running the scheme must be factored into assessment of likely financial benefit of the scheme. Consideration should be given to audit requirements, financial governance, data collection, any other hidden costs and practical issues such as the term of agreement.

Ideally, a PCRS will be expected to run for a minimum period of 2 years with a notice period of 6 months from the manufacturer. Agreements should also include a right to terminate on notice for the ICB (without having to have any reason for doing so) with a sensible notice period e.g., three or six months.

There will be no requirement to collect or submit to the manufacturer any data other than volume of use as derived from ePACT data.

Primary care rebate schemes will not be entered into that requires provision of patient specific data.

Primary care rebate schemes will be subject to Freedom of Information (FOI) requests. The ICB will publish a list of the schemes it participates where permission has been granted by the company.

Approval Process