

Derbyshire CCG Rebate Process

Background

Primary care rebate schemes are contractual arrangements offered by pharmaceutical companies, or third party companies, which offer financial rebates on GP prescribing expenditure for particular branded medicine(s).

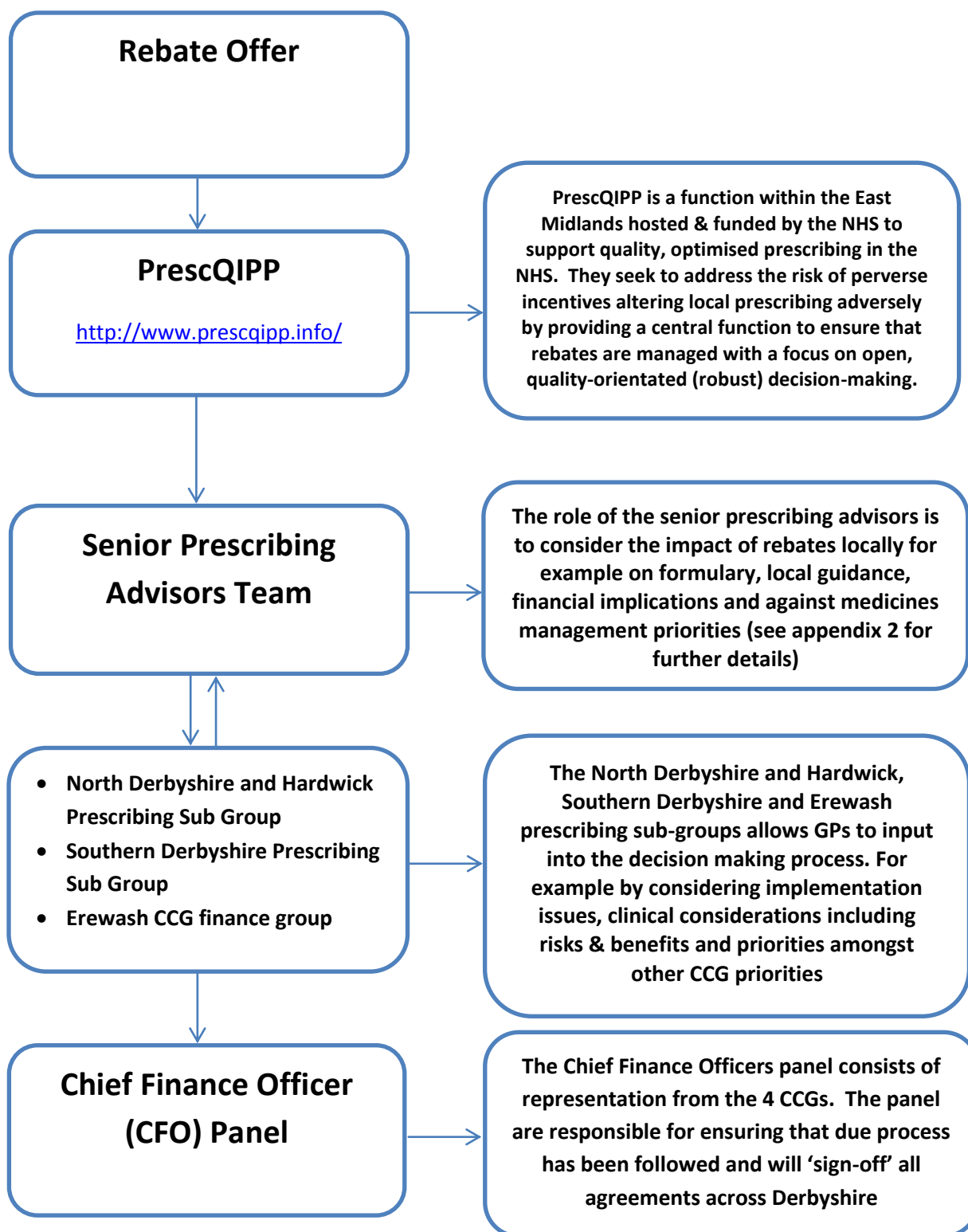
Many pharmaceutical companies are increasingly looking for opportunities to emulate the secondary care model of offering discounts from tariff listed prices. Paying retrospective discounts to commissioners based on sales into the community. Whilst discounts to primary care commissioners could provide significant efficiency savings, if correctly and transparently governed, there is a risk perverse incentives altering local prescribing adversely.

In order to manage rebate schemes in an open and transparent way the four CCGs in Derbyshire have agreed a joint process outlined in this paper.

Any pharmaceutical companies wishing to enter into a rebate scheme with any one of the 4 CCGs across Derbyshire will need to complete the PrescQIPP documentation (<http://www.prescqipp.info/projects/pi>). PrescQIPP will undertake a financial and clinical review of the offer and assist CCGs in managing the legal implications of entering into presented schemes.

A positive recommendation by PrescQIPP is followed by a further Derbyshire review for a decision to be made locally. The chart below outlines the overall process.

In the event of a rebate ceasing, the Senior Prescribing Advisors team will be notified. They will then inform their Prescribing Sub Groups and the Chief Finance Officer for their CCG.



The Guideline Group will be notified about the acceptance, variation or cessation of any rebate to ensure that the information on the website is kept updated.

Appendix 1 current rebate agreements within Derbyshire

Inclusion of any drug on to this list does not in any way endorse prescribing of the product. See traffic lights for local status of the drug.

Generic drug name	Brand Name	Pharmaceutical company	Date CCG original contract agreed				Date contract renewed				Type of discount
			SDCCG	Erewash CCG	NDCCG	Hardwick CCG	SDCCG	Erewash CCG	NDCCG	Hardwick CCG	
Leuprorelin DCS 3.75mg Leuprorelin DCS 11.25mg	Prostap SR DCS) (Prostap 3 DCS)	TAKEDA UK Ltd TEL:01628 537 900 e-mail: medinfo@takeda.co.uk	May 2012	May 2012	May 2012	May 2012	March 2017	March 2017	March 2017	March 2017	*CS
	WaveSense JAZZ™	AGAMATRIX EUROPE Ltd TEL: 01235 838 639 e-mail: info@agamatrix.co.uk	December 2013	January 2014	December 2013	January 2014					Flat rate discount
	TRUEresult test strips	NIPRO DIAGNOSTICS (UK) Ltd TEL: 01489 929 469 e-mail: info@homediagnostics-uk.com	December 2013	January 2014	December 2013	January 2014					Flat rate discount
Degarelix	Firmagon	FERRING PHARMACEUTICALS (UK) TEL: 0844 931 0050 e-mail: medical@ferring.com	July 2014	October 2014	July 2014	July 2014	October 2016	October 2016	October 2016	October 2016	*CS

Written June 2013

Partial Update May 2017

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Fentanyl matrix patches	Fencino	D B Ashbourne Ltd TEL: 01858 525 643	July 2014	July 2014	October 2014	November 2014	February 2016	February 2016	February 2016	February 2016	February 2016	Flat rate discount
NPH Insulin	Insuman products	SANOFI TEL: 01483 505 515	February 2015	February 2015	February 2015	February 2015	March 2017	March 2017	March 2017	March 2017	March 2017	*CS
Goserelin	Zoladex	ASTRAZENECA TEL: 01582 836 000	February 2015	February 2015	February 2015	February 2015	February 2016	February 2016	February 2016	February 2016	February 2016	Mixed model of flat rate discount that can include volume base
Quetiapine	Zaluron XL	FONTUS HEALTH LTD TEL: 0121 661 4615	September 2015	September 2015	September 2015	September 2015						Flat rate discount
Galantamine	Luventa XL	FONTUS HEALTH LTD TEL: 0121 661 4615	September 2015	September 2015	September 2015	September 2015						Flat rate discount
Fluticasone / Salmeterol	Seretide Accuhaler & Evohaler	GLAXOSMITHKLINE UK LTD TEL: 020 8047 5000	September 2015	September 2015	September 2015	September 2015	October 2016	October 2016	October 2016	October 2016	October 2016	*CS

Formoterol Fumarate Dihydrate / Budesonide	Symbicort Turbohaler	ASTRAZENECA TEL: 01582 836 000	December 2015	December 2015	December 2015	December 2015	April 2016	April 2016	April 2016	April 2016	Mixed model of flat rate discount that can include volume base
	Carbocisteine sachets	INTRAPHARM LABORATORIES LIMITED TEL: 01628 771 800	February 2016	February 2016	February 2016	February 2016					Flat rate discount
	GlucoRX Test strips, lancets & needles	GLUCORX LIMITED TEL: 01483 755 133/0800 007 5892	April 2016	April 2016	April 2016	April 2016	April 2017	April 2017	April 2017	April 2017	Flat rate discount
Fentanyl Patch	Mezolar Matrix	SANDOZ LTD TEL: 01276 698020	April 2016	April 2016	April 2016	April 2016					*CS
Buprenorphine Patches	Reletrans	SANDOZ LTD TEL: 01276 698020	March 2017	March 2017	March 2017	March 2017					*CS
Salmeterol/ Fluticasone Combination Inhaler	AirFluSal Forspiro	SANDOZ LTD TEL: 01276 698020	March 2017	March 2017	March 2017	March 2017					*CS

	Aquamax Cream	INTRAPHARM LABORATORIES LIMITED TEL: 01628 771800	April 2017	April 2017	April 2017	April 2017					Flat rate discount
Buprenorphine Patches	Sevodyne	ASPIRE PHARMA LIMITED TEL: 01730 231148 e-mail: info@aspirepharma.co.uk	April 2017	April 2017	April 2017	April 2017					Flat rate discount
Quetiapine	Mintreleq XL	ARISTO PHARMA LIMITED TEL: 01353 887100 e-mail: contactus@aristo-pharma.co.uk	July 2017	July 2017	July 2017	July 2017					Flat rate discount

*CS – The pharmaceutical company consider this information to be commercially sensitive

Appendix 2: Role of Senior Prescribing Advisors

Process:

Once agreed by PrescQIPP, the primary care rebate scheme will be presented at SPAT using the consideration list below. All grey and amber schemes will be considered by SPAT. All offers of rebates accepted by the SPAT will then be shared with the appropriate Prescribing Subgroups and the Derbyshire Procurement Panel for clinical & ethical approval.

All GREY and AMBER schemes will be considered by SPAT with the following conditions:

Condition
1. The proposed rebate scheme does not require a change in an existing clinical pathway (e.g. NICE/ local guidance/ best practice)
2. The proposed rebate drug or medical device is not included in the JAPC blacklist or has a RED classification
3. The proposed rebate drug or medical device is not being recommended for unlicensed or 'off-label' use.
4. The proposed rebate scheme does not include an exclusivity clause that would restrict the individual prescriber's clinical freedom.
5. For the proposed rebate scheme, only volume data, taken from ePACT, is required by the pharmaceutical company.
Other consideration:
6. The length of the proposed rebate scheme should be at least 2 years for the CCGs to realise potential savings.
7. There should be no directive for an individual health professional to prescribe a specific product, solely because a rebate is in place. Prescribing decisions should be made on assessment of individual patients clinical circumstances. The impact of a rebate scheme should be a secondary consideration.
8. Engaging with the proposed rebate scheme should not encourage perverse prescribing contrary to CCG prescribing policy.
9. The integrity of the CCG should not be compromised in any way by engaging in the proposed rebate scheme.

Management of rebates in Derbyshire

Once rebates have been agreed and signed off by each CCG, operational management of the rebates is undertaken by the CCG Medicines Management and Finance Teams.

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