

## **FP10MDA DISPENSING ENDORSEMENT GUIDANCE**

The NHSBSA PPD has received a number of enquiries from pharmacists about the correct way to endorse FP10MDA prescription forms. This information is intended as a guide to the remuneration of fees payable for instalment dispensing and to the endorsements required to calculate these payments. The requirements for the supply of controlled drugs by instalments in England are that:

- FP10MDA prescription forms must be used for instalment prescribing,
- the period of treatment is not to exceed 14 days,
- the prescriber must specify the number of instalments to be dispensed and the interval between each instalment.
- only Schedule 2 Controlled Drugs plus buprenorphine and diazepam can be prescribed in instalments on an FP10MDA prescription.

Prescribers can use a number of ways to convey their instalment instructions, such as computer generated grids of instalment dates, rubber stamps or handwritten instructions. It would be impossible to give examples of all scenarios, phrases and situations and what the resultant acceptable endorsements would be but the basic principle to remember is that contractors will be paid based on what has been prescribed.

### **Remuneration (as set out in Drug Tariff Part IIIA)**

All prescription items attract a Professional Fee. An additional fee is also payable for controlled drugs in Schedules 2 or 3 of the Misuse of Drugs Regulations 2001. For controlled drugs supplied by instalments, these dispensing fees will be paid for each separate instalment as specified by the prescriber that has been dispensed. PCTs may have local payment arrangements in place for supervising the consumption of daily instalments.

### **Dispensing Endorsements**

Dispensers should complete the right hand side of the form with details of each separate instalment specified by the prescriber that has been dispensed. Where instalments are prescribed at intervals less frequently than daily and the prescriber has not requested that the product should be dispensed into individual daily dose containers and supplied in advance, such as in example 1, only one set of fees will apply per instalment. This is because, although the prescriber has stated 40ml daily, the prescriber has not specified that the product should be “dispensed in daily dose containers in advance”.

In some situations the prescriber will request daily instalments to be dispensed but supplied in advance, for example to cover when the pharmacy is closed or to accommodate when the patient is unable to collect their medicine. If the prescriber has requested, and the dispenser has dispensed daily doses into separate containers and endorsed the prescription as illustrated in example 2, then the dispensing fees will also be applied to the instalments supplied in advance. If the advance instalments were not specified to be dispensed separately by the prescriber and therefore have

been supplied in one bottle/pack (e.g. if 120ml was supplied instead of 3 x 40ml), then the prescription should be endorsed as illustrated in example 1.

**EXAMPLE 1**

Date	Item	Quantity supplied	Pharmacist's initials
24/04/06	Methadone Mixture 1mg/ml SF	120ml	ABC
27/04/06	Methadone Mixture 1mg/ml SF	80ml	ABC
29/04/06	Methadone Mixture 1mg/ml SF	120ml	ABC
02/05/06	Methadone Mixture 1mg/ml SF	80ml	ABC
04/05/06	Methadone Mixture 1mg/ml SF	80ml	ABC
06/05/06	Methadone Mixture 1mg/ml SF	80ml	ABC

Pharmacy Stamp: Age, Title, Forename, Surname & Address (MR ANDREW CHARLTON), D.o.B. (24/04/1970), NHS Number (1234567890), Endorsements (Methadone Mixture 1mg/ml Sugar Free 40ml daily), Dispense 560 (five hundred and sixty) ml.

Number of days' treatment: 6

Signature of Prescriber: A Jones, Date: 24/04/06

Prescriber's name and address: Dr A JONES, 123456, GP ADDRESS LINE 1, GP ADDRESS LINE 2, GP ADDRESS LINE 3, TEL: 0910 4567000, PCT NAME: 51A

PRINTED SERIAL NUMBER: FP10MDA0406

**NOTE** Details of items supplied - see notes over leaf

Annotations:

- Prescriber has indicated instalments at intervals less frequently than daily
- Dispenser endorses the total number of instalments specified by the prescriber minus any missed instalments
- Where daily instalments have not been specified by the prescriber, dispensers should endorse the total amount supplied on the day as specified by the prescriber.

**EXAMPLE 2**

Date	Item	Quantity supplied	Pharmacist's initials
24/04/06	Methadone Mixture 1mg/ml SF	40ml	ABC
24/04/06	Methadone Mixture 1mg/ml SF for 25/04/06	40ml	ABC
24/04/06	Methadone Mixture 1mg/ml SF for 26/04/06	40ml	ABC
27/04/06	Methadone Mixture 1mg/ml SF	40ml	ABC
27/04/06	Methadone Mixture 1mg/ml SF for 28/04/06	40ml	ABC
29/04/06	Methadone Mixture 1mg/ml SF	40ml	ABC
29/04/06	Methadone Mixture 1mg/ml SF for 30/04/06	40ml	ABC
29/04/06	Methadone Mixture 1mg/ml SF for 01/05/06	40ml	ABC
02/05/06	Methadone Mixture 1mg/ml SF	40ml	ABC
02/05/06	Methadone Mixture 1mg/ml SF for 03/05/06	40ml	ABC
04/05/06	Methadone Mixture 1mg/ml SF	40ml	ABC
04/05/06	Methadone Mixture 1mg/ml SF for 05/05/06	40ml	ABC
06/05/06	Methadone Mixture 1mg/ml SF	40ml	ABC
06/05/06	Methadone Mixture 1mg/ml SF for 07/05/06	40ml	ABC

Pharmacy Stamp: Age, Title, Forename, Surname & Address (MR ANDREW CHARLTON), D.o.B. (24/04/1970), NHS Number (1234567890), Endorsements (Methadone Mixture 1mg/ml Sugar Free 40ml daily, Dispense daily doses in separate containers and in advance), Dispense 560 (five hundred and sixty) ml.

Number of days' treatment: 14

Signature of Prescriber: A Jones, Date: 24/04/06

Prescriber's name and address: Dr A JONES, 123456, GP ADDRESS LINE 1, GP ADDRESS LINE 2, GP ADDRESS LINE 3, TEL: 0910 4567000, PCT NAME: 51A

PRINTED SERIAL NUMBER: FP10MDA0406

**NOTE** Details of items supplied - see notes over leaf

Annotations:

- Prescriber has requested daily instalments and supply in advance
- Dispenser endorses the total number of instalments specified by the prescriber minus any missed instalments
- Where daily instalments have been specified to be supplied in advance by the prescriber and the dispenser has supplied the product in daily dose containers, the endorsement should indicate that separate instalments were supplied. The endorsement should clearly mark the date of supply together with the instalment date.

## Supervised Consumption

Where the prescriber has requested supervised consumption and the patient has also taken away an instalment, for example to cover a day where the pharmacy is closed, two fees may be claimed for the supply on that day (see example 3). However, if the advance supply covers more than one day, for example to cover a Sunday and Bank Holiday, then only one fee would be applicable for the total advance supply (see example 4), unless the prescriber has also specified that the product should be supplied in separate daily dose containers in advance. If so, then a fee would apply for the supervised dose and for each of the advance daily doses that have been dispensed (see example 5). Remuneration arrangements for supervision may also be paid locally by PCTs.

**EXAMPLE 3**

Date	Item	Quantity supplied	Pharmacist's initials
13/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
14/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
15/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
16/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
17/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
18/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
18/03/06 for 19/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
20/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
21/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
22/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
23/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
24/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
25/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC
25/03/06 for 26/03/06	Methadone Mixture 1mg/ml SF	40ml	ABC

  

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	24/04/1970	MR ANDREW CHARLTON
D.o.B.		ADDRESS LINE 1
		ADDRESS LINE 2
		ADDRESS LINE 3
		ADDRESS LINE 4
		OB1 10B
Please don't stamp over age box		NHS Number: 1234567890
Number of days' treatment N.B. Ensure dose is stated		
Endorsements		
Methadone Mixture 1mg/ml Sugar Free 40ml daily		
Supervised daily doses		
13/03/06 40ml 20/03/06 40ml		
14/03/06 40ml 21/03/06 40ml		
15/03/06 40ml 22/03/06 40ml		
16/03/06 40ml 23/03/06 40ml		
17/03/06 40ml 24/03/06 40ml		
18/03/06 80ml 25/03/06 80ml		
19/03/06 0ml 26/03/06 0ml		
Dispense 560 (five hundred and sixty) ml		
ex 500ml		
Name of Prescriber: Dr A Jones		
Date: 13/03/06		
Prescriber's name and address		
Dr A JONES 123456		
GP ADDRESS LINE 1		
GP ADDRESS LINE 2		
GP ADDRESS LINE 3		
TEL 0910 4567000		
PCT NAME 51A		
NHS FP10MDA0406		
PRINTED SERIAL NUMBER		
NOTE Details of items supplied are notes on item		

Prescriber has requested supervised daily doses

Dispenser endorses the total number of instalments specified by the prescriber minus any missed instalments

Where the prescriber has specified supervised consumption a fee can be claimed for both the supervised dose and the remainder taken away in advance.

**EXAMPLE 4**

Pharmacy Stamp	Age	Title, Forename, Surname & Address		
	D.o.B	MR ANDREW CHARLTON		
	24/04/1970	ADDRESS LINE 1 ADDRESS LINE 2 ADDRESS LINE 3 ADDRESS LINE 4	OB1 10B	
Please don't stamp over age box		NHS Number:	1234567890	
Number of days' treatment N.B. Ensure dose is stated				
Endorsements				
Methadone Mixture 1mg/ml Sugar Free 40ml daily Supervised dose on days of collection				
24/04/06 120ml 01/05/06 0ml 25/04/06 0ml 02/05/06 80ml 26/04/06 0ml 03/05/06 0ml 27/04/06 80ml 04/05/06 80ml 28/04/06 0ml 05/05/06 0ml 29/04/06 120ml 06/05/06 80ml 30/04/06 0ml 07/05/06 0ml				
Dispense 560 (five hundred and sixty) ml				
Signature of Prescriber		Date		
A Jones		24/04/06		
Prescriber's name and address		123456		
Dr A JONES		GP ADDRESS LINE 1 GP ADDRESS LINE 2 GP ADDRESS LINE 3 TEL. 0910 4567000 PCT NAME		
		NES 1ZZ 51A		
NHS		FP10MDA0406		
PRINTED SERIAL NUMBER		NOTE		

Prescriber has requested supervised consumption and supply to cover more than one day

Dispenser endorses the total number of instalments specified by the prescriber minus any missed instalments

Where the prescriber has requested supervised consumption on days of collection, a fee can be claimed for the supervised dose and for the remainder taken away. **Please note** that where the prescriber has not indicated advance dispensing of individual daily dose containers, only one fee can be claimed for the take away dose(s) regardless of whether they have been dispensed in separate containers.

**EXAMPLE 5**

Pharmacy Stamp	Age	Title, Forename, Surname & Address		
	D.o.B	MR ANDREW CHARLTON		
	24/04/1970	ADDRESS LINE 1 ADDRESS LINE 2 ADDRESS LINE 3 ADDRESS LINE 4	OB1 10B	
Please don't stamp over age box		NHS Number:	1234567890	
Number of days' treatment N.B. Ensure dose is stated				
Endorsements				
Methadone Mixture 1mg/ml Sugar Free 40ml daily Supervised dose on days of collection Dispense daily doses in separate containers and in advance				
24/04/06 120ml 01/05/06 0ml 25/04/06 0ml 02/05/06 80ml 26/04/06 0ml 03/05/06 0ml 27/04/06 80ml 04/05/06 80ml 28/04/06 0ml 05/05/06 0ml 29/04/06 120ml 06/05/06 80ml 30/04/06 0ml 07/05/06 0ml				
Dispense 560 (five hundred and sixty) ml				
Signature of Prescriber		Date		
A Jones		24/04/06		
Prescriber's name and address		123456		
Dr A JONES		GP ADDRESS LINE 1 GP ADDRESS LINE 2 GP ADDRESS LINE 3 TEL. 0910 4567000 PCT NAME		
		NES 1ZZ 51A		
NHS		FP10MDA0406		
PRINTED SERIAL NUMBER		NOTE		

Prescriber has requested supervised consumption and supply in daily dose containers in advance

Dispenser endorses the total number of instalments specified by the prescriber minus any missed instalments

Where the prescriber has requested supervised consumption and for the pharmacist to dispense in daily dose containers in advance, a fee can be claimed for the supervised dose and each of the advance daily doses that have been supplied.

## **Points to Remember**

- A dispensing fee and additional schedule 2 or 3 controlled drug fee (where appropriate) will be paid for each instalment specified by the prescriber that has been dispensed.
- Where the prescriber has requested instalments at daily intervals in separate containers and specified that supply can be made in advance, and the dispenser has supplied these instalments separately and endorsed the prescription as detailed above, then the fees will also be applied to the instalments supplied in advance.
- Where prescribers indicate supply by instalments at intervals less frequent than daily, dispensers should endorse the total amount supplied on the day specified by the prescriber.
- Where the prescriber has indicated supervised consumption or observed self-administration, a fee may be claimed for both the supervised instalment and for any instalments taken away in advance. If the prescriber has also indicated that the take-home supply should be dispensed in daily dose containers, a fee may be claimed for each container dispensed.
- If a prescriber has ordered more than fourteen instalments, then the lines on the right hand side of the prescription form can be split to allow all the instalments to be endorsed.