

# Gazette

YOUR MONTHLY DISPENSARY GAZETTE

News and Updates on Dispensing Doctor Issues

## DISPEX LIVE II

*Enhancing Dispensing Profitability*

**FREE**  
Event



26th February

**BOOK NOW**



The Gazette is back after a short break, and we're pleased to reconnect with you! We've been working hard behind the scenes to bring new training opportunities for you and the team. Please see pages 4, 7 and 8 for further details.

## Facing Financial Pressures?

Join us for a lunchtime webinar as we tackle the ongoing financial challenges facing dispensing doctors. This session will be packed with practical strategies to help your practice navigate these pressures effectively.

### Highlights include

- **The Dispex Nudger:** Introducing our latest innovation, a smart pop-up tool that prompts prescribers towards dispensary-friendly alternatives. See it in action with a live EMIS demo - plus, stay tuned in for our SystemOne video coming this March!
- **Brand Comparisons:** Discover how to assess the financial implications of dispensing products within the same class, ensuring cost-effective choices for your practice.
- **Formularies:** Explore our wholesaler-specific formularies, designed to streamline your ordering process and boost financial efficiency.

- **It's good to talk:** We shall include an extended Q&A session, allowing you to engage directly with our experts and gain clarity on any topics that matter most to your practice.

*Grab your lunch and join us - let's tackle these challenges together.*

### FREE EVENT

**Date:** 26th February 2025 **Time:** 1-2pm

**Price:** Free to all healthcare professionals  
Click [here](#) to book.

**Act Now to Secure Your PCN Leadership & Management Training Funding!** As the financial year draws to an end, don't miss the opportunity to secure your PCN's 2024-25 DES contract specification for funded leadership & management training. Don't miss the 31st March deadline to claim and allocate these funds - training sessions with Dispex can still take place after the deadline! Please note, NHS England funding decisions remain independent of Dispex. Click [here](#) for details.

Best Wishes,

**Claudy Rodhouse**

Dispex Design and Marketing Contributor

### The Dispensary Gazette

Dispex Ltd, 48 King Street,  
King's Lynn, PE30 1HE

Telephone: 01604 859000 (10am-12pm)

Advertising: [sales@dispex.net](mailto:sales@dispex.net)

Website: [dispex.net](http://dispex.net)

### Design and Editorial Contributor

Claudy Rodhouse

### Contributors

Directors: Dr Ankit Kant and Dr Philip Koopowitz

Disclaimer- the Dispex Gazette is strictly for **healthcare professionals only!** The views of contributors and guest columnists are not necessarily the views of Dispex Ltd. Whilst every care has been taken to ensure the accuracy of the contents of this magazine, the publishers cannot accept liability for any errors or omissions or any incorrect interpretation on any subject matter(s). If in doubt, you should seek the appropriate professional advice.

All third party content, registered trademarks, logos and images are owned by the respective brands. No reproduction of any part of this magazine is allowed without prior written consent from Dispex Ltd. Media sourced via Canva.

Copyright 2024 © Dispex Ltd. All rights reserved.

| What's inside                             | Page  |
|---|-------|
| "Ghost" Generics                          | 2-3   |
| New Tutorial- Understanding The dm+d      | 4     |
| NEW-Mentorship for Dispensary Managers    | 7-8   |
| Make The Digital Switch With DispexCD     | 9     |
| Managing Supply Chain Challenges          | 10-11 |
| Your Dispensary's New Best Friend         | 13    |
| Retrospective Reimbursement for Gaviscon  | 14    |
| Dosette Boxes -Supporting Better Outcomes | 16    |
| Dispex Answers Your Questions             | 18    |

# Glenmark Dispensing Doctor Discount Scheme

This material is intended for UK healthcare professionals and/or other relevant decision makers only. To maximise your practice profit from this scheme, prescribe generically and dispense the Glenmark brand. Wholesaler discount and dispensing fees are not included and should be added to determine total profit.

|   | PIP Code | NHS Indicative Price | Drug Tariff Price | Manufacturer Discount | Net NHS Indicative Price | Clawback vs. NHS Price | Clawback vs. Drug Tariff | Profit vs. NHS Price | Profit vs. Drug Tariff |
|---|----------|----------------------|-------------------|-----------------------|--------------------------|------------------------|--------------------------|----------------------|------------------------|
| <b>Bunov</b> (buprenorphine) 5 mcg transdermal patch                          | 1222827  | £5.54                | £17.60            | 25%                   | £4.16                    | £0.62                  | £1.97                    | <b>£0.77</b>         | <b>£11.48</b>          |
| <b>Bunov</b> (buprenorphine) 10 mcg transdermal patch                         | 1222785  | £9.94                | £31.55            | 25%                   | £7.46                    | £1.11                  | £3.53                    | <b>£1.37</b>         | <b>£20.57</b>          |
| <b>Bunov</b> (buprenorphine) 20 mcg transdermal patch                         | 1222793  | £18.10               | £57.46            | 25%                   | £13.58                   | £2.02                  | £6.42                    | <b>£2.50</b>         | <b>£37.46</b>          |
| <b>Tiogiva</b> (tiotropium 18 mcg) 30 caps plus device                        | 4178752  | £19.99               | £34.87            | 30%                   | £13.99                   | £2.23                  | £3.90                    | <b>£3.76</b>         | <b>£16.98</b>          |
| <b>Tiogiva</b> (tiotropium 18 mcg) 30 caps                                    | 4178729  | £19.20               | £33.50            | 30%                   | £13.44                   | £2.15                  | £3.75                    | <b>£3.61</b>         | <b>£16.31</b>          |
| <b>Tiogiva</b> (tiotropium 18 mcg) 60 caps                                    | 4178711  | £38.40               | £67.00            | 30%                   | £26.88                   | £4.29                  | £7.49                    | <b>£7.23</b>         | <b>£32.63</b>          |
| <b>Soprobec</b> (beclometasone dipropionate) 50 mcg pMDI                      | 4098620  | £2.41                | £3.70             | 39%                   | £1.47                    | £0.27                  | £0.41                    | <b>£0.67</b>         | <b>£1.82</b>           |
| <b>Soprobec</b> (beclometasone dipropionate) 100 mcg pMDI                     | 4098638  | £4.82                | £7.42             | 39%                   | £2.94                    | £0.54                  | £0.83                    | <b>£1.34</b>         | <b>£3.65</b>           |
| <b>Soprobec</b> (beclometasone dipropionate) 200 mcg pMDI                     | 4098646  | £10.51               | £16.17            | 39%                   | £6.41                    | £1.18                  | £1.81                    | <b>£2.92</b>         | <b>£7.95</b>           |
| <b>Soprobec</b> (beclometasone dipropionate) 250 mcg pMDI                     | 4098653  | £10.59               | £16.29            | 39%                   | £6.46                    | £1.18                  | £1.82                    | <b>£2.95</b>         | <b>£8.01</b>           |
| <b>Ryaltris</b> (olopatadine/ mometasone furoate 600 mcg/ 25 mcg) nasal spray | 4190278  | £13.32               | £13.32            | 25%                   | £9.99                    | £1.49                  | £1.49                    | <b>£1.84</b>         | <b>£1.84</b>           |

Prices taken from BNF October 2024.

For more information about Ryaltris and available support materials, scan the QR code or [click here](#).

To learn more about Glenmark's dispensing discount scheme, contact us at [Respiratory.UK@glenmarkpharma.com](mailto:Respiratory.UK@glenmarkpharma.com)



For prescribing information and adverse event reporting, click:

[Here for Bunov](#)

[Here for Tiogiva](#)

[Here for Soprobec](#)

[Here for Ryaltris](#)

Bunov®, Tiogiva®, Soprobec® and Ryaltris® are registered trademarks of Glenmark Pharmaceuticals Europe Limited.

© 2024 Glenmark Pharmaceuticals Europe Ltd. All rights reserved.

PP-UK-GLEN-0018 November 2024

  
**glenmark**  
A new way for a new world

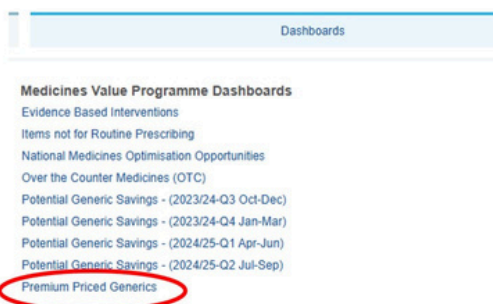


# “Ghost” Generics

Being ghosted in the modern parlance of social media might upset some people, but being “Ghosted” by your ICB Medicines Management Team might cause anxiety of a different sort.

It has been noticed that some ICBs are sending out letters to mainly dispensing practices to highlight their increasing concern about how much “Ghost” generics appear to be costing their particular ICB. Ghost-generic prescribing (where prescribers generate prescriptions for generic medicines but add an endorsement to specify a particular manufacturer or supplier) might triggers a higher reimbursement price when the prescription is processed. Indeed, ePACT data now produces specific reports on what they term “Premium Priced Generics”.

## ePACT2 Dashboards



The reports show the national picture, but this needs to be analysed with a bit of caution. The data includes all items prescribed and dispensed by pharmacy and dispensing doctors. In November 2024, there were 88,000 items which were deemed to be Premium Generics. There were 7,753,000 items dispensed by dispensing doctors and 99,700,000 items dispensed by pharmacies in October 2024. The Premium Priced Generics represent 0.08% of all items dispensed. The total spend on all items in October 2024 was £882,790,000 and the spend on Premium Priced Generics was £1,136,000, representing 0.13% of the total spend. The potential savings identified by the ePACT data was £465,000, representing a saving of 0.05% of the total drug spend. Whilst every little bit counts, it seems that some ICBs are targeting dispensing practices in some

areas to try to squeeze even more out of them.

### The top 10 ICBs by number of items are:

| Commissioner / Provider                  | Items |
|--|-------|
| NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB   | 2335  |
| NHS HUMBER AND NORTH YORKSHIRE ICB       | 2365  |
| NHS DERBY AND DERBYSHIRE ICB             | 2370  |
| NHS KENT AND MEDWAY ICB                  | 2637  |
| NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB  | 2718  |
| NHS COVENTRY AND WARWICKSHIRE ICB        | 2927  |
| NHS NORFOLK AND WAVENEY ICB              | 3399  |
| NHS SUSSEX ICB                           | 3941  |
| NHS LINCOLNSHIRE ICB                     | 4240  |
| NHS CORNWALL AND THE ISLES OF SCILLY ICB | 6399  |

### The top 10 ICBs identified by Potential Savings:

| Commissioner / Provider                  | Potential Saving (£) |
|--|----------------------|
| NHS SUFFOLK AND NORTH EAST ESSEX ICB     | 10,949.62            |
| NHS HUMBER AND NORTH YORKSHIRE ICB       | 14,655.43            |
| NHS HEREFORDSHIRE AND WORCESTERSHIRE     | 17,679.96            |
| NHS CAMBRIDGESHIRE AND PETERBOROUGH      | 19,261.35            |
| NHS HAMPSHIRE AND ISLE OF WIGHT ICB      | 20,749.61            |
| NHS KENT AND MEDWAY ICB                  | 21,988.77            |
| NHS LINCOLNSHIRE ICB                     | 23,339.07            |
| NHS COVENTRY AND WARWICKSHIRE ICB        | 23,945.23            |
| NHS SUSSEX ICB                           | 36,651.08            |
| NHS CORNWALL AND THE ISLES OF SCILLY ICB | 56,613.95            |

The data has not been compared to the total number of items dispensed by each ICB, so is a very blunt tool to use to try to influence practices to stop prescribing “Ghost” generics.

There are many reasons why practices might wish to specify a particular manufacturer’s generic, including patient preference as well as ensuring that the practice minimises losses on generics whose acquisition costs are higher than the basic price reimbursement, even after the Concession prices have been published. Each month Dispex identifies 80 to 100 commonly prescribed generics whose cost price from our preferred provider is still

Continues on the next page....

significantly above the Basic price. This drops to between 55 and 70 lines after the Concession prices have been factored in. If practices do not change the main body of the script, then they will make a loss if dispensing those lines, which will be compounded by the punitive Discount Abatement (Clawback) which is 11,12% on average across all dispensing practices.

The use of “Ghost” generics should only occur when the generics are supplied “blind” i.e. the practice orders the generic and the supplier provides whichever generic they have in stock. It is fraudulent to order in a specific manufacturer’s generic solely to make a profit on the drugs. There will be the odd occasion when a specific manufacturer’s generic will need to be ordered e.g. for a patient that request that particular generic maker.

Losses for dispensing practices are unsustainable and are causing significant financial difficulties with many dispensing practices cutting back on the additional services they provide to their patients using their dispensing income to supplement these services.

The knock-on effect of continuing to absorb these losses will be reduced services to all patients, with patients having to go to hospital for some of these services and the

extra cost that hospitals will have to provide those services will more than outweigh the potential savings identified by the ICBs. This is a false economy.

If you should get a letter from your ICB about this issue, you should contact your LMC Rep. There are many valid arguments you can make for using “Ghost” generics, including:

- **Blind buying of the generic drugs**
- **The wholesaler sends the cheapest**
- **Despite this, the cheapest is still above tariff, so even without discount abatement, you would make a loss**
- **Zero discount on concessions is not an option for dispensing GPs**

Dispensing income underwrites and funds rural practices There is a risk of closure of rural practices if dispensing ceases.

Ethical use of the **Dispex Generics at a Loss** data will help you offset your losses and maintain your practice viability.

## Key Points Summary:

- **Appropriate Use of Ghost Generics:**
  - Only utilise Ghost generics if you are purchasing generic medications “blind” from suppliers.
  - Do NOT intentionally request specific manufacturers to maximise profit.
- **Fraud Risks:**
  - Ordering a specific manufacturer’s generic solely for profit could be interpreted as fraudulent and going against NHS guidelines.
- **Valid Exceptions:**
  - Specific manufacturers may be required for patient preference or clinical necessity (e.g., patient sensitivity to certain excipients).

## Information Boxes:

### 1. When Should Ghost Generics Be Used?

#### ➔ Only when:

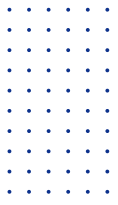
- Your supplier sends a generic drug “blind,” i.e., the cheapest available option from their stock.  
**AND**
- Adjusting the prescription to a specific generic would otherwise result in a financial loss.

#### ➔ Not when:

- Intentionally ordering a particular manufacturer’s product for profit purposes.

### 2. Advice for Practices Receiving ICB Letters

- Contact your LMC for support and guidance.



# >>>>> NEW TUTORIAL

## Understanding The dm+d



Unlock the full potential of the dm+d with our brand-new tutorial!

This session is designed to simplify the structure, purpose, and practical applications of the dm+d, giving you the knowledge to navigate it with confidence.

Ask our tutor your questions!

**BOOK NOW**



dispex.net



19th March  
14th May



1 - 2pm



Members: £50+vat pp

Non-Members: £100+vat pp

## You and your patients could be missing out

Dapagliflozin may represent a significant opportunity for your dispensing patients.

On average, 15 in every 1,000 patients on a dispensing practice list were found to be appropriate for a dapagliflozin initiation.\*

**Dapagliflozin is indicated for insufficiently controlled T2D, symptomatic chronic HF and CKD**

To discover dapagliflozin and the resources you need to support identification and treatment click or scan here



[Click to learn more](#)

NICE Type 2 Diabetes Guidelines (NG28) recommend considering SGLT2 inhibitors, including dapagliflozin, as first line treatment with metformin (as soon as metformin tolerability is confirmed) in patients with T2D at high risk of CVD.\*\*<sup>1</sup>

\* (across a sample of 5 dispensing practices, an average of 198 patients out of 13,619 [average list size] were identified by the dapagliflozin patient identification resource to be eligible for an initiation).<sup>2</sup>

\*\* QRISK2 of 10% or higher or elevated lifetime risk.

**Abbreviations:** CKD, chronic kidney disease; HF, heart failure; NICE, National Institute for Health and Care Excellence; SGLT2i, sodium-glucose cotransporter-2 inhibitor; T2D, type 2 diabetes.

**Reference:** 1. NICE guideline NG28: Type 2 diabetes in adults: management. Publication date 15th February 2022. Available from: <https://www.nice.org.uk/guidance/ng28>. Accessed August 2023. All rights reserved. Subject to Notice of rights. NICE guidance is prepared for the National Health Service in England. All NICE guidance is subject to regular review and may be updated or withdrawn. NICE accepts no responsibility for the use of its content in this material. 2. AstraZeneca, Data on file, REF-197868.

## PRESCRIBING INFORMATION

### FORXIGA® (dapagliflozin) 5MG & 10MG FILM-COATED TABLETS.

#### Consult Summary of Product Characteristics before prescribing.

**Indications: Adults: Type 2 Diabetes Mellitus:** For the treatment of insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, as monotherapy when metformin is considered inappropriate due to intolerance, or in addition to other medicinal products for the treatment of type 2 diabetes. **Heart Failure:** For the treatment of symptomatic chronic heart failure. **Chronic Kidney Disease:** for the treatment of chronic kidney disease. **Children aged 10 years and above: Type 2 Diabetes Mellitus:** For the treatment of insufficiently controlled type 2 diabetes. **Presentation:** Film-coated tablets, 5mg or 10mg of dapagliflozin (as propanediol monohydrate). Each 5mg tablet contains 25mg of lactose. Each 10mg tablet contains 50mg of lactose. **Dosage and Administration:** Forxiga can be taken at any time of day with or without food. Tablets should be swallowed whole. **Adults: Type II Diabetes Mellitus:** The recommended dose is 10mg once daily. Consider a lower dose of insulin or insulin secretagogue such as a sulphonylurea when used in combination with dapagliflozin to reduce the risk of hypoglycaemia. **Heart Failure:** The recommended dose is 10mg once daily. **Chronic kidney disease:** The recommended dose is 10mg dapagliflozin once daily. **Renal impairment:** No dose adjustment is required. **Mild or moderate hepatic impairment:** No dose adjustment is required. **Severe hepatic impairment:** Starting dose of 5mg is recommended, if well tolerated, dose may be increased to 10mg. **Elderly:** ≥65 years: No dose adjustment is required. **Children and adolescents: Type II Diabetes Mellitus ≥10 years:** No dose adjustment required. The recommended dose is 10mg once daily. Consider a lower dose of insulin or insulin secretagogue such as a sulphonylurea when used in combination with dapagliflozin to reduce the risk of hypoglycaemia. **Children <10 years:** Safety and efficacy not yet established. **Heart Failure / Chronic kidney disease: Children <18 years:** Safety and efficacy not yet established. **Contraindications:** Hypersensitivity to dapagliflozin, or excipients. **Warnings and Precautions: Renal impairment:** There is limited experience with initiating treatment with dapagliflozin in patients with eGFR <25 mL/min/1.73m<sup>2</sup>, and no experience with initiating treatment in patients with eGFR <15 mL/min/1.73m<sup>2</sup>. Therefore, it is not recommended to initiate treatment with dapagliflozin in patients with eGFR <15 mL/min/1.73m<sup>2</sup>. The glucose lowering efficacy of dapagliflozin is dependent on renal function and is reduced in patients with eGFR <45 mL/min/1.73m<sup>2</sup> and is likely absent in patients with severe renal impairment. In patients with moderate renal impairment (eGFR <60 mL/min/1.73m<sup>2</sup>), a higher proportion of patients treated with dapagliflozin had adverse reactions of increase in parathyroid hormone (PTH) and hypotension, compared with placebo. **Hepatic impairment:** Exposure is increased in patients with severe hepatic impairment. **Use in patients at risk of volume depletion and/or hypotension:** Dapagliflozin increases diuresis which may lead to a modest decrease in blood pressure, it may be more pronounced in patients with very high blood glucose concentrations. Exercise caution in patients for whom a dapagliflozin induced drop in blood pressure could pose a risk, such as patients on anti hypertensive therapy with a history of hypotension or elderly patients. Careful monitoring of volume status and electrolytes is recommended in conditions leading to volume depletion, such as acute gastrointestinal illness. In volume depleted patients temporary interruption of dapagliflozin is recommended until volume depletion is corrected. **Diabetic ketoacidosis (DKA):** SGLT2 inhibitors should be used with caution in patients with increased risk of DKA. Patients who may be at higher risk of DKA include patients with a low beta cell function reserve (e.g. type 2 diabetes patients with low C peptide or latent autoimmune diabetes in adults (LADA) or patients with a history of pancreatitis), patients with conditions that lead to restricted food intake or severe dehydration, patients for whom insulin doses are reduced and patients with increased insulin requirements due to acute medical illness, surgery or alcohol abuse. The risk of DKA must be considered in the event of non-specific symptoms such as nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness. Patients should be assessed for ketoacidosis immediately if these symptoms occur, regardless of blood glucose level. Before initiating dapagliflozin, factors in patient history that may predispose to ketoacidosis should be considered. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses. Monitoring of ketones is recommended in these patients. Measurement of blood ketone level is preferred to urine. Treatment with dapagliflozin may be restarted when the ketone values are normal and the patient's condition has stabilised. Rare cases of DKA, including life-threatening and fatal cases, have been reported in patients treated with SGLT2 inhibitors, including dapagliflozin. In a number of cases, the presentation of the condition was atypical with only moderately increased blood

glucose values, below 14mmol/L (250mg/dL). In patients where DKA is suspected or diagnosed, dapagliflozin treatment should be stopped immediately. Restarting SGLT2 inhibitor treatment in patients with previous DKA while on SGLT2 inhibitor treatment is not recommended, unless another clear precipitating factor is identified and resolved. Dapagliflozin should not be used for treatment of patients with type 1 diabetes. **Necrotising fasciitis of the perineum (Fournier's gangrene):** Post-marketing cases have been reported in female and male patients taking SGLT2 inhibitors. Urgent surgical intervention and antibiotic treatment required. Advise patients to seek medical attention if they experience a combination of pain, tenderness, erythema, or swelling in the genital or perineal area, with fever or malaise. Either uro-genital infection or perineal abscess may precede necrotising fasciitis. If suspected discontinue Forxiga and institute prompt treatment (including antibiotics and surgical debridement). **Urinary tract infections:** Temporary interruption of dapagliflozin should be considered when treating pyelonephritis or urosepsis. **Elderly (≥65 years):** Elderly patients are more likely to have impaired renal function, be treated with medicines such as anti-hypertensives or diuretics, and be at a greater risk of volume depletion. **Cardiac failure:** Experience with dapagliflozin in NYHA class IV is limited. **Chronic kidney disease:** There is no experience with dapagliflozin for the treatment of chronic kidney disease in patients without diabetes who do not have albuminuria. Dapagliflozin has not been studied for the treatment of chronic kidney disease in patients with polycystic kidney disease, glomerulonephritis with flares (lupus nephritis or ANCA-associated vasculitis), ongoing or recent requirements of cytotoxic, immunosuppressive or other immunomodulating renal therapy, or in patients who received an organ transplant. **Increased haematocrit:** Increased haematocrit has been observed with dapagliflozin treatment. Patients with pronounced elevations in haematocrit should be monitored and investigated for underlying haematological disease. **Lower limb amputations:** Counsel patients with diabetes on routine preventative foot care. An increase in cases of lower limb amputation (primarily of the toe) has been observed in long term, clinical studies with SGLT2 inhibitors. **Urine laboratory assessments:** Patients will test positive for glucose in the urine due to mechanism of action. **Lactose:** Patients with rare hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption should not take Forxiga. **Drug Interactions: Diuretics:** Dapagliflozin may add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension. **Insulin and insulin secretagogues:** Consider a lower dose of insulin or insulin secretagogue in combination with dapagliflozin to reduce the risk of hypoglycaemia. **Effect of dapagliflozin on other medicinal products:** Dapagliflozin may increase renal lithium excretion and the blood lithium levels may be decreased. **Interference with 1,5 AG assay:** Monitoring glycaemic control with 1,5-AG assay is not recommended as measurements of 1,5 AG are unreliable in assessing glycaemic control in patients taking SGLT2 inhibitors. Alternative methods should be used. **Pregnancy and Lactation:** Not recommended during the second and third trimesters of pregnancy. Treatment should be discontinued when pregnancy is detected. Do not use whilst breast-feeding. **Ability to Drive and Use Machines:** Alert patients on the risk of hypoglycaemia when dapagliflozin is used in combination with a sulphonylurea or insulin. **Undesirable Events:** Consult SmPC for full list of side effects. **Very common (≥1/10):** Hypoglycaemia (when used with SU or insulin). **Common (≥1/100 to <1/10):** Vulvovaginitis, balanitis and related genital infections, urinary tract infection, dizziness, rash, back pain, dysuria, polyuria, haematocrit increased, creatinine renal clearance decreased during initial treatment, dyslipidaemia. **Uncommon (≥1/1,000 to <1/100):** Volume depletion. **Rare (≥1/10,000 to <1/1,000):** Diabetic ketoacidosis. **Very Rare (<1/10,000):** Angioedema, necrotising fasciitis of the perineum (Fournier's gangrene), tubulointerstitial nephritis. **Legal Category:** POM. **Marketing Authorisation Number:** Forxiga has GB licences. PLGB 17901/0326, PLGB 17901/0325. **Presentation & Basic NHS Cost:** Forxiga 5mg film-coated tablets 28: £36.59; Forxiga 10mg film-coated tablets 28: £36.59. **Marketing Authorisation Holder:** AstraZeneca UK Ltd., 1 Francis Crick Avenue, Cambridge, CB2 0AA, UK. **Business Responsible for Sale and Supply / Further information:** AstraZeneca UK Ltd., 2 Pancras Square, London, N1C 4AG, UK. FORXIGA is a trademark of the AstraZeneca group of companies.

Date of preparation 09/2024

CV 24 0089

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to AstraZeneca by visiting <https://contactazmedical.astrazeneca.com> or by calling 0800 783 0033.

## Use dapagliflozin across its full spectrum of indications

To discover dapagliflozin and the resources you need to support identification and treatment click or scan here

Click to learn more



# MENTORSHIP FOR Dispensary Managers

REMOTE 1:1 WORKSHOPS



Step into Dispensary  
Management with confidence,  
empowered by  
personalised guidance.

[See page 8 for full details](#)



# MENTORSHIP FOR Dispensary Managers

NEW FOR 2025

1:1 Teams Workshops 

6 month programme (max)

Achieve the first Certificate in  
Dispensary Management in the UK



[training@dispex.net](mailto:training@dispex.net)

## Step into Dispensary Management with Confidence

The role of Dispensary Manager is a big step- are you ready for the challenge? Whether you're new to the position or juggling the increasing demands of an established role within an ever-changing landscape of dispensary operations, this bespoke mentorship programme is the essential support you need to succeed.

Designed exclusively for Dispensary Managers, our programme offers one-to-one workshop training, expert guidance and tools not found anywhere else. We will help you tackle real-world challenges, lead with confidence and deliver results that enhance the efficiency, safety, and impact of your dispensary.

This programme is an investment **in you, your dispensary, your team**, and the patients who depend on your service every day. We understand the unique challenges of your role, and that's why Dispex is excited to offer a complete, bespoke mentorship program designed just for you.

This mentorship programme is truly one-of-a-kind, offering a level of personalised guidance and support that simply does not exist elsewhere for dispensary managers - making it a unique opportunity to gain skills and confidence in this specialised field.

## Why choose this programme?

**Bespoke learning:** Over the course of 3-6 months, we provide 20 hours of tailored, one-on-one workshop training & support, delivered via Teams, making it accessible and flexible for your schedule.

**Expert guidance:** Learn directly from the author of the highly acclaimed "Essential Guide to Dispensary Management," which has gained significant attention within the dispensing doctor community.

**Adaptation and growth:** Whether you are new to the role or need help adapting to the evolving needs of dispensary management, this programme will guide you through critical tasks and responsibilities with confidence.

**Structured, yet flexible:** We focus on your specific needs, covering everything from regulatory compliance to operational efficiency, all while providing ongoing support as you implement best practices in your dispensary.

[Workshop Series Overview HERE](#) 

## What you will gain?

**Personalised mentoring:** Tailored guidance for handling key tasks such as staff leadership, prescription handling, stock control, and more.

**Confidence and competence:** A structured, supportive approach to mastering the essentials of dispensary management.


**Exclusive access:** Benefit from one-on-one workshop sessions with an experienced GPHC registered industry leader, who understands the intricacies of dispensary operations with over 20 years experience in the Dispensary Manager role.

**Certification:** Upon successful completion, you'll earn the first-ever Certificate in Dispensary Management in the UK!

## How it works?

Upon enrollment, you'll begin with a complimentary initial assessment to identify your knowledge gaps. Next, you'll engage in 18 hours of personalised virtual workshops, designed to fit your schedule. The programme spans up to 6 months, but can be completed in as little as 3 months if you're able to dedicate the time. Your pre-booked 90-minute sessions will be held on Wednesdays or Fridays, at a time that works best for you. After the final workshop, you'll receive an additional 2 hours to recap and ask any final questions. Upon successful completion, you'll earn the **first-ever Certificate in Dispensary Management in the UK!**

This is your opportunity to receive expert mentoring from a proven leader in the field. Secure your spot today and take the next step in mastering dispensary management! For further details please email [training@dispex.net](mailto:training@dispex.net).



**DISPEXCD**  
The Electronic CD Register

**FREE FOR MEMBERS**

[dispensingcd.co.uk](https://dispensingcd.co.uk)

**“We’ve been using DispexCD for several months’ now, we’ll never go back to paper. Shouldn’t have waited so long to go electronic”.**

DISPENSARY MANAGER IN LINCOLN

[LEARN MORE](#)



The system is proving invaluable for dispensing practices, we have over 150 sites now using our platform! Simple to set up, straightforward to use and adjustable to fit your existing workflows. DispexCD helps to eliminate calculation errors and misread handwriting, therefore dispensaries using the platform have fewer discrepancies and errors - saving valuable time.



30th April 2025 12pm - 1pm: FREE webinar to discover the advantages of DispexCD! [Book here](#)



# Supply Chain Challenges



The start of the year is always a busy time in dispensing practices, and while winter pressures may be easing, February presents its own challenges. Supply chain disruptions, lingering shortages, and evolving prescribing patterns require dispensary managers to stay proactive to ensure smooth operations and uninterrupted patient care.

By focusing on strategic planning, collaboration, and communication, you can minimise the impact of supply issues and keep your dispensary running effectively.

## Here's How:

### Review stock levels and anticipate demand

The first step in managing supply chain challenges is understanding your current stock position. By reviewing recent dispensing data, you can identify patterns in medication demand and areas where supply issues may have previously occurred.

#### Consider:

**Lingering winter pressures:** Medications for respiratory conditions, such as inhalers, may still be in high demand.

**Chronic condition management:** Patients on long-term repeat medications require careful stock planning.

**Seasonal transitions:** While February is still winter, it's worth preparing for the upcoming allergy season by forecasting potential needs for antihistamines or other relevant treatments.

A forward-looking approach will allow you to anticipate demand and order stock accordingly, reducing the risk of shortages.

### Strengthen supplier communication

Your relationship with suppliers is one of the most important aspects of stock management. Regular, clear communication helps you stay informed about potential shortages or delays and allows you to plan accordingly.

**Weekly updates:** Request regular updates on stock availability for critical medications.

**Diversify suppliers:** If possible, establish relationships with multiple suppliers to avoid being overly reliant on one source. This can provide flexibility if a key supplier faces issues.

**Use their online portals:** Most suppliers offer digital platforms where you can check availability and delivery times, saving time and ensuring accurate information.

Being proactive with suppliers ensures you have the information needed to manage stock effectively and prevent last-minute surprises.

### Collaborate with prescribers

Working closely with the prescribing team is vital when supply chain issues arise. Clear communication ensures patients receive appropriate care, even when certain medications are unavailable.

**Substitutions:** Establish a process for recommending suitable alternatives when specific medications are out of stock. For example, generic formulations or different dosages may provide an effective solution.

**Proactive discussions:** Keep prescribers informed about potential supply issues so they can consider

prescribing alternatives when appropriate.

**Special cases:** For patients with unique needs or those taking specialist medications, it's worth flagging potential issues early and discussing a plan to secure their prescriptions.

A strong relationship between dispensary staff and prescribers streamlines decision-making and ensures patient care is not compromised.

#### **Focus on patient communication**

Patient trust is built on transparency and understanding, particularly during supply chain disruptions. Open communication helps to manage expectations and alleviate concerns.

**Clear explanations:** If there are delays, be upfront with patients. Explain the cause and outline the steps being taken to resolve the issue.

**Offer solutions:** When possible, provide alternatives or timelines for resolving their prescription needs. This can reduce frustration and help patients feel supported.

**Prioritise vulnerable patients:** Patients with chronic or complex conditions often feel the impact of supply chain issues the most. Make sure their needs are prioritised, even if this requires adjustments to workflows. By communicating clearly, you can maintain patient satisfaction and prevent unnecessary complaints.

#### **Conduct risk assessments and plan ahead**

February is a good time to step back and evaluate your overall approach to supply chain management. A structured risk assessment can help identify areas for improvement.

**Weak points:** Reflect on supply chain issues encountered over the winter and determine their root causes.

**Contingency plans:** Develop strategies to address potential challenges, such as pre-approved alternatives or backup suppliers for essential medications. By planning ahead, you can improve your resilience to future supply chain disruptions.

Supply chain challenges are an ongoing reality for dispensing doctors, but with careful planning and clear communication, their impact can be minimised. By reviewing stock, strengthening supplier relationships, collaborating with prescribers, and staying transparent with patients, you can ensure that your dispensary remains efficient and effective throughout February and beyond.



**LEARN MORE** 

# IF YOU DON'T USE IT, YOU LOSE IT

PCN Leadership &  
Management  
Training Funding  
2024-2025

**DEADLINE**  
31st March

Train with  
**DISPEX**



# LUNCHTIME

# Tutorials 2025



**SAVE  
£50+VAT**  
on every delegate  
tutorial place  
**£100+vat per  
non-member**

## Live Tutorials

Our one hour tutorials are conveniently scheduled over the lunchtime period. Led by an experienced and friendly tutor.



**SAVE  
50%**  
on every  
bespoke  
dispensary  
course

## Online Learner-led

Our platform provides flexible online learning, allowing you to complete any course in your own time and at your own pace.



**SAVE**  
contact the  
office for details  
Geographical  
restrictions  
apply

## On-site Training Full & Half Days!

We customise each face-to-face training session exclusively for each dispensary. On-site training allows full interaction between your team and our tutor.



**FREE**  
Online

## FREE Bite-Sized Educational Videos

Our first series of six Bite-sized videos will help you gain a clear understanding of the Drug Tariff. Each video takes around 5 minutes to watch.



**FREE**  
Published in  
the Dispex  
Gazette

## FREE CPD Educational Resources

Concise educational modules that outline and reinforce best practices. Offering a quick and easy way to enhance your knowledge.



**SAVE**  
contact the  
office for  
details

Geographical  
restrictions  
apply

## DMPR Full Day!

Our Dispensary Management Profitability Reviews involves a thorough on-site review of your dispensary by an experienced Consultant. We help to identify any causes for profit loss & opportunities for increased profitability. A final written report summarising the outcomes is produced following the visit.



## FEBRUARY

- 12th Feb- Endorsing for Dispensing Practices
- 26th Feb- Dispex Live II (FREE)

## MARCH

- 11th Mar- NHSBSA & Dispex Endorsing inc Referred Backs (W\*)
- 19th Mar- Understanding The dm+d
- 26th Mar- DSQS Guidance

## APRIL

- 16th Apr- Controlled Drugs Part 2
- 30th Apr- DispexCD Webinar-(FREE)

## MAY

- 13th May- NHSBSA & Dispex Batch & Switching (W\*)
- 14th May- Understanding The dm+d
- 21st May- Endorsing for Dispensing Practices

**Tutorials:** 1pm-2pm

**NHSBSA & Dispex Webinars:** 1pm start

**DispexCD Webinars:** 12pm start

## Delegate Prices:

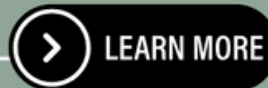
**Members:** £50+vat pp/ps

**Non Members:** £100+vat pp/ps

**W\*:** webinar- Free members' only event

**FREE\*:** FREE for all





# THE DISPENSARY MANAGER'S GUIDE

“Your Dispensary’s  
New Best Friend”



## SECOND PRINT RUN

### Your Dispensary’s New Best Friend

The Essential Guide for Dispensary Managers is an invaluable resource for anyone involved in managing a dispensary. Written by Kirstye, an experienced GPhc Dispensary Manager and Dispex Consultant, who brings real-world experience to the table!

#### Essential Knowledge at Your Fingertips

The printed guide is a high-quality resource and can serve as a trusted reference for team members. With a physical copy in hand, you’ll have instant access to indispensable insights-whether you’re on the dispensary floor, leading a team meeting, or planning for the future. The printed guide is customisable, **mark it, tab it**, and tailor it to your needs for quick and efficient access to critical sections.

#### Key Features:

- **Practical and Relevant Content:** with actionable advice, strategies, case studies and tailored insights for real-world application, makes this book so highly practical.
- **Comprehensive Coverage:** whether you're looking to improve your stock control processes, streamline prescription handling or optimise business profitability, this guide provides the tools and knowledge needed to succeed.
- **Focus on Compliance and Safety:** in a highly regulated field, the chapters on regulatory compliance, record-keeping, and safety protocols stand out for their depth and clarity.

- **Operational Excellence:** by covering operational efficiencies, such as team management, repeat dispensing, and dispensary opening and closing procedures, the guide ensures that even routine tasks are optimised.
- **Must-have resource:** for both newer managers seeking foundational knowledge and seasoned professionals refining their approach, this guide offers something for everyone.

**We’re thrilled to announce the arrival of the second print run!** This updated edition now includes dedicated Scottish and Welsh chapters, making it even more comprehensive for our Scottish and Welsh practices.

Already own a copy? Don’t worry- your guide remains as relevant as ever! Apart from the addition of these new chapters, only minor tweaks have been made, so your investment is still up-to-date.

#### How to get my printed copy?

Members can purchase the printed guide for just **£49.99**, with **free delivery included**, non-members it’s £69.99. Join the growing community of dispensary professionals and experience the new gold standard in dispensary management!



## Retrospective reimbursement price adjustments for Gaviscon Infant oral powder sachets dual dose sachets

Source: Community Pharmacy England

Following representations made by Community Pharmacy England the Department of Health and Social Care (DHSC) has agreed to retrospectively adjust the reimbursement price of prescriptions dispensed between May 2023 to November 2024.

The term 'dual dose sachets' was updated to single sachets in July 2019. Despite the name change, pharmacies continued to receive prescriptions bearing the old product name. However, any prescriptions for **dual dose** sachets were recognised and reimbursed as **one** sachet by the NHS Business Services Authority (NHSBSA). For example, if a prescription for Gaviscon Infant oral powder ordered 15 dual sachets and a pharmacy dispensed 15 pairs of sachets (or 30 single sachets), NHSBSA would have only reimbursed the pharmacy for 15 single sachets.

The DHSC accept that one dual dose sachet is considered a pair of sachets rather than a single sachet. This is also in line with the product SmPC which states that a pack contains '30 unit dose sachets joined in pairs'. NHSBSA is in the process of re-checking all EPS prescriptions (dispensed between May 2023 – November 2024) for Gaviscon Infant oral powder **dual dose** sachets priced incorrectly and will apply any adjustments accordingly.

From December 2024, prescriptions for **dual dose** sachets will be recognised and reimbursed a pair of sachets i.e. pharmacies and dispensaries will be paid for 30 single sachets against a prescription ordering 15 dual dose sachets.

Any submitted FP10 paper prescriptions for Gaviscon Infant oral powder **dual dose** sachets will not be automatically re-checked by the NHSBSA. Dispensaries will need to submit a prescription re-check request to NHSBSA if they dispensed any paper prescriptions (in the last 18 months) bearing the **dual dose** sachets product name.

To request a prescription recheck, click on this [link](#) to download the **Prescription pricing enquiry form** Complete a prescription pricing enquiry form indicating the nature of the enquiry which has affected payment for example number of items, expensive items, switching etc and providing any additional information which may help NHSBSA to process the recheck request. If in doubt, contact your lead at the NHSBSA. Then email your form to [repricingrequest@nhsbsa.nhs.uk](mailto:repricingrequest@nhsbsa.nhs.uk).

You should be able to use your clinical system to check how many prescriptions for Gaviscon Infant oral powder **dual sachets** were dispensed between May 2023 and November 2024.

Another way of checking might be to use ePACT data, but ensuring you search using Prescribing Reports. Then click on Prescribing Information and click on Practice Detailed Prescribing Information (PDPI), which will take you to your own practice's data. Ensure you click on Disp. At Practice Level at the top of the page and then Presentation by Quantity on the line below. This should help you identify all Gaviscon Infant oral sachet.

As most clinical systems changed the Gaviscon Infant sachets to single from dual, it is unlikely that you will find a large number of these dual sachet items dispensed by your dispensary.

**MPs announce inquiry into impact of medicines shortages** Source: The Pharmaceutical Journal, PJ, January 2025, Vol 314

Community Pharmacy England welcomes the inquiry as medicines shortages increase the already "huge pressures on community pharmacies" and patient care. The All-Party Pharmacy Group (APPG) has announced plans to conduct an inquiry into medicines shortages in England that aims to "develop practical recommendations to address this ongoing challenge".

The APPG said in a **statement** on 8 January 2024 that the inquiry "comes in response to the growing concerns surrounding medicines shortages and its impact on patient care in the UK, including pharmacy teams' ability to dispense medicines in a timely way".

As part of the inquiry, the **APPG opened a survey** on medicines shortages to anyone affected, including pharmacists and pharmacy teams, medicines manufacturers and distributors and patient groups.

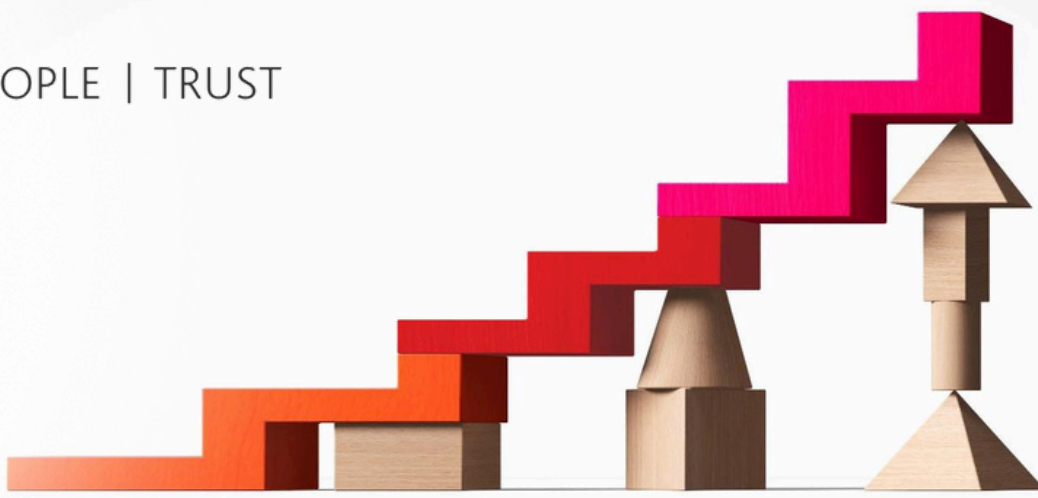
Click [here](#) to read the source in full.

**A Guide to Managing Medicines Supply and Shortages**  
Source: NHS England

This guide aims to support pharmacists, clinicians and other NHS professionals with managing the supply of medicines to their patients and details the national, regional and local management and escalation processes and communication routes for medicines supply issues in order to consolidate existing practice across industry, government and the HS.

Click [here](#) for the source information.





## NHS Pensions -have you protected your tax-free lump sum?

While the lifetime allowance (LTA) has been abolished, applying for individual protection allows you to take 25% of your protected amount as a tax-free lump sum.

### The LTA

The pension LTA was originally introduced in 2006 and went through one increase and then several reductions until it was finally abolished at 5 April 2023. Each time the LTA changed, individuals were allowed to apply for 'protection' of their previous entitlements - both the pension fund limit and the related limit on their tax-free cash.

Although the LTA has been abolished, since April 2023 the maximum amount of tax-free cash pensioners can take is fixed at £268,275 (25% of the prior LTA of £1,073,100) and this allowance has now been renamed the 'Lump sum and death benefit allowance'. But some individuals may be able to fix their tax-free lump sum limit at higher amounts - up to £312,500.

### Individual protection 2016 (IP16) deadline

As long as you had total pension savings valued at £1m or more at 5 April 2016 it is still possible to apply for IP 2016.

Originally, there was no deadline on applying for IP16, it only had to be requested online before the individual took any form of pension benefits. However, with the abolition of the LTA, the government has now announced a general deadline of 5 April 2025 to apply.

### Extended deadline for GPs with remediable service

Regulations will be made to extend this new deadline for making an application until 5 April 2027 for individuals who have 'remediable service'. If you were a member of the new scheme (the 2015 NHS Pension Scheme), before April 2022 and you were previously in a legacy scheme i.e., 1995 NHS Pension Scheme or 2008 NHS Pension Scheme you will be affected by the public service pensions 'remedy'.

If, as a result of the remedy, the value of a member's total pension rights on 5 April 2016 is more than £1million, they can apply for IP 2016.

### Impact of applying for protection

Even if you have already applied for IP 2019, it is still important to identify any increase in the fund value at 5 April 2016 that occurs as a result of the remedy.

### For more information please contact:

**Juliette Smith**

T: +44 (0)1212 657 209

M: +44 (0)7807 021 030

E: juliette.smith@bdo.co.uk

**Louise Barter**

T: +44 (0)1473 320 847

M: +44 (0)7583 002 028

E: louise.barter@bdo.co.uk

HMRC has confirmed that once protection has been applied for, and granted, the amount of the protection can be updated to the post remedy value. HMRC have provided the following example:

"... a deferred choice member had total pension rights of £1.05 million (based on legacy accrual) and received individual protection 2016 on that basis. In 2029, that member makes a new scheme benefits election which increases that value of their pension rights as at 5 April 2016 to £1.1 million. The member can tell HMRC about the revised values of their pension rights and their individual protection 2016 will be changed accordingly".

### What to do now?

For help and advice on any tax issue related to your pension, please get in touch with our team.

# ◉ Dosette Boxes

## 7 Day Disposable Compliance Aids

The dosette system has been designed for patients in the community who need help ensuring they take their medicines regularly in order to achieve the best health outcome!

 [dispex.net](http://dispex.net)

### Why Buy from Dispex?

- Competitive pricing. Prices start at £55.10+vat.
- Free delivery on main orders.
- Wide range of trays catering for various needs.
- Friendly and efficient customer service team.

For details on 7-day prescribing and profitability, [click here](#).



**ORDER**



[sales@dispex.net](mailto:sales@dispex.net)



01604 859000 (10am-12pm)

Contact the Dispex Team for a full price list



## Dispensary Friendly Formulary – another resource to help Dispex members. *By Dr Philip Koopowitz - Dispex & Hexagon6*

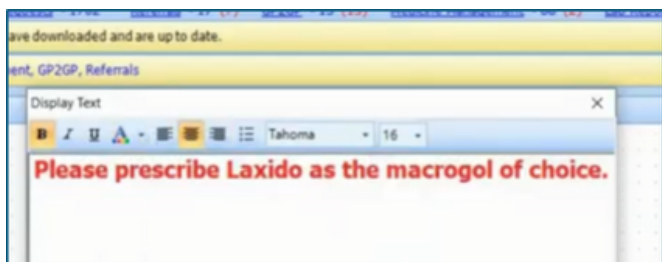
Dispex has a wealth of resources to assist practices in creating their own bespoke dispensary-friendly formulary.

This includes our Brand Comparisons section, which allows practices to see the financial implications of dispensing certain products within the same class. We have recently added disease-specific formularies, starting with Asthma and will be completing the Respiratory formulary over the next month. You may have noticed that our Asthma formulary is also Wholesaler-specific, allowing you to order in the most financially efficient way.

We know that one of the biggest obstacles for clinicians prescribing from a dispensary-friendly formulary is a lack of knowledge and not being able to remember the nuances of whether to prescribe generically or by brand, and if by brand, which particular brand.

We have developed a Dispex Nudger which is a pop-up that highlights to the prescriber when they should be considering prescribing a more dispensary-friendly alternative.

We have published an easy-to-follow **video** to allow you to set this up in your EMIS system and will be doing the same for SystemOne. The Dispex Nudger needs to be set up in conjunction with our Brand Comparisons.



## Getting Started with Dispex AI

*By Dispex & Hexagon6*

To begin, visit **Dispex.net** and log in using your member credentials. Once logged in, the Dispex AI chatbot will be at your service, ready to answer your queries or guide you through processes. Customised for dispensing practices, it's preloaded with relevant information, including FAQs, compliance guidance, and links to essential resources. Simply click on the arrow on the bottom right hand of the screen to start it up!

### Basics - How to Use a Chatbot with Natural Language

Using Dispex AI is simple, just type your question or request as you would when speaking to a colleague. For example:

**“What are the steps for completing a DSQS audit?”**

**“How many DRUMs do I need to complete?”**

The chatbot understands natural language, so there's no need for complicated commands. Clear and concise queries will yield the best results. If the chatbot needs clarification, it will prompt you with follow-up questions to ensure you get the most accurate response.

### Ask Questions to Understand the Dispensing Process

Dispex AI can help you gain deeper insights into the dispensing process. Use it to explore:

- How to optimise stock management for high-demand medications.
- Guidelines for complying with NHS standards for dispensing practices.
- Suggestions for improving patient interactions and efficiency in your dispensary.

It's a valuable tool for uncovering tips and strategies to enhance your day-to-day operations.

Click **here** to read this article in full.



# DISPEX ANSWERS

The experts at Dispex provide answers to the most common questions, quoting the relevant regulations.

*dispex.net*



Q

I am writing to see if you can clarify whether hand amendments (brands) made on the main body of the prescription should be submitted in the red separator for payment?

Dispex members can login [here](#) to find out the answer.

*We will continue to add more questions and answers as time goes on.*

A



## Ask the Experts

Don't forget Dispex members have access to our support helplines!

 [dispex.net](http://dispex.net)

 [enquiries@dispex.net](mailto:enquiries@dispex.net)

 01604 859000 (10am-12pm)

 **JOIN NOW**