

December 2019

## PSNC Briefing 062/19: Serious Shortage Protocols (SSPs): SSP04 – Haloperidol 500 microgram capsules (Serenace®)

### Introduction

This PSNC Briefing provides information on the Serious Shortage Protocol (SSP) for Haloperidol 500 micrograms capsules (Serenace®) issued by the Secretary of State for Health and Social Care on 23<sup>rd</sup> December 2019. [SSP04](#) will enable community pharmacists in England (and Wales) to supply patients with a different formulation and in the case where the prescription is written by brand, supply a generic of a different formulation as follows:

For prescriptions (NHS or private) requesting:	Supply permitted under SSP04:
Haloperidol 500 microgram <b>capsules</b> or Serenace® 500 microgram <b>capsules</b>	Haloperidol 500 microgram <b>tablets</b>

[SSP04](#) allows for the tablet formulation to be supplied, if Haloperidol 500 microgram capsules (prescribed either generically or by its brand name Serenace®) specified on the prescription is unobtainable. The dosage and duration of treatment would remain as prescribed.

Pharmacists are required to read and comply with the requirements outlined within the individual SSP as published on the [NHSBSA website](#). This briefing is only intended as a short guide to read in conjunction with [PSNC's SSP guide for community pharmacy teams](#).

This SSP commenced on 23<sup>rd</sup> December 2019 and is currently due to expire on 23<sup>rd</sup> March 2020; the expiry date may be brought forward or extended so the validity of the SSP should be checked on the NHSBSA website, as appropriate.

### Key points

1. Pharmacists who receive a prescription for Haloperidol 500 microgram capsules (Serenace®) **must** consider SSP04.
2. The supervising pharmacist **may** supply the alternative tablet formulation – having exercised his/her professional skill and judgement – he/she is of the opinion the supply is reasonable and appropriate for the patient, and the patient agrees and consents to the alternative supply.
3. There are **additional considerations** associated with supply under an SSP, for example:
  - a. **Dosage** should remain as originally prescribed;

- b. Under these SSPs the total **quantity** supplied should be equivalent to the duration of treatment as the original prescription;
- c. **Labelling** should include ‘supplied against SSP number [state number]’;
- d. **Claiming/endorsement** – see additional endorsement guidance below;
- e. **Record-keeping** – the alternative supply should be recorded on the PMR/as per your usual SOP;
- f. GP notification is not required for these SSPs but may be professionally/clinically appropriate in certain cases;
- g. **Patient consent/agreement** – if a patient declines an alternative under an SSP you should advise them to return to the prescriber; and
- h. All prescriptions in England are covered under these SSPs, including hospital and private prescriptions.

## Endorsements

To ensure correct payments (fees and reimbursement) for any supplies made against this SSP, the contractor must endorse the prescription form, EPS Token or Electronic Reimbursement Endorsement Message (EREM) as per Clause 9, Part II of the Drug Tariff. If the contractor chooses to endorse the EPS Token instead of the EREM, then they will need to indicate on the EREM either “ND” or “Not dispensed” and then proceed with the endorsement on the EPS Token. Please see below the required endorsements for this SSP.

- **NCSO** – to indicate that the supply was made in accordance with an SSP;
- **For SSP04, other usual endorsements relating to drug, strength, formulation and quantity are not necessary as presence of the ‘NCSO’ endorsement would clearly indicate what was supplied.**

See below worked endorsement example for a supply made under SSP04:

Prescription for	Supply made under SSP04	Endorsement example	
Haloperidol 500 micrograms capsules x 30 or Serenace® 500 micrograms capsules x 30	Haloperidol 500 micrograms tablets x 30	NCSO	Haloperidol 500mcg capsules 30 capsules One capsule daily

NCSO endorsed FP10 paper prescriptions and EPS Tokens must be placed at the front of the red separator (preferably tied with an elastic band) when submitted to the NBSA for processing. DO NOT place NCSO-endorsed Tokens with other Tokens submitted as part of usual end of month submission process (Tokens with paid and exempt status declaration except for age-exempt patients).

## Prescription charges

Only one prescription charge will be applicable for patients who are not exempt from prescription charges. The only circumstance in which patients would not have to pay for a prescription charge is where an SSP requires a lower quantity to be supplied. Please note that the SSP for Haloperidol 500 microgram capsules (Serenace®) does not allow for a lower quantity to be supplied, so patients will continue to pay prescription charges (unless they are already exempt).

## Top Tips

- NHSBSA advise that contractor SSP claims should be clear and unambiguous and follow the protocol guidelines – NHSBSA processing staff must be able to determine what has been supplied.
- Ensure that the dispensed notification messages for all EPS SSP claims are submitted on time each month and before the expiry date of the SSP. View our [SSP submission reminder](#) to ensure your SSP claims are appropriately submitted to NHSBSA for reimbursement.
- Provided that supplies are made within the expiry date of the SSP04, any SSP claims will continue to be accepted for up to three calendar months after expiry or withdrawal of the SSP. For example, SSP for Haloperidol 500mcg capsules, which is due to expire on 23<sup>rd</sup> March 2020, the NHSBSA would look for the “NCSO” endorsement in the December batch (submitted by the 5th of January), January batch (submitted by the 5th February) and March batch (submitted by the 5th of April).
- Pharmacy teams are advised to submit SSP claims using the EPS Token if the PMR systems do not support/capture all the SSP endorsement requirements for a valid NCSO claim.
- If using the EPS Token to submit SSP claims, remember need to indicate on the EREM or electronic claim message either “ND” or “Not dispensed” and then proceed with the endorsement on the EPS Token to avoid double-claiming.
- Where available, use the claim amend facility on your PMR system to rectify any incorrect EPS claims already submitted this month.
- Check that the correct number of patient charges are collected and declared on the end of month FP34C submission form.
- Any paper prescriptions or Tokens with SSP claims need to be placed in a red separator (and kept separate from other Tokens for non-payment i.e. with paid/exempt status).
- Pharmacy contractors are advised to keep a record of all SSP claims submitted each month to reconcile against the Schedule of Payments.

## SSP FAQs

### **Q. Can pharmacists supply an alternative Haloperidol product (for eg oral solution) not listed in the SSP?**

**A.** Pharmacists are not able to deviate on what to supply to patients; they can only supply as outlined in the SSP for Haloperidol 500 microgram capsules (Serenace®). However, if pharmacists think that an alternative product not listed in the SSP would be suitable for the patient, such as haloperidol liquid because the patient has difficulty swallowing tablets, they should either contact the prescriber to discuss this (with the patient’s consent) or direct the patient back to their prescriber.

### **Q. Can I obtain and supply the unlicensed Haloperidol 500 microgram capsules against the SSP?**

**A.** No. Supply of unlicensed capsules are not covered by SSP04 for Haloperidol 500 microgram capsules. The need for an unlicensed product needs to be determined by the prescriber. If the unlicensed product is required, the prescription would need to specify ‘Haloperidol 500mcg capsules (Special Order)’ and the prescription needs to be endorsed as a Non-Part VIII B special.

### **Q. What quantity should I supply under SSP04, if a prescription requests a total quantity as 30 capsules but the tablets only come in a pack size of 28?**

**A.** The total quantity supplied under SSP04 must be equivalent to the number of days prescribed on the original prescription. If the prescription specifies 30 capsules, the pharmacist must supply 30 tablets. Broken bulk claims cannot be made for Haloperidol 500 microgram tablets as the item is listed in Category A Part VIIIA of the Drug Tariff with a pack size of less than £50.

### **Q. Does the SSP apply in Scotland, Northern Ireland and Wales?**

**A.** The SSP applies in England and Wales. It does **NOT** apply in Scotland and Northern Ireland

**Q. How can I check if I have been correctly paid for any supplies made under SSPs?**

**A.** The total of any SSP fees paid will appear on your monthly Schedule of Payment under 'SSP Remuneration (SSP fees)'. The 'SSP reimbursement' field will indicate the total VAT element only applicable to any supplies made under SSPs. Contractors are strongly advised to keep a monthly record of all supplies made against SSPs to reconcile against the Schedule of Payments.

## Resources

[PSNC Briefing 023/19](#) - This PSNC Briefing describes how SSPs will work in practice and provides guidance on what you need to do if an SSP is put in place.

[NHSBSA SSP page](#)

**If you have any queries on this PSNC Briefing or you require more information, please contact:**

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