

February 2021

PSNC Briefing 004/21: Serious Shortage Protocol (SSP): SSP10 – Levothyroxine 12.5mcg tablets

Introduction

This PSNC Briefing provides information on the Serious Shortage Protocol (SSP) for Levothyroxine 12.5mcg tablets issued by the Secretary of State for Health and Social Care on 3 February 2021. **SSP10** will enable community pharmacists in England, Wales and Northern Ireland to supply patients with a different strength and quantity of Levothyroxine tablets against a prescription for Levothyroxine 12.5mcg tablets.

For prescriptions (NHS or private) requesting:	Supply permitted under SSP10:
Levothyroxine 12.5mcg tablets (56 tablets)	Levothyroxine 25mcg tablets (28 tablets)

SSP10 allows for the supply of **one Levothyroxine 25mcg tablet to be taken on alternate days** if Levothyroxine 12.5mcg tablets is specified on the prescription and unobtainable. The total quantity supplied under this protocol is to be equivalent to the number of days treatment prescribed on original prescription.

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 3 February 2021 and is currently due to expire on 5 March 2021; 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 Levothyroxine 12.5mcg tablets **must** consider SSP10.
2. The supervising pharmacist **may** supply the alternative strength and quantity – 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** - Where the original dosage regime is 1 x levothyroxine 12.5 microgram tablet daily, the dosage regime will be amended to: **1 x 25 microgram levothyroxine tablet** to be taken on **alternate days*** (**Levothyroxine has a long half-life and because of this it is not uncommon for patients to have varying doses on different days.*)
 - b. Under this SSP 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 the alternative under an SSP you should advise them to return to the prescriber; and
- h. All prescriptions in England, Wales and Northern Ireland are covered under these SSPs, including hospital and private prescriptions.

Endorsements

To ensure correct payments (remuneration and reimbursement) for any supplies made against this SSP, the contractor must endorse the paper prescription form, or the 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 relevant endorsements 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;
- **Quantity supplied** – to indicate the correct quantity was supplied according to the SSP;
- **For SSP10, other usual endorsements relating to drug, strength and formulation are NOT necessary as presence of just the ‘NCSO’ endorsement, form and quantity supplied would clearly indicate to the NHSBSA what was supplied;**

Contractors should also note that there should be **no spaces** in between the wording for the endorsement options as outlined in the table below.

See below worked endorsement example for a supply made under SSP10:

Prescription for	Pharmacy contractor supplied under SSP10	Endorsement example	
Levothyroxine 12.5mcg tablets (56 tablets)	Levothyroxine 25mcg tablets (28 tablets)	NCSO,tabs x 28	Levothyroxine 12.5mcg tablets 56 tablets Two tablets daily
		Or	
		NCSO, levothyroxine 25mcg tablets x 28	Levothyroxine 12.5mcg tablets 56 tablets Two tablets daily

If using tokens for SSP claims, either the prescribing or dispensing token can be used to **endorse the required information** and capture the patient declaration before submitting the tokens to the NHSBSA in the red separator. When using EPS Tokens to submit SSP claims, the **NCSO-endorsed Tokens must be placed in the red separator on top of the relevant paid/exempt prescription bundle in a secure manner** (for example, by securing the red separator to the main prescription bundle with an elastic band to avoid any tokens and paper prescriptions from slipping out of the separator during transit) before submitting to NHSBSA in the usual way. The NHSBSA require any tokens with SSP claims to be placed securely in the red separator so that they are seen by an operator. If tokens with SSP claims are not placed in the red separator and are mixed in with the other tokens for non-payment (i.e. signed, paid and exempt tokens except for those of patients who are age-exempt), these will not be processed for payment by the NHSBSA.

Record keeping

There is no separate formal declaration required of monthly SSP claims submitted on the FP34C submission document or via the digital submission form using Manage Your Service (MYS). Contractors are advised to keep a record of all monthly SSP claims submitted for payment (including any NCSO-endorsed paper prescriptions, Tokens and electronic claim messages) for reconciliation against the Schedule of Payments.

Prescription charges

For each item, 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 Levothyroxine 12.5mcg tablets does not allow for a lower quantity to be supplied, so patients will continue to pay prescription charges (unless they are already exempt).

Reimbursement and remuneration

Reimbursement is for the medicine supplied in accordance with the SSP and not the originally prescribed medicine i.e. in this instance contractors will be reimbursed the Drug Tariff Part VIIIA reimbursement price for the Levothyroxine 25mcg tablets (or any concessionary price granted, where applicable). The reimbursement price will account for VAT payment. Supply in accordance with the SSP will result in the following fees being paid to the contractor:

- One Single Activity fee (currently £1.27)
- One SSP fee (£5.35)

SSP payments can be found on the second page of the monthly Schedule of Payments under the section 'Details of other amounts authorised'. The SSP payments will appear as:

- **SSP Remuneration** – this is monthly total value of all SSP fees (currently £5.35 per item). In addition to the SSP fee, contractors also receive a Single Activity Fee (currently £1.27) for every SSP claim processed by the NHSBSA.
- **SSP Reimbursement** – this is the monthly total VAT element of SSPs; the total SSP drug reimbursement value (excluding VAT) is incorporated into the combined 'Total of drug and appliance costs' and is not itemised separately in the Schedules.

What to do if you believe you have not been paid accurately for SSP claims submitted

Where pharmacy teams have correctly endorsed and submitted a claim for an SSP but the Schedule of Payment does not indicate the correct number of SSP fees expected, contractors are advised to check their **Prescription Item reports** to identify which of the SSP claims were successfully processed by the NHSBSA. If the reasons for any non-payment of SSPs cannot be established, contractors are advised to contact NHSBSA Prescription Services team on 0300 330 349 or email nhsbsa.prescriptionservices@nhsbsa.nhs.uk.

If contractors are confident that payment for any SSPs claimed has been incorrectly calculated by NHSBSA, a bundle **re-check request** can be submitted. If the issue remains unresolved, contractors should contact PSNC's Dispensing and Supply Team on 0203 1220 810 or email info@psnc.org.uk for further advice.

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 SSP10, 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 Levothyroxine 12.5mcg tablets, which is due to expire on **5 March 2021**, the NHSBSA would look for the “NCSO” endorsement in the March batch (submitted by the 5th April) right up to the June batch (submitted by the 5th of July). Please note that **SSPs cannot be supplied past the period of SSP validity**. Any other items on the same prescription form (including any items that are owing) can continue to be dispensed as usual but must be submitted for payment within three months of expiry of the SSP.
- 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 within a calendar 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.
- For guidance on SSPs in Wales, click [here](#).
- For guidance on SSPs in Northern Ireland, click [here](#).

SSP FAQs

Q. Can pharmacists supply an alternative Levothyroxine product (for e.g. oral solution) not listed in the SSP?

A. Pharmacists are not able to deviate from the SSP on what to supply to patients; they can only supply alternative as outlined in SSP10 for Levothyroxine 12.5mcg tablets.

Q. Can I obtain and supply the unlicensed Levothyroxine 12.5mcg tablets against the SSP?

A. No. Supply of unlicensed tablets are not covered by SSP10 for Levothyroxine 12.5mcg tablets. 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 ‘Levothyroxine 12.5mcg tablets (Special Order)’ and the prescription needs to be endorsed as a Non-Part VIII B special.

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.

[Serious Shortage Protocols \(SSPs\) Endorsing Factsheet](#)

[NHSBSA SSP page](#)

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

- **PSNC’s Dispensing and Supply Team** (info@psnc.org.uk)
- **Suraj Shah, Drug Tariff and Reimbursement Manager** (Suraj.Shah@psnc.org.uk)

- Daniel Ah-Thion, Community Pharmacy IT Lead (Daniel.AhThion@psnc.org.uk)
- Gordon Hockey, Director of Operations and Support (Gordon.Hockey@psnc.org.uk)