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Executive Summary

This bulletin presents a summary of prescriptions dispensed in the community in England, by community pharmacists, appliance contractors, dispensing doctors and prescriptions for items personally administered in general practices. The statistics are derived from the system for reimbursing contractors for dispensing medicines and dressings and appliances, run by NHS Prescription Services - part of the NHS Business Services Authority (NHSBSA). The specific source for these statistics is the Prescription Cost Analysis system (PCA), figures for which are published annually as a National Statistic, by the Health and Social Care Information Centre, in April.

The bulletin highlights changes between 2011 and 2010 and presents the main trends between 2001 and 2011 and within therapeutic areas, based on British National Formulary (BNF) classifications.

Findings in 2011:

- 961.5 million prescription items were dispensed overall, a 3.8 per cent increase (34.9 million items) on the previous year. The average number of prescription items per head of the population in 2011 is 18.3, compared to 17.7 items in the previous year.

- The total net ingredient cost of prescriptions dispensed was £8.8 billion, a 0.3 per cent fall on the previous year. The average cost per head of the population has fallen to £167.22, from £169.13 in 2010. The average net ingredient cost per prescription item has fallen from £9.53 in 2010 to £9.16 in 2011.

- The leading BNF Chapter in terms of net ingredient cost is again the Central Nervous System and in terms of prescription items dispensed is again the Cardiovascular System.

- The leading BNF Section in terms of in terms of net ingredient cost is again Drugs used in Diabetes and prescription items dispensed is again Hypertension and Heart Failure.

- 68.9 per cent of all prescription items were dispensed as generic medicines representing 29.8 per cent of the total cost. In 2010 these figures were 67.4 per cent and 29.6 per cent respectively and in 2001 they were 52.2 per cent and 17.8 per cent respectively.

The BNF chapter of greatest cost in 2011 is the Central Nervous System (£1.954 million). This chapter has also seen the greatest increase in cost since 2010 (£80.6 million) of any chapter and the largest increase in the number of items dispensed (8.9 million).

BNF section 4.3 Antidepressants has seen the largest increase in both net ingredient cost (£49.8 million) and the number of items dispensed (3.9 million) of any section between 2010 and 2011.
Introduction and Background Information

1. All prescription statistics in this bulletin are derived from the system for reimbursing contractors for dispensing medicines and dressings and appliances in the community. This system is run by NHS Prescription Services - part of the NHS Business Services Authority (NHSBSA).

2. The specific source for these statistics is the Prescription Cost Analysis system (PCA). The NHS Information Centre publishes the Prescription Cost Analysis National Statistic, based on PCA figures for the most recent calendar year, annually, in April.

   This National Statistic publication provides commentary and trend analysis on the latest PCA publication and those from the previous ten years.


British National Formulary Classifications

3. The Prescription Cost Analysis system uses the therapeutic classifications defined in the British National Formulary (BNF) September 2010 (edition 60).

Pharmaceutical Price Regulation Scheme

4. The Pharmaceutical Price Regulation Scheme is a voluntary agreement between the Department of Health and the Association of the British Pharmaceutical Industry. The scheme places some control on the costs of medicines to the NHS and applies to all branded licensed medicines. An overall price cut of 3.9 per cent was agreed for 2009 and of 1.9 per cent in January 2010, which had an impact across all therapeutic areas.

Category M

5. The category M scheme is an arrangement where the net ingredient cost for selected generic formulations is controlled, with the aim of reducing costs overall. Drugs subject to these arrangements are classified as category M in Part VIII of the Drug Tariff. The majority of these formulations have fallen in price, although some formulations have increased in price. These price adjustments have contributed to shifts in the relative positions of drug chapters and sections in the tables of this bulletin and affect overall cost per item.

Terminology

6. Information within this bulletin is based on the number and cost of prescription items dispensed in the community in England. Within the text commentary the terms ‘prescribing’ and ‘dispensing’, and ‘prescribed’ and ‘dispensed’ are interchangeable, meaning ‘the number of items’ dispensed. The term ‘use’ or ‘volume’ within the text commentary also refers to ‘the number of items dispensed’. The term ‘cost’ refers to ‘net ingredient cost’. Figures for cost and items are given in millions and, for example, £1 million is shown as £1.0m and 1 million items is shown as 1.0m.
Prescribing Trends: Key Facts
The number of items dispensed.

7. The number of items dispensed in 2011 has increased by 3.8 per cent (34.9m items) over the number dispensed in 2010. Much of the increase in prescribing has been of drugs with existing high usage and these are listed in Table 3, which shows the top 20 drugs in terms of number of items dispensed.

8. The drug with the greatest increase in the number of items dispensed (2.6m items) is omeprazole.

Other drugs with large increases in the number of items dispensed are listed below.

- bisoprolol
- citalopram
- simvastatin
- amlodipine
- levothyroxine
- lansoprazole
- metformin
- influenza vaccine.

9. In terms of therapeutic area, the greatest increase in prescribing is of Antidepressant drugs (BNF Section 4.3). This is followed by increased prescribing of Anti-secretory drugs and muscosal protectants (especially proton-pump inhibitors) within BNF Section 1.3.

10. Other large increases in prescribing have occurred in the following areas.

- analgesics, with increased use of paracetamol
- drugs for diabetes, led by increased use of metformin
- drugs for the treatment of cardiovascular disease,
  - with increased use of lipid-regulating drugs, notably simvastatin
  - with increased use of drugs to treat hypertension, led by losartan and ramipril
  - with increased use of beta-adrenoceptor blocking drugs, notably bisoprolol fumarate
  - with increased use of calcium-channel blockers, notably amlodipine.
- vitamins, with increased use of colecalciferol
- antiepileptic drugs, where prescribing of gabapentin and pregabalin has increased
- thyroid and antithyroid drugs, with increased use of levothyroxine
- vaccines, with increased use of influenza vaccine
- drugs for genito-urinary disorders
- drugs used in the treatment of anaemia and other blood disorders
- laxatives
- drugs for dementia.

11. Therapeutic areas where the number of items dispensed fell included

- oral nutrition
• drugs used in the treatment of obesity
• diuretics.

The net ingredient cost of prescribing.

12. The overall net ingredient cost of prescribing fell by 0.3 per cent (£29.3m) in 2011.

Falling costs

13. Several factors have contributed to this fall in costs, notably changes to the price of many drugs under the category M scheme, see paragraph 5. Adjustments to prices under this scheme have seen dramatic changes to costs across therapeutic areas over recent years. In 2011 for example, in BNF Section 4.3, Anti-depressants, costs have risen by 22.6 per cent (£49.8m) after price increases, whereas between 2009 and 2010 costs fell by £9.7m, and between 2008 and 2009 costs fell by £17.3m, after prices were lowered.

14. Other factors which have lowered costs include
• lower use of some drugs
• generic versions of some drugs becoming available
• the fall in the price of some drugs outside of the category M scheme
• lower use of more costly formulations of some drugs, such as modified-release versions or ‘special’ formulations, notably liquid special formulations (see paragraph 121).

15. Many of the falls in cost for individual therapeutic areas are the result of price reductions under the category M scheme. Falls in cost that are related to lower use of drugs include
• lower use of the angiotensin-II receptor antagonists, irbesartan, olmesartan and telmisartan
• lower use of ezitimbe and its combination with simvastatin, within BNF Section 2.12, (lipid regulating drugs).
• lower use of the proton-pump inhibitor, rabeprazole sodium
• lower use of darbepoetin alfa
• lower use of glucosamine. This drug is regarded as less suitable for prescribing.

16. Falls in costs associated with the use of less costly generic versions of drugs include the following.
• a generic form of the proton-pump inhibitor, esomeprazole
• a generic form of the hormone antagonist, anastrazole
• a generic form of mycophenolate, used to counter rejection after transplants
• generic formulations of dorzolamide with timolol, and brimonidine tartrate, for the treatment of glaucoma, are available. These have also had price reductions under the category M scheme.

17. Falls in costs associated with a fall in use of more costly formulations include the following.
• lower use of liquid special formulations of the calcium-channel blocker, amlodipine
• lower use of liquid special formulations of simvastatin (a lipid-regulating drug), where a new generic oral suspension has become available
• lower use of the modified-release preparation of the nitrate, isosorbide mononitrate and of the calcium-channel blocker, nifedipine – there was also a fall in the use of both drugs overall.
• lower use of diclofenac sodium modified-release formulations, used in the treatment of rheumatic disease – there was also a fall in the use of the drug overall.

18. Falls in costs associated with a price reduction outside the category M scheme include the reduction in price of goserelin implants (Including lower overall use).

**Rising costs**

19. Several factors have contributed to the rising costs in prescribing in some therapeutic areas. Rising costs associated with price increases both within and without the category M scheme have had a major impact in some areas and a general increase in the use of drugs has increased costs in others.

20. Price increases under the category M scheme have increased costs for BNF Section 4.3 Anti-depressant prescribing (see paragraph 58), BNF Section 4.8 Anti-epileptics (see paragraph 53) and for BNF section 6.3 Corticosteroids (Endocrine) (see paragraph 73).

21. The increased use of drugs has increased prescribing costs in many areas -

- antidepressant drugs, including sertraline, citalopram, duloxetine and nortriptyline
- antiepileptic drugs including gabapentin, pregabalin and levetiracetam
- antipsychotic drugs including quetiapine, olanzapine and aripiprazole
- drugs for dementia
- the treatment of ADHD, increased use of methyphenodate modified-release formulations
- drugs used in diabetes including sitagliptin, liraglutide and pioglitazone and increased use of blood glucose testing strips
- drugs for genito-urinary disorders including solifenacin, oxybutynin, tadalafil and others
- contraceptives – increased use of descogestral
- respiratory corticosteroids including budesonide, fluticasone and beclometasone
- mucolytics - increased use of carbocisteine
- the treatment of asthma - increased use of montelukast
- emmolient and barrier preparations, use of creams, lotions and gels has increased costs by £4.4 m
- influenza vaccines.

22. The rising price of drugs has increased prescribing costs in these areas.

- the treatment of ADHD – the generic price of dexafetamine has increased
- contraceptives – the price of cilest has increased.
Number and net ingredient cost of prescriptions

23. Details are given in Table 1. The main features are:

- The number of prescription items increased by 34.9m from 926.7m in 2010 to 961.5m in 2011, an increase of 3.8 per cent. This is an increase of 63.8 per cent (374.5m items) on 2001.
- Between 2001 and 2011, the net ingredient cost of prescription items dispensed fell by £29.3m (0.3 per cent) to £8,805.1m. In the previous year, there had been an increase of 3.5 per cent. The 2011 figure is an increase of 44.0 per cent (£2,688.5m) on 2001.
- The average net ingredient cost per item fell (for the seventh year in succession) from £9.53 in 2010 to £9.16 in 2011 (a fall of 4.0 per cent). The figure in 2001 was £10.42. The 2011 figure is a decrease of 12.1 per cent (£1.26) on 2001.
- The number of prescription items per head increased from 17.7 in 2010 to 18.3 in 2011, an increase of 2.9 per cent. The number of prescription items per head in 2001 was 11.9. The 2011 figure is an increase of 53.8 per cent (6.4 items) on 2001. The rate of increase has now fallen for four years in succession, from 5.2 per cent in 2006 -2007.
- The average net ingredient cost per head fell from £169.13 in 2010 to £167.22 in 2011, a fall of 1.1 per cent. In 2001 the average cost was £123.69. The 2011 figure is an increase of 35.2 per cent (£43.53.) on 2001.

24. Figure 1 shows that net ingredient cost has risen in most years between 2001 and 2011 but not in all. Figure 2 shows that the growth rates for costs have fallen between 2002 and 2005, 2006 and 2008, and between 2010 and 2011. The rate of growth in the number of items dispensed has been above 4 per cent throughout this period, until now. The growth rate has now fallen in each year since 2007.

25. Factors which may influence the growth in prescribing are:

- the size of the population
- the age structure of the population, notably the proportion of the elderly, who generally receive more prescriptions than the young
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long term conditions, for example, diabetes
- shifts in prescribing practice in response to national policy, and new guidance and evidence, for example, in cardiovascular disease.
26. The leading factors likely to have influenced the changes in the overall cost during this period include

- the Pharmaceutical Price Regulation Scheme (see paragraph 4)
  - Under the scheme in 2005, drug prices were reduced by 7 per cent. This will have contributed to lower costs (Figure 1) and lower growth rates (Figure 2) seen in 2005.
- the category M scheme (see paragraph 5). This was a major cause of lower costs (Figure 1) and lower growth rates (Figure 2) in 2007 and 2008.
- the level of generic dispensing (see paragraphs 112-116)
- the number of new, and generally more expensive, drugs available in some therapeutic areas for example: Drugs used in diabetes
- drug supply issues, for example: a shortage of supply for a generic formulation leads to a greater use of branded projects.
Leading individual drugs

27. Details are given in Tables 2 and 3. (The figures include all items dispensed for each drug across all BNF classifications, not just usage in the main indication for the drug.)

28. In Table 2, leading drugs by net ingredient cost, four drugs (influenza vaccine, donepezil hydrochloride, pioglitazone & mesalazine) have entered the top 20 list this year, with their costs increasing in line with increased use. These have replaced salbutamol, simvastatin, fentanyl and goserelin acetate. Costs for salbutamol fell with the continued shift in use from the generic aerosol inhaler to the less expensive branded ventolin inhaler. The price of simvastatin fell under the category M scheme and use of fentanyl and goserelin acetate fell with some prices falling.

Of the top 20 drugs by net ingredient cost

- the cost of the top three drugs combined is approximately 10 per cent of the total cost of all drugs, £911.6m
- five are used to treat conditions within BNF Chapter 4, Central Nervous System
- four are used to treat respiratory disease, BNF Chapter 3, Respiratory System
- four are used to treat diabetes (BNF Section 6.1, Drugs used in diabetes)
- three are used to treat cardiovascular disease (BNF Chapter 2, Cardiovascular system).

29. In Table 3, leading drugs by the number of items dispensed, the top 20 drugs accounted for 38.4 per cent of all items dispensed, with the top 3 (simvastatin, aspirin and levothyroxine sodium) accounting for 10.2 per cent. These same three drugs were the top three in the previous year.

Influenza vaccine has entered the top 20 list this year, having left the list in the previous year, replacing lisinopril. Use of influenza vaccine increased in 2011.

Of the top 20 drugs by the number of items dispensed

- nine are used to treat cardiovascular disease, BNF Chapter 2, Cardiovascular System
- three are used to treat conditions within BNF Chapter 4, Central Nervous System.

Free and charged prescriptions

30. Prescriptions are subject to a prescription charge but many people are eligible for free prescriptions. The groups eligible for free prescriptions are described in paragraph 122. All items personally administered and all contraceptives are free.

31. From December 2007 NHS Prescription Services changed the process for pricing prescriptions and for capturing prescription charge exemption status. As a result, NHS Prescription Services is unable to reliably estimate the data for each exemption category from this date. Accordingly, this and future bulletins will have limited information on free and charged prescriptions and will not report on prescribing by different exemption groups, such as children and the elderly (see
paragraph 122). **Table 4** therefore, presents all the information that is currently available. If information based on exemption groups becomes available in the future it will be reported here.

32. **Table 4** shows that the proportion of prescription items, charged at the point of dispensing, has fallen from 10.0 per cent in 2001 to 5.4 per cent in 2011. The proportion of free prescriptions has risen from 85.4 per cent in 2001 to 94.6 per cent in 2011. However, from 2008, the number of free prescriptions includes the number purchased with pre-payment certificates. Prior to 2008, these items were included as charged prescriptions.

33. From April 2009, a further group of patients were added to those already exempt from the prescription charge, namely patients undergoing treatment for cancer. More details are available from the link below.


34. Using the figures in **Table 4**, prior to 2008 it is clear that the majority of the items dispensed which were free from the prescription charge were exempt on the grounds of patients being aged 60 and over. The proportion of items exempt on these grounds has risen since 2001, as the proportion of elderly people in the population has increased.

**Generic prescribing and dispensing**

**Overall**

35. See **Tables 5 and 6**. The definitions of prescriptions written generically and dispensed generically, and the preparation classes of items are given in paragraphs 112 to 116.

36. **Table 5** shows that the share of prescription items written generically has risen to 83.0 per cent, after falling slightly in the previous year. The share of the associated net ingredient cost has continued to decrease, from 69.3 per cent to 68.3 per cent. This is the lowest value since 2002.

37. The proportion of prescription items dispensed generically continues to increase, from 67.4 per cent in 2010 to 68.9 per cent in 2011. The increase in the share of the associated net ingredient cost rose from 29.6 per cent to 29.8 per cent.

38. The prescribing of drugs by approved (generic name) has been encouraged, largely because such prescriptions can be dispensed with a generic product if available. Generally generic (off-patent) medicines are less expensive, although this is not always the case. The rate of generic prescribing may not rise much further if it has reached a clinically appropriate level for the drugs currently available.
39. The proportion of generically prescribed items which were dispensed generically has risen in each year, from 52.2 per cent in 2001 to 68.9 per cent in 2011. The proportion that were dispensed as proprietary items, when there was no generic version available, has fallen each year since 2002, to 14.1 per cent in 2011. This may indicate that more generic products are available and that the number of proprietary-only products is falling. The proportion of net ingredient cost for items that were dispensed as proprietary items is at its lowest since 2001, having fallen each year since 2008.

40. In 2011 the 68.9 per cent of items prescribed and dispensed generically account for 29.8 per cent of the net ingredient cost. The 14.1 per cent of items which were written generically and dispensed as proprietary accounted for 38.5 per cent of the net ingredient cost.

41. **Table 6** shows the number, net ingredient cost and average net ingredient cost per item for each class of drug (see paragraph 114).

42. The number of items dispensed has risen by 34.8m overall, most of which were class 1 items, prescribed and dispensed by generic name. The number of class 2 items fell by 7.0m items with the number of class 3 items increasing by 3.6m.

   - The class 1 increase and the class 2 decrease in number of items can be attributed in part to new generic formulations for some drugs becoming available, such as *nicorandil*, *propranolol hydrochloride* and *risedronate sodium*. The class 3 increase will, in part, be due to the switch in use from generic to branded *salbutamol* inhalers.

43. Net ingredient costs fell by £29.3m overall. Class 3 net ingredient costs rose by £61.4m and class 4 costs rose by £38.2m. Class 2 costs fell by £128.1m.

   - The large decrease in class 2 costs will, in part, be due to new, less expensive generic formulations becoming available. These include *anastrozole*, *pioglitazone*, *nicorandil* and *olanzapine*.

44. In 2011, generically dispensed items had an average cost of £3.79 per item compared with those dispensed by proprietary brand which cost £16.27. Those prescribed generically but dispensed by proprietary brand cost £23.94 per item.

**By BNF Chapters**

45. **Table 7** shows that there is wide variation between chapters in both the percentage of items prescribed generically and the percentage of items dispensed generically. Each chapter is made up of certain groups of medicines and the extent to which generic alternatives exist for these medicines is the major factor governing this variation.

   The prescriber has the choice to prescribe generically or not, in most cases.

**Factors which influence this choice are:-**

   - clinical need, where a branded product is more suitable for the patient
   - guidelines, which recommend that specific medicines should be prescribed by brand

**Rates of prescribed generic items in 2010 and 2011.**

   - The overall prescribed generic rate increased from 82.7 per cent in 2010 to 83.0 per cent in 2011.
• BNF Chapter 5, *(Infections)*, as in 2010, had the greatest proportion of items written generically, 98.7 per cent.
• BNF Chapter 14, *(Immunological products and vaccines)* had the lowest proportion of prescription items written generically, 29.8 per cent.
• 8 of the 15 BNF chapters had increased rates of generic prescribing, 2 chapters saw no change and 5 chapters had lower rates than 2010.

**Rates of dispensed generic items in 2010 and 2011.**
• The overall dispensed generic rate increased from 67.4 per cent in 2010 to 68.9 per cent in 2011.
• BNF Chapter 5, *(Infections)*, as in 2010, had the greatest proportion of items dispensed generically, 93.6 per cent.
• BNF Chapter 12, *(Ear, nose and oropharynx)* had the lowest proportion of prescription items dispensed generically, as in 2010. The rate increased however from 13.6 per cent to 20.0 per cent with increased dispensing of generic *fluticasone* nasal spray.
• The rate for BNF Chapter 8, *(Malignant disease and immunosuppression)*, rose from 44.9 per cent in 2010 to 65.6 per cent in 2011. This will, in part, be due to generic formulations of *anastrozole* and *letrozole* becoming available.

### Prescribing Trends by BNF Chapters

46. See Table 8 and Figures 3, 4 and 5 (pages 65-67).

**The main features in 2011 compared with 2010.**
• In terms of net ingredient cost the top 6 chapters in 2011 are the same as in 2010, with Chapter 4 *(Central nervous system)* having the greatest cost, £1,954.0m.
• In terms of the number of items dispensed the chapters remain in the same order as in 2010 with Chapter 2 *(Cardiovascular system)* having the highest number of items dispensed, 292.4m.
• The leading chapters, in terms of average net ingredient cost per prescription item have remained in the same order as in 2010, except that Chapter 2 *(Cardiovascular system)* is now the least costly, replacing Chapter 5 *(Infections)*. Chapter 8 *(Malignant disease & immunosuppression)* has the highest average net ingredient cost per item at £77.92, although this is 10.2 per cent lower than the figure for 2010.
• Of the fifteen chapters listed in Table 8 seven have seen costs fall in 2011, three by over 5 per cent. Two chapters have increases in cost above 5 per cent. The pseudo-BNF chapters combined under *Dressings and Appliances* saw costs rise by 6.4 per cent (£38.3m) (see paragraph 110).
• The number of prescription items dispensed increased in each chapter and by more than 5 per cent in six chapters, between 2010 and 2011.
• The number of items dispensed rose by 9.7 per cent for Chapter 14, *(Immunological products and vaccines)*. Between 2009 and 2010 the number of items dispensed fell by 2.6 per cent for this chapter.
• For BNF Chapter 4 *(Central nervous System)* the number of items dispensed increased by 8.9m items, the largest increase of any chapter.
• The average net ingredient cost per prescription item fell for most chapters with three having falls of more than 10 per cent. Three chapters had an increase in average net ingredient cost per prescription item, with Chapter 15, (Anaesthesia) increasing by 12.0 per cent.

Prescribing Trends by BNF Sections

47. Figure 6 shows the trends in the number of prescription items dispensed for the leading five BNF sections, by net ingredient cost, from Table 9, between 2001 and 2011. The leading five sections have changed since last year, with Section 4.8 (Antiepileptics) replacing Section 2.5 (Hypertension), where costs have fallen 16.3 per cent (£64.3m). Costs for Section 4.8 (Antiepileptics) have risen by 13.9 per cent (£46.2m). The number of items dispensed has risen since 2001, with increases of over 10 per cent in the last two years.

Figure 6. Trends in the number of prescription items dispensed for the five BNF Sections that had the greatest net ingredient cost in 2011, between 2001 and 2011.

48. Table 9 shows the 20 leading BNF sections by net ingredient cost in 2011. All but one of these sections were in the top 20 list in the previous year – previous positions are given in the table. BNF Section 4.9 (Drugs used in Parkinsonism/Related Disorders) has been replaced by BNF Section 11.6 (Treatment of Glaucoma).

Nine sections have had a fall in costs including
• BNF Section 1.3, (Antisecretory Drugs and Mucosal Protectants), by 20.0 per cent
• BNF Section 2.5 (Hypertension and Heart Failure), by 16.3 per cent.

Two sections have had increases in cost of over ten per cent
• BNF Section 4.3 (Antidepressant Drugs), by 22.6 per cent
• BNF Section 4.8 (Antiepileptics), by 13.9 per cent.
One section has had a fall in the number of prescription items dispensed, BNF Section 9.4 (Oral Nutrition), by 7.0 per cent.

The average net ingredient cost per prescription item has fallen for fifteen sections.

6.1 Drugs used in diabetes.

49. This has been the leading section in terms of net ingredient cost since 2007. Costs for this section have increased by £38.5m, (5.4 per cent) with the number of items dispensed increasing by 2.3m items (6.1 per cent).

Rising costs, rising volume with price reductions under the category M scheme
- metformin, costs have risen by £0.3m (0.5 per cent) after there was a price decrease under the category M scheme for the 500mg tablets. Use has increased by 1.3m items (9.3 per cent).

Rising costs, rising volume.
- sitagliptin, costs have risen by £17.6m, (63.0 per cent), use increased by 64.9 per cent.
- liraglutide, costs have risen by £12.4m, (128.6 per cent), use increased by 128.9 per cent.
- pioglitazone, costs have risen by £8.7m, (14.6 per cent), use increased by 15.0 per cent.
- saxagliptin, costs have risen by £2.8m, (over 200 per cent), use increased by over 200 per cent.
- glucose blood testing reagents, costs have risen by £5.3m (3.5 per cent), use has increased by 0.8 per cent.
- insulin glargine, costs have risen by £3.5m, (4.7 per cent), use has increased by 3.3 per cent.
- bisphasic protamine insulin, costs have risen by £3.3m, (6.2 per cent), use has increased by 12.1 per cent.

Falling costs, falling volume
- biphasic isophane insulin, costs have fallen by £6.0m, (23.3 per cent), use has fallen by 26.5 per cent.
- rosiglitazone, costs have fallen by £11.0m (99.9 per cent), and for metformin with rosiglitazone, by £7.3m (99.8 per cent). Rosiglitazone was withdrawn in 2010 and less than 500 items were dispensed for both the single and combined form of the drug during 2011.

Falling costs, rising volume, with price reductions under the category M scheme.
- gliclazide, costs have fallen by £0.7m (3.2 per cent) with use increasing by 6.3 per cent.

3.2 Corticosteroids (Respiratory)

50. Costs for this section have risen by £19.7m (3.2 per cent) with the number of items dispensed increasing by 0.4m items (2.4 per cent).
Rising costs, rising volume

- **budesonide**, costs have risen by £9.8m (6.6 per cent), use has increased by 5.2 per cent.
- **fluticasone**, costs have risen by £7.3m, (1.9 per cent), use has increased by 2.3 per cent.
- **beclometasone**, costs have risen by £2.6m, (2.9 per cent), use has increased by 1.3 per cent.

### 2.12 Lipid-regulating Drugs

51. Costs for this section have fallen by £20.5m (3.6 per cent) with the number of items dispensed increasing by 2.1m items (3.5 per cent).

**Falling costs, rising volume with price reductions under the category M scheme.**

- **simvastatin**, costs have fallen by £12.7m (17.2 per cent), use has increased by 4.1 per cent. There was a fall in the use of liquid special formulations as new generic oral suspensions became available.
- **fenofibrate**, costs have fallen by £2.7m (36.9 per cent), use has increased by 7.6 per cent.
- **pravastatin**, costs have fallen by £1.7m (21.1 per cent), use has increased by 13.7 per cent.
- **fluvastatin**, costs have fallen by £0.9m (36.7 per cent) and use has also decreased by 8.5 per cent.

**Falling costs, falling volume**

- **ezetimibe**, costs have fallen by £6.0m (7.7 per cent), use has decreased by 6.3 per cent.
- **simvastatin and ezetimibe**, costs have fallen by £2.0m (24.5 per cent), use has decreased by 25.9 per cent.

**Rising costs, rising volume**

- **atorvastatin**, costs have risen by £5.0m (1.6 per cent) with use increasing by 2.7 per cent. As in the previous year use of the 10mg and 20mg tablets has fallen (by just under 4 per cent, with costs falling at a similar rate and by £7.2m, combined). Use of the 40mg and 80mg tablets has increased with costs rising by £5.4m and £6.6m respectively.
- **omega 3 acids**, costs have risen by £1.0m (6.6 per cent) with use increasing by 8.6 per cent.

### 4.7 Analgesics

52. Costs for this section have fallen by £12.9m (2.7 per cent) with the number of items dispensed increasing by 2.4m (4.0 per cent).

**Falling costs, rising volume with price reductions under the category M scheme.**

- **co-codamol**, costs have fallen by £7.9m (10.3 per cent), use has increased by 1.2 per cent.
- **tramadol**, costs have fallen by £5.4m (10.2 per cent), use has increased by 7.5 per cent.
- **paracetamol**, costs have fallen by £3.0m (4.6 per cent), use has increased by 5.0 per cent.

**Falling costs, falling volume, with price reductions under the category M scheme.**

- **co-dydramol**, costs have fallen by £2.3m (18.1 per cent) and use has fallen by 6.0 per cent.

**Falling costs, rising volume**

- **fentanyl**, costs have fallen by £6.8m (9.6 per cent) and use has increased by 7.4 per cent.
  - use of generic transdermal patches and Durogesic DTrans patches has fallen and prices have fallen. Costs decreased by £12.5m.
  - use of the branded generic medicines *matrifin* and *mezolar* increased by 128,000 items. Although prices fell, costs increased by £5.2m.

**Falling costs, falling volume**

- **co-proxamol**, costs have fallen by £1.2m, (18.4 per cent) and use has fallen by 19.5 per cent, part of a continued fall after the license was withdrawn due to safety concerns 2007. Unlicensed use continues as alternatives are not effective or suitable for some patients.

**Rising costs, rising volume**

- **morphine sulphate**, costs have risen by £2.2m (9.9 per cent), use has increased by 0.4m (15.4 per cent).
- **codeine**, costs have risen by £0.2m (1.1 per cent), use has increased by 8.4 per cent.
- **buprenorphine**, costs have risen by £6.1m (16.6 per cent), use has increased by 14.9 per cent items.
- **oxycodone**, costs have risen by £4.6m (10.5 per cent), use has increased by 11.6 per cent.

### 4.8 Antiepileptics

53. Costs for this section have increased by £46.3m (13.9 per cent), more than in the previous year, where costs increased by £36.1m (12.2 per cent). There has been an increase in the number of items dispensed similar to that seen in the previous year, 10.6 per cent (1.5m items).

**Rising costs, rising volume with price changes under the category M scheme**

- **gabapentin**, costs have risen by £14.1m (57.6 per cent). Use has increased by 0.5m items (19.3 per cent).
  - there have been price increases under the category M scheme for the 100mg and 300mg capsules, with costs increasing by £15.9m combined.
  - use of the 600mg tablets has increased by 17.1 per cent but the category M price has fallen with costs decreasing by £1.0m.
  - use of the branded 300mg capsules has fallen by 66.3 per cent with costs falling by £1.6m.
  - a fall in the use of two of the liquid special formulations has reduced costs by £0.7m.
Rising costs, rising volume

- *pregabalin*, costs have risen by £29.5m (23.8 per cent), use has increased by 29.9 per cent.
- *levetiracetam*, costs have risen by £7.3m (13.3 per cent), use has increased by 19.4 per cent.
- *lacosamide*, costs have risen by £1.4m (59.1 per cent), use has increased by 53.2 per cent.
- *zonisamide*, costs have risen by £0.6m (13.6 per cent), use has increased by 14.7 per cent.
- *midazolam hydrochloride*, costs have risen by £0.5m with use increasing from under 300 items in 2010 to 2,500 in 2011.

Falling costs, rising volume with price reductions under the category M scheme.

- *topiramate*, costs have fallen by £4.3m (31.9 per cent), use has increased by 9.7 per cent. The drug came off patent in 2010 and is now within the category M scheme where prices have fallen.
- *lamotrigine*, costs have fallen by £1.2m (7.0 per cent), use has increased by 9.8 per cent.

Falling costs, falling volume

- *phenytoin sodium*, costs have fallen by £1.2m (8.0 per cent), use has fallen by 1.2 per cent.
- *midazolam maleate*, costs have fallen by £0.9m (9.9 per cent), use has fallen by 3.5 per cent. Use of the Liquid special Oromucosal 10mg/ml formulation fell by 18.8 per cent, reducing costs by £1.6m. A new 10mg/ml Oromucosal solution has been used in 2011 at a cost of £0.6m.

2.5 Hypertension and heart failure

54. Costs for this section have fallen by £64.2m (16.3 per cent) with the number of items dispensed increasing by 1.9m items, (3.0 per cent). Many drugs in this section have seen both a fall in use and a fall in cost.

Falling costs, rising volume with price reductions under the category M scheme.

- *ramipril*, costs have fallen by 4.7 per cent (£1.9m), use has increased by 7.0 per cent. There was a fall in use of some liquid special formulations.
- *lisinopril*, costs have fallen by £2.5m (14.8 per cent), use has increased by 1.6 per cent.
- *losartan*, costs have fallen by £33.4m (77.6 per cent). Use increased by 29.0 per cent (1.0m items). In mid-2010 the drug came off patent and generic tablets became available. Use of these increased and prices were reduced. There was also a large fall in use of the branded tablets.
- *doxazosin mesilate*, costs have fallen by 14.8 per cent (£4.3m). Use has increased by 2.0 per cent. There has been increased use of the generic tablets and a fall in the use of modified release tablets.

Falling costs, falling volume

- *perindopril erbumine*, costs have fallen by £4.6m, (28.8 per cent) use has fallen by 0.6 per cent. Apart from the generic 8mg tablet all other forms
(including liquid special formulations) have seen a fall in use and costs. In addition, generic prices have fallen under category M scheme. Use of the generic 8mg tablet has increased by 5.4 per cent with costs falling by £1.1m (22.7 per cent).

- **valsartan**, costs have fallen by £3.3m, (8.9 per cent) use has fallen by 8.3 per cent.
- **irbesartan**, costs have fallen by £3.7m, (7.8 per cent), use has fallen by 6.3 per cent.
- **olmesartan**, costs have fallen by £1.1m, (7.5 per cent), use has fallen by 7.3 per cent.
- **telmisartan**, costs have fallen by £1.9m, (14.6 per cent), use has fallen by 15.4 per cent.

### Rising costs, falling volume

- **Candesartan cilextil** has the greatest cost in the whole of this BNF Section, at £86.2m. Costs have increased by £0.4m (0.4 per cent) and use has fallen by 0.9 per cent.

### 4.2 Drugs used in psychoses and related disorders

Costs for this section have risen by £19.6m (6.8 per cent) with the number of items dispensed increasing by 0.4m (4.2 per cent). The increase in items dispensed is similar to that seen in the previous year.

#### Rising costs, rising volume

- **quetiapine**, costs have risen by £10.9m (11.8 per cent), use has increased by 11.1 per cent.
- **olanzapine**, costs have risen by £6.8m (6.0 per cent), use has increased by 4.3 per cent.
- **ariprazole**, costs have risen by £6.7m (18.6 per cent), use has increased by 19.8 per cent.

#### Falling costs, rising volume with price reductions under the category M scheme.

- **risperidone**, costs have fallen by £2.1m, (13.4 per cent) use has increased by 6.7 per cent.

#### Falling costs, falling volume and price reductions under the category M scheme.

- **amislupride**, costs have fallen by £2.7m (30.2 per cent), use has fallen by 2.9 per cent, mainly the 50mg tablets and liquid special formulations.
- **chlorpromazine hydrochloride**, costs have fallen by £0.6m (30.2 per cent), use has fallen by 3.7 per cent.

### 9.4 Oral Nutrition

Costs for this section rose by £5.1m (1.7 per cent). The number of items dispensed fell by 7.0 per cent (0.7m), having risen by 2.4 per cent in the previous year.

- There was a fall in use of Enteral Nutrition, by 0.6m items and other falls for -
• other foods for special diets
• gluten free/wheat free biscuits
• gluten free bread.

With *Enteral nutrition*, BNF paragraph 9.4.2, the number of items dispensed has risen each year since 2000, until now. Between 2010 and 2011 the number of items dispensed fell from 7.1m to 6.5m, (8.0 per cent). There was lower use of *Ensure Milkshake* and *Fortisip* bottled liquid preparations. Costs fell by £5.9m as a result.

- Costs for the paragraph overall rose by £1.9m, with increased use of *Fortisip Compact* liquid and other products from *Complan*, *Ensure* and *Fresubin*.
- Use of *Infatrini Infant feed* has fallen by 15.4 per cent, with costs down by £1.0m.
- Costs for *Other foods for special diets* rose by £4.5m, with increased use of *Neocate*, *Calogen* and *Nutramigen* powders and emulsions.

### 3.1 Bronchodilators

57. Costs for this section have fallen by £8.0m (2.7 per cent) with the number of items dispensed increasing by 0.4m (1.6 per cent). In the previous year costs had risen by £9.6m.

**Falling costs, rising volume with price reductions not under the category M scheme.**

- *salbutamol*, costs fell by £22.7m (26.5 per cent), use rose by 1.5 per cent.
  
  The move away from the more costly generic *salbutamol* aerosol inhalers to the lower cost branded *ventolin evohaler*, has continued, although the prices are now very similar. The average cost per item for the aerosol inhaler has fallen from £4.43 in 2010 to £2.25 in 2011, and from £2.19 in 2010 to £2.15 in 2011 for the *ventolin evohaler*.

**Falling costs, falling volume**

- *ipratropium Bromide*, costs have fallen by £1.3m (8.5 per cent), use has fallen by 14.7 per cent.
- *salmeterol*, costs have fallen by £3.3m (7.3 per cent), use has fallen by 7.4 per cent.
- *orciprenaline sulphate* was withdrawn in July 2010, so the number of items fell by 98.4 per cent to under 1,000 items in 2011. Costs have fallen by 98.3 per cent to around £1,000.

**Rising costs, rising volume**

- *tiotropium*, costs rose by £19.8m (15.3 per cent), use rose by 15.7 per cent.

### 4.3 Antidepressants

58. This section has had the largest increase in cost of any section in 2011, £49.8m (22.6 per cent) and the largest increase in the number of items dispensed, 3.9m items (9.1 per cent), a rate similar to last year. Costs had fallen in the two previous
years as a result of price reductions under the category M scheme but this year prices have increased under the scheme.

**Rising costs, rising volume, with price increases under the category M scheme.**

- *sertraline hydrochloride*, costs rose by £39.2m (over 500 per cent), use has increased by 0.7m (23.2 per cent).
- *citalopram hydrobromide*, costs rose by £30.5m (over 150 per cent), use has increased by 1.6m (13.4 per cent).

**Rising costs, rising volume**

- *duloxetine hydrochloride*, costs rose by £4.8m (28.3 per cent), use increased by 28.3 per cent.

**Rising costs, rising volume with price increases not under the category M scheme.**

- *nortriptyline*, costs rose by £2.1m (59.9 per cent), use increased by 21.6 per cent with a price rise at the end of 2011.

**Rising costs, falling volume with price increases not under the category M scheme.**

- *tranylcypromine*, costs rose by 28.9 per cent (£0.3m), use fell by 6.7 per cent.

**Falling costs, rising volume with price reductions under the category M scheme.**

- *venlafaxine hydrochloride*, costs fell by £10.2m (15.9 per cent), use increased by 0.1m (4.3 per cent).
- *fluoxetine hydrochloride*, costs fell by £6.4m (30.4 per cent), use increased by 0.1m (2.4 per cent).
- *mirtazapine*, costs fell by £3.0m (24.9 per cent), use increased by 0.5m (15.9 per cent).
- *amitriptyline hydrochloride*, costs fell by £2.1m (12.0 per cent), use increased by 0.9m (10.0 per cent).

**7.4 Drugs for Genito-urinary disorders**

59. Costs for this section have risen by £16.2m (7.4 per cent) with the number of items dispensed increasing by 1.1m items (10.0 per cent). Items have grown at a similar rate over the last few years.

**Rising costs, rising volume**

- *solifenacin*, costs have risen by £10.2m (25.9 per cent), use has increased by 27.9 per cent.
- *oxybutynin*, costs have risen by £3.0m (18.0 per cent), use has increased by 9.0 per cent.
  - There was increased use of the 2.5 and 5mg tablets and of branded modified-release tablets (which also rose in price) increasing costs by £1.8m combined.
  - Use of *ditropan elixir 2.5mg/5ml* fell by 72.7 per cent and costs fell by £0.4m. This was withdrawn in early 2011 and stock was recalled. There was an increase in a liquid special 5mg/5ml version and with...
the introduction of a 2.5mg/5ml version costs have increased by £0.6m.

- **tadalafil**, costs rose by £2.0m (6.4 per cent), use increased by 5.8 per cent.
- **tamsulosin**, costs rose by £1.5m (7.1 per cent), use increased by 14.4 per cent. There was an increase in the use of generic 400mcg tablets and capsules, and the use of some branded tablets fell by 67.0 per cent, reducing costs by £2.1m.
- **fesoterodine fumarate**, costs rose by £1.4m (48.2 per cent), use has increased by 49.4 per cent.
- **tamsulosin and dutasteride**, costs rose by £1.1m (over 500 per cent), use has increased by over 500 per cent.

### Falling costs, falling volume

- **tolterodine**, costs have fallen by £1.5m (4.4 per cent), use has fallen by 3.5 per cent.
- **sildenafil**, costs have fallen by £0.6m (1.5 per cent).
  - Use of the 25mg and 50mg tablets fell with costs falling by £0.5m.
  - Use of the liquid special 25mg/5ml formulation fell by 34.8 per cent with costs falling by £0.2m.
  - Use of the 100mg tablets rose with costs increasing by £0.1m.

### Falling costs, falling volume and price reductions under the category M scheme.

- **alfuzosin hydrochloride**, by £1.2m (11.2 per cent), following a fall in use of 1.7 per cent and price reductions under the category M scheme.

### 2.6 Nitrates, Calcium-channel blockers, and other antianginal drugs.

- **Falling costs, rising volume with price reductions under the category M scheme.**
  - **amlodipine**, costs fell by 16.3 per cent (£5.5m) after increasing in the previous year. Use rose by 8.8 per cent (1.6m items). The category M price reductions were for the 5 and 10mg tablets. There has also been a fall in the use of liquid special formulations.
  - **lercanidipine**, costs fell by 29.5 per cent (£4.2m), use rose by 2.4 per cent.

### Rising costs, rising volume

- **ivabradine**, (a new drug in 2009) costs have risen by £1.7m (47.7 per cent), use has increased by 46.6 per cent.
- **ranolazine**, (a new drug in 2009) costs rose by £0.7m (over 100 per cent), use has increased by over 100 per cent.

### Falling costs, falling volume

- **isosorbide mononitrate**, costs have fallen by £3.4m (10.5 per cent), use has fallen by 0.8 per cent. There was a fall in the use of modified-release products.
• nifedipine, costs have fallen by £2.0m (7.8 per cent) use has fallen by 5.4 per cent. There was a fall in the use of modified-release products.
• diltiazem hydrochloride, costs have fallen by £1.1m (3.4 per cent), use has fallen by 1.5 per cent.

8.3 Sex Hormones and hormone antagonists in malignant disease.

61. Costs for this section have fallen by £17.8m (8.4 per cent), which is more than double the amount and rate seen in 2010. The number of items dispensed has risen by 0.1m items (3.2 per cent), similar to the increase last year.

Falling costs, falling volume
• anastrozole, costs have fallen by £21.4m (41.8 per cent), use has fallen by 2.0 per cent. This came off patent in 2011. Use of the branded 1mg tablet has fallen by 77.6 per cent (0.5m items) with costs reduced by £39.6m. Overall costs for the new generic tablets were £18.2m.
• goserelin, costs have fallen by £8.0m (11.9 per cent), use has fallen by 2.9 per cent. There was also a reduction in the price of the 10.8mg implant to £235.

Falling costs, rising volume with price reductions under the category M scheme.
• biclutamide, costs have fallen by £2.3m, (42.1 per cent). Use has increased by 6.2 per cent.

Falling costs, rising volume with price reductions not under the category M scheme.
• octreotide, costs have fallen by £0.5m (4.8 per cent), as the price of depot injection preparations has fallen. The number of items dispensed overall has increased by 4.3 per cent.

Rising costs, rising volume
• letrozole, costs have risen by £7.5m (25.7 per cent), use increased by 19.2 per cent. This drug came off patent at the end of 2011 but the generic products are similar in price to the branded products.
• leuprorelin acetate, costs have risen by £2.7m (15.2 per cent), use has increased by 14.0 per cent. The presentation type has switched from a vial and vehicle-filled syringe to a dual-chamber pre-filled syringe.
• triptorelin acetate, costs have risen by £1.2m (29.8 per cent) use has increased by 25.6 per cent.
• lanreotide, costs have risen by £0.8m (13.1 per cent), use has increased by 11.7 per cent.

5.1 Antibacterial drugs

62. Costs for this section have increased by £0.3m (0.2 per cent) with the number of items dispensed increasing by 0.6m items (1.4 per cent).

Rising costs, rising volume
• nitrofurantoin, (used in urinary tract infections). Costs have risen by £1.7m (33.7 per cent), use has increased by 35.3 per cent after an increase of 20.0 per cent in the previous year.
• **flucloxacin**, costs have risen by £1.9m (8.1 per cent). Use has increased by 5.5 per cent. The use of oral solutions has continued to increase.

• **azithromycin**, costs have risen by £1.2m (14.9 per cent), use has increased by 18.6 per cent.

**Rising costs, falling volume with price increases not under the category M scheme.**

• **phenoxymethypenicillin**, costs have risen by £6.6m (51.2 per cent), use has fallen by 1.0 per cent. The standard 250mg tablets fell in price, use and the price of the sugar-free tablets increased and costs rose by £5.6m. There was also a fall in the use of the standard solution preparations but prices for these also increased.

**Falling costs, falling volume, with price reductions under the category M scheme.**

• **amoxicillin**, costs have fallen by £3.8m (18.9 per cent), use has fallen by 1.0 per cent.

• **cefalexin**, costs have fallen by £1.0m (26.3 per cent), use has fallen by 14.2 per cent.

**Falling costs, rising volume with price reductions under the category M scheme.**

• **co-amoxiclav**, costs have fallen by £2.7m (26.8), use has increased 3.0 per cent.

• **co-fluampicil**, costs have fallen £1.2m (48.7 per cent), use has fallen by 31.9 per cent.

• **clindamycin hydrochloride**, costs have fallen by £1.1m (43.2 per cent), use has increased by 4.9 per cent.

• **clarithromycin**, costs have fallen by £0.3m (2.9 per cent) Use has fallen by 18.3 per cent. In the previous year use had increased by 20.0 per cent.

• **doxycycline hyclate**, costs have fallen by £0.2m (5.0 per cent), use has increased by 14.2 per cent.

**1.3 Anti-secretory drugs and mucosal protectants**

63. Costs for this section have fallen by £41.6m (20.0 per cent) with the number of items dispensed increasing by 3.7m items (8.6 per cent), a rate similar to that seen in the previous year.

**Falling costs, rising volume with price reductions under the category M scheme.**

• **omeprazole**, costs have fallen by £18.8m (22.2 per cent), use has increased by 12.5 per cent (2.6m items).

• **lansoprazole**, costs have fallen by £9.9m (21.5 per cent), use has increased 8.7 per cent (1.4m items).

• **pantoprazole**, costs have fallen by £3.0m (65.5 per cent), use has increased by 7.7 per cent.

**Falling costs, falling volume**

• **esomeprazole**, costs have fallen by £4.7m (10.9 per cent), use fell by 13.1 per cent. Generic tablets became available in 2011, with costs for the branded tablets falling by £10.2m and, for the generic tablets, rising by £6.0m.
• rabeprazole sodium, costs have fallen by £3.9m (25.1 per cent), use fell by 25.9 per cent.

10.1 Drugs used in Rheumatic diseases and gout

64. Costs for this section have fallen by £5.4m (3.7 per cent), having risen last year by 2.7 per cent. The number of items dispensed increased by 0.2m items (1.0 per cent).

Falling costs, falling volume, with price reductions under the category M scheme.

• diclofenac sodium, costs have fallen by £6.4m (23.4 per cent), use has fallen by 19.3 per cent.
• meloxicam, costs have fallen by £1.3m (49.2 per cent), use has fallen by 7.1 per cent.

Falling costs, rising volume, with price reductions under the category M scheme.

• allopurinol, costs have fallen by £0.7m (9.2 per cent), use has increased by 6.0 per cent.
• methotrexate, costs have fallen by £0.8m (8.2 per cent), use has increased by 6.8 per cent. There was an increase of nearly 800 per cent in the use of 30mg/0.6ml pre-filled Syringes with costs increasing by £0.9m.

Rising costs, rising volume, with price reductions under the category M scheme.

• naproxen, costs have risen by £1.4m (10.4 per cent), use has increased by 41.2 per cent.

Rising costs, rising volume.

• leflunomide, costs have risen by £0.9m (10.1 per cent), use has increased by 7.5 per cent.
• febuxosat, costs have risen by £0.5m (nearly 300 per cent), use has increased by nearly 300 per cent.
• adalimumab, costs have risen by £2.8m (31.6 per cent), use has increased by 32.8 per cent.
• etanacept, costs have risen by £1.6m (17.4 per cent), use has increased by 13.6 per cent.

Falling costs, falling volume

• glucosamine (Rheumatic), costs have fallen by £1.0m (59.0 per cent), use has fallen by 59.6 per cent. Use had fallen also in the previous year after the drug was listed as less suitable for prescribing in the BNF. There were 38,000 items dispensed in 2011.
• celecoxib, costs have fallen by £1.0m (8.2 per cent), use has fallen by 8.9 per cent.
• etoricoxib, costs have fallen by £0.8m (6.8 per cent), use has fallen by 6.5 per cent.
20.3 Wound management

65. Costs have remained almost the same for this section although the number of items dispensed has risen by 2.6 per cent (0.1m).

14.4 Vaccines and antisera

66. Costs for this section have risen by £5.8m (4.8 per cent) with the number of items dispensed increasing by 1.3m items (9.7 per cent).

Rising costs, rising volume
- *influenza vaccine*, costs have risen by £10.6m (17.2 per cent), use has increased by 16.5 per cent.
- *pneumococcal vaccine*, costs have risen by £0.4m (9.4 per cent), use has increased by 9.5 per cent.
- There was increased use also of *Cholera vaccine*, and the *Measles, Mumps and Rubella vaccine*.

Falling costs, falling volume
- *hepatitis A/typhoid*, costs have fallen by £3.0m (22.5 per cent). Use has fallen by 23.5 per cent this year after increasing in the previous year.
- *hepatitis A*, costs have fallen by £0.7m (4.4 per cent), use has fallen by 8.9 per cent.

4.10 Drugs used in substance dependence

67. Costs for this section have fallen by £5.3m (4.1 per cent) with the number of items dispensed increasing by 5,000 items (0.1 per cent).

Falling costs, falling volume
- *bupropion*, costs have fallen by £0.4m (21.1 per cent), use fell by 17.8 per cent.
- *methadone hydrochloride*, some prices have been reduced, with costs falling by £7.5m (20.7 per cent). After increased use in 2009 and 2010 use has fallen by 3.9 per cent (0.1m items) in 2011.
- *naltroxone*, costs have fallen by around £60,000 (7.8 per cent). After increased use last year, use has fallen by 5.4 per cent in 2011.

Rising costs, rising volume
- *varenicline*, costs have increased by £1.2m (3.8 per cent), use has increased by 4.1 per cent.
- *buprenorphine*, costs have risen by £0.7m (3.4 per cent), use has increased by 7.1 per cent.
- *nicotine*, costs have risen by £0.3m (1.1 per cent), use has increased by 2.0 per cent.
- *lofexidene* (used to manage withdrawal from addiction), costs have risen by around £10,000 (7.6 per cent), use has increased by 25.9 per cent.
11.6 Treatment of Glaucoma

68. This section is a new addition to the top 20 section table for 2011. Costs have risen by £2.6m (2.3 per cent) with the number of items dispensed increasing by 0.4 items (4.7 per cent).

Rising costs, rising volume

- **timolol with bimatoprost**, costs have risen by £1.7m (31.5 per cent), use has increased by 31.2 per cent.
- **bimatoprost**, costs have risen by £1.4m (12.5 per cent), use has increased by 9.2 per cent.
- **brinzolamide with timolol**, costs have risen by £0.9m (over 80 per cent), use has increased by over 80 per cent.
- **tafluprost**, costs have risen by £0.7m (over 80 per cent), use has increased by over 90 per cent.
- **brinzolamide**, costs have risen by £0.6m (10.7 per cent), use has increased by 13.1 per cent.
- **travoprost**, costs have risen by £0.6m (8.9 per cent), use has increased by 11.9 per cent.

Falling costs, falling volume, with price reductions under the category M scheme.

- **dorzolamide with timolol**, costs have fallen by £1.4m (12.9 per cent), use has fallen by 0.5 per cent. A generic product is now available and use of the branded product has fallen by 26.7 per cent.
- **timolol**, costs have fallen by £0.6m (19.3 per cent), use has fallen by 6.0 per cent. There has been a fall in the use of branded unit-dose eye drops.

Falling costs, rising volume, with price reductions under the category M scheme.

- **brimonidine tartrate**, costs have fallen by £1.0m (32.7 per cent), use has increased by 4.4 per cent. A generic product has become available.

Falling costs, rising volume

- **latanoprost**, costs have fallen by £1.2m (2.6 per cent), use has increased by 0.4 per cent.

Table 10. BNF Sections which had the greatest actual increase in NIC between 2010 and 2011.

69. The top 6 sections in this table and two others are included in the top 20 list of sections which had the largest NIC in 2011 (Table 9). The top two sections had increases of over £45m with six other sections having increases of over £11m. Eight sections are new to the top 20 list this year. Details of the BNF sections which have not been discussed with reference to Table 9 are given below.

4.11 Drugs for dementia

70. Costs for this section have risen by £14.7m (15.4 per cent) with the number of items dispensed increasing by 0.3m items (18.0 per cent).
Rising costs, rising volume.

- **donepezil**, costs have risen by £9.2m (14.6 per cent), use has increased by 17.7 per cent.
- **rivastigmine**, costs have risen by £3.3m (28.5 per cent), use has increased by 28.3 per cent.
- **mementine**, costs have risen by £2.4m (56.6 per cent), use has increased by 68.4 per cent.

Falling costs, rising volume.

- **galantamine**, costs have fallen by £0.2m (1.4 per cent), use has increased by 0.6 per cent. Use of the standard tablets, the 8mg modified-release tablets and the oral solution has fallen with costs falling by £0.5m. Use of the 16mg and 24mg modified-release tablets has increased, with costs rising by £0.3m.

9.6 Vitamins

71. Costs for this section have risen by £11.7m (14.0 per cent) with the number of items dispensed increasing by 1.8m items (10.1 per cent).

Rising costs, rising volume.

- **vitamin D preparations**, costs have risen by £11.2m (17.1 per cent), use has increased by 10.6 per cent.

Rising costs, rising volume with price reductions under the category M scheme.

- **vitamin B compound**, costs rose by £0.1m (1.3 per cent), use increased by 12.1 per cent, similar to the increase seen in 2010.

Falling costs, rising volume with price reductions not under the category M scheme.

- **thiamine**, costs fell by £0.4m (8.4 per cent), use increased by 13.0 per cent.

21.2 Catheters

72. Costs for this section have risen by £6.9m (9.4 per cent) with the number of items dispensed increasing by nearly 48,000 items (5.5 per cent).

6.3 Corticosteroids (Endocrine)

73. Costs for this section have risen by £6.0m (6.8 per cent) with the number of items dispensed increasing by 0.3m (4.2 per cent). In the previous year costs had risen by 35.5 per cent, after price rises for **prednisolone** under the category M scheme.

Rising costs, rising volume

- **prednisolone**, costs rose by £3.8m (7.0 per cent), use increased by 3.6 per cent. Use of the standard 5mg tablet has risen by 73.9 per cent (1.3m items). The category M price rose in the latter part of 2011 so costs have increased by over 400 per cent (£15.3m).

  There was also increased use of the 5mg soluble tablets, by 7.6 per cent, with costs rising by £0.4m. Use of the gastro-resistant 5mg tablet fell by
43.8 per cent (1.1m items) with costs falling by 34.1 per cent (£12.5m). There were also price adjustments under the category M scheme.

- **hydrocortisone**, costs rose by £1.4m (4.8 per cent), use increased by 7.7 per cent.

### 3.7 Mucolytics

74. Costs for this section have risen by £5.1m (20.5 per cent) with the number of items dispensed increasing by 0.2m items (16.8 per cent).

#### Rising costs, rising volume

- **carbocisteine**, costs have risen by £4.4m (32.8 per cent), use has increased by 19.7 per cent.
- **dornase alfa**, costs have risen by £0.6m (6.7 per cent), use has increased by 7.5 per cent.
- **acetylcysteine**, costs have risen by £0.4m (24.6 per cent), use has increased by 26.7 per cent. The oral preparations dispensed are unlicensed in the UK.

#### Falling costs, falling volume

- **mecysteine hydrochloride**, costs have fallen by £0.3m (39.4 per cent), use has fallen by 43.6 per cent.

### 21.1 Other Appliances

75. Costs for this section rose by £5.1m (9.0 per cent) with the number of items dispensed increasing by 0.5m items (6.9 per cent). This section contains various products including needles, lancets, tubing and nit combs. As in the previous year, the use of needles and lancets for diabetes patients, olive oil ear drops and 1 litre sharps bins increased.

### 23.60 Ileostomy bags

76. Costs for this section rose by £5.1m (10.9 per cent) with the number of items dispensed increasing by around 29,000 items (7.7 per cent).

### 4.4 CNS Stimulants and drugs used for Attention Deficit Hyperactivity Disorder (ADHD)

77. Costs for this section rose by £5.0m (11.5 per cent) with the number of items dispensed increasing by around 62,000 (7.2 per cent).

#### Rising costs, rising volume

- **methylphenidate hydrochloride**, costs have risen by £2.4m (9.4 per cent), use has increased by 8.1 per cent. There was an increase in the use of modified-release tablets and capsules for ADHD.
- **atomoxetine hydrochloride**, costs have risen by £0.6m (7.1 per cent), use has increased by 9.4 per cent.
- **modafinil** (for narcolepsy), costs have risen by £0.3m (3.1 per cent), use has increased by 2.5 per cent.
Rising costs, falling volume

- **dexamfetamine**, costs have risen by £1.8m (143.8 per cent), use has fallen by 3.4 per cent. The originator product has been removed from the market and a generic product has become available. The cost of this was £3 per 28 tablet pack and the cost of the generic is around £16 for same pack size.

2.8 Anticoagulants and Protamine

78. Costs for this section rose by £4.9m (8.7 per cent) with the number of items dispensed increasing by 0.6m items (6.7 per cent).

The number of items dispensed has risen by around 7 per cent in each of the last three years. Costs have also risen but the rate of increase has approximately halved in each of the last 3 years, from 39.6 per cent in 2009, 17.3 per cent in 2010 and 8.7 per cent this year.

Falling costs, rising volume with price reductions under the category M scheme.

- **warfarin**, costs have fallen by £2.6m (13.7 per cent), use has increased by 6.4 per cent.

Rising costs, falling volume with price increases not under the category M scheme.

- **phenindione**, costs have risen by £0.4m (25.2 per cent), use has fallen by 26.3 per cent.

Rising costs, rising volume

- **enoxaparin**, costs have risen by £3.7m (19.4 per cent), use has increased by 16.2 per cent,
- **tinzaparin sodium**, costs have risen by £1.8m (25.1 per cent), use has increased by 17.2 per cent.
- **dalteparin sodium**, costs have risen by £1.5m (25.7 per cent), use has increased by 27.9 per cent.

13.2 Emollients and barrier preparations

79. Costs for this section rose by £4.4m (5.0 per cent) with the number of items dispensed increasing by 0.2m items (1.2 per cent).

The increase in the number of items in the previous year is not as great as the 7.3 per cent increase in the previous year and the rise in costs is £4.4m rather than £9.5m.

Rising costs, rising volume

As in previous year the increase in use is in creams, lotions and gels, listed in PCA under Other emollient preparations. Costs for these has risen by £4.8m (8.7 per cent), use has increased by 5.6 per cent.

- **urea**, costs have increased by £0.4m (8.7 per cent), use increased by 7.2 per cent but was less than half if the increase seen in the previous year.
Falling costs, falling volume, with price reductions under the category M scheme.

- *emulsifying wax*, costs have fallen by £0.6m (8.8 per cent), use has fallen by 14.0 per cent (especially *aqueous cream* and *emulsifying ointment*).

Use of *light liquid paraffin* and *liquid paraffin* has fallen this year after increasing in the previous year.

### 7.3 Contraceptives

80. Costs for this section rose by £4.4m (4.8 per cent) with the number of items dispensed increasing by nearly 72,000 items (0.8 per cent).

These figures cover contraceptives issued on prescriptions in primary care only. Contraceptives can also be supplied without a prescription either through Family Planning Clinics or by pharmacists under a Patient Group Direction. Emergency contraception may also be purchased by patients in pharmacies.

#### Rising costs, rising volume

- *desogestral*, costs have increased by £2.7m (17.5 per cent), use has increased by 15.7 per cent.

#### Rising costs, falling volume

- *combined ethinylestradiol 35mcg*, costs have risen by £1.7m (55.0 per cent), use has fallen by 5.1 per cent. Costs have risen as a result of a price increase for *Cilest* tablets.
- *levonorgestrel*, costs have risen by £0.7m (5.2 per cent), use has fallen by 2.3 per cent. There was increased use of *Mirena Intra-uterine system* which increased costs by £0.8m.

#### Falling costs, falling volume

- *combined ethinylestradiol 30mcg*, costs have fallen by £0.6m (1.7 per cent), use has fallen by 2.0 per cent. Use of *micrgynon 30* and *marvelan* tablets has fallen but there was increased use of *rigevidon, gedarel, levest 150/30 and microgynon 30ed* tablets.
- *phased formulations of ethinylestradiol*, costs have fallen by £0.1m (10.6 per cent), use has fallen by 13.3 per cent except for *TriRegol*, where growth has increased by over 2000 per cent.
- *etonogestrol*, costs have fallen by £0.7m (6.4 per cent), use has fallen by 6.3 per cent. *Implanon* has been discontinued and use of *Nexplanon* (which has a preloader applicator to reduce infection) has increased.

#### Note

Contraceptive devices are listed in pseudo-BNF Section 21.4 (*Contraceptive devices*). Costs in 2011 were £0.5m and use was unchanged from 2010 at around 47,000 items.
3.3 Cromoglycate and related therapy, Leukotriene receptor antagonists, and phosphodiesterase type-4 inhibitors.

81. Costs for this section have increased by £3.9m (8.8 per cent) with the number of items dispensed increasing by 0.1m items (9.8 per cent). The increase has been in prescriptions for montelukast, with all other drugs, except zafirlukast, falling in use.

Table 11. BNF Sections which had the greatest actual fall in NIC between 2010 and 2011.

82. Nine of the sections with a fall in cost, listed in this table, appear in Table 9, which lists the top 20 sections which had the highest cost in 2011.

Four sections show a fall in the number of items dispensed. Details of the BNF sections which have not been discussed with reference to Tables 9 or 10 are given below.

2.9 Antiplatelet Drugs

83. Costs for this section have fallen by £38.4m (35.9 per cent) with the number of items dispensed increasing by 0.2m items (0.4 per cent).

Falling costs, rising volume, with price reductions under the category M scheme.
- **clopidogrel**, costs have fallen by £34.1m (73.5 per cent), use has increased by 14.9 per cent. There was a reduction in price for the 75mg tablets from over £30 to around £3 under the category M scheme. Use of the branded product fell by 32.1 per cent.

Falling costs, falling volume, with price reductions under the category M scheme.
- **aspirin**, costs have fallen by £5.9m (17.1 per cent), use has fallen by 0.9 per cent. The category M prices for the dispersible and enteric-coated tablets have fallen as has use of the enteric-coated tablets in general. The brand ‘Angettes’ 75mg tablets were withdrawn in May 2010 and use of the generic equivalent tablets has risen.

Falling costs, falling volume
- **dipyridamole**, costs have fallen by £1.0m (4.4 per cent), use has fallen by 5.6 per cent.
- **dipyridamole with aspirin**, costs have fallen by £0.1m (4.2 per cent), use has fallen by 8.1 per cent. Use of the branded modified-release 200mg capsules, the liquid special 100mg/5ml formulation and the 50mg/5ml sugar-free suspension has fallen.

Rising costs, rising volume
- **prasugrel**, costs have risen by £2.8m (over 250 per cent), use has increased by over 250 per cent.
2.4 Beta-Adrenoceptor Blocking Drugs.

84. Costs for this section have fallen by £20.7m (23.5 per cent) with the number of items dispensed increasing by 1.2m items (4.2 per cent).

**Falling costs, rising volume, with price reductions under the category M scheme.**

- *bisoprolol fumarate*, costs have fallen by £14.0m (36.5 per cent), use has increased by 17.8 per cent (1.8m items).

**Falling costs, rising volume**

- *propranolol hydrochloride*, costs have fallen by £0.6m (4.0 per cent), use has risen by 8.1 per cent. Use of both the generic 80mg and 160mg modified-release tablets has increased by over 1000 per cent with use of the branded generic modified-release capsules falling.

**Falling costs, falling volume, with price reductions under the category M scheme.**

- *atenolol*, costs have fallen by £3.3m (19.7 per cent), use has fallen by 5.5 per cent (0.7m items).
- *metoprolol tartrate*, costs have fallen by £0.6m (20.3 per cent), use has fallen by 3.6 per cent including a fall in use of liquid specials formulations.
- *celiprolol hydrochloride*, costs have fallen by 31.3 per cent (£0.5m), use has fallen by 6.1 per cent.

4.9 Drugs used in Parkinsonism and related disorders.

85. Last year this section appeared in the top 20 lists of both sections with the greatest cost and sections with the largest actual increase in cost. Costs have risen by around 6 per cent in each of the last 2 years but have fallen by £19.4m (14.9 per cent) in 2011. The number of items dispensed has risen by 0.2m items (4.6 per cent).

**Falling costs, rising volume, with price reductions under the category M scheme.**

- *ropinirole hydrochlorine*, costs have fallen by £16.3m (49.5 per cent), items have increased by 9.8 per cent. Use of the generic 1mg, 2mg and 5mg tablets has fallen and category M price reductions have reduced costs by £8.2m. Use of modified-release tablets has increased.
- *procyclidine hydrochloride*, costs have fallen by £0.9m (22.5 per cent), use has risen by 1.4 per cent.

**Falling costs, rising volume**

- *pramipexole*, costs have fallen by £5.5m (20.9 per cent), use has increased by 10.6 per cent. Use of generic tablets and the branded prolonged release tablets has increased with costs increasing by over £12m. Use of the branded tablet forms has decreased with costs falling by £18.0m.

**Falling costs, falling volume**

- *entacapone*, costs have fallen by £0.5m (13.6 per cent), use has fallen by 11.7 per cent.
9.12 Other health supplements

86. Use of these and their cost, has fallen by over 60 per cent, with costs reduced by £16.4m.

Most products in this section have seen a fall in use, especially glucosamine sulphate, which is now regarded as less suitable for prescribing.

6.6 Drugs affecting bone metabolism.

87. Costs have fallen for this section by £13.6m (20.8 per cent) although the number of items dispensed has increased by 0.2m items (2.5 per cent).

Falling costs, rising volume with price reductions under the category M scheme.

- alendronic acid, costs have fallen by £1.7m (13.4 per cent), use has increased by 5.5 per cent items. Use of the Once Weekly tablets has fallen by 34.2 per cent.

Falling costs, falling volume

- risedronate sodium, costs have fallen by 49.3 per cent (£11.3m), use has fallen by 15.0 per cent. Generic 5mg, 30mg and 35mg tablets are now available and use of the branded products has fallen. Costs for the branded products fell by £20.2m with the cost of the generic products increasing by £8.9m.

Costs for many other drugs have fallen in line with a fall in use.

Rising costs, rising volume

- strontium ranelate, costs have risen by £1.2m (15.6 per cent), use has increased by 12.7 per cent.

- Use of the new drug Denosumab has increased by over 1000 per cent with costs rising by £0.2m (over 1000 per cent). This drug has been recently recommended by NICE for the prevention of osteoporotic fractures in postmenopausal women.

4.1 Hypnotics and Anxiolytics

88. Costs for this section have fallen by £8.8m (12.0 per cent) with the number of items dispensed increasing by around 47,000 (0.3 per cent).

Rising costs, falling volume, with price reductions under the category M scheme.

- temazepam, costs have fallen by £3.7m (34.4 per cent), use has fallen by 6.6 per cent.

- lormetazepam, costs have fallen by £1.1m (27.7 per cent), use has fallen by 16.2 per cent.

- oxazepam, costs have fallen by £0.5m (29.7 per cent), use has fallen by 1.0 per cent.
Falling costs, rising volume with price reductions under the category M scheme.

- **lorazepam**, costs have fallen by £3.4m (34.1 per cent), use has increased by 2.2 per cent. There was a fall in use of liquid specials formulations.

- **diazepam**, costs have fallen by £0.7m (9.4 per cent), use has increased by 1.4 per cent. There has been increased use of the 2mg and 5mg tablets, and a fall in the use of the 10mg tablets. Use of the oral solution 2mg/5ml has fallen but the price has increased with costs rising by 64.9 per cent (£0.5m). Use of sugar-free oral solution 2mg/5ml has increased by 61.8 per cent.

Falling costs, rising volume

- **zopiclone**, costs have fallen by £0.5m (6.4 per cent), use has increased by 4.3 per cent. Use of liquid special formulations has fallen by 59.1 per cent.

Rising costs, rising volume

- **melatonin**, costs have increased by £1.3m (8.1 per cent), use has increased by 18.9 per cent.

19.2 Selective Preparations

89. Costs for this section have fallen by £7.7m (12.2 per cent). The number of items dispensed has fallen by 0.1m items (9.8 per cent). Many of the items in this section are listed under –‘Other Individually Formulations Bought-In Preparations’ and have unspecified drug codes. The fall in the number of items dispensed is likely to be the result of the reclassification of drugs with unspecified codes between 2010 and 2011 (See paragraph 121).

4.5 Drugs used in the treatment of Obesity

90. Costs for this section have fallen by £6.9m (18.6 per cent) with the number of items dispensed falling by 0.2m items (19.0 per cent).

Falling costs, falling volume

- **sibutramine** has been withdrawn and very few items were dispensed in 2011. Costs fell by £0.6m.

- **orlistat**, costs fell by £6.3m (17.3 per cent), use fell by 17.4 per cent.

9.1 Anaemias and other blood disorders

91. Costs have fallen by £6.6m (14.9 per cent) with the number of items increasing by 0.8m items (6.9 per cent).

Falling costs, falling volume, with price reductions under the category M scheme.

- **ferrous sulphate**, costs have fallen by £3.7m (33.5 per cent), use fell by 16.6 per cent.
Falling costs, rising volume with price reductions under the category M scheme.

- *folic Acid*, costs have fallen by £0.2m (5.0 per cent), use has increased by 11.9 per cent.

Falling costs, falling volume

- *darbepoetin alfa*, costs have fallen by £2.5m (25.3 per cent), use fell by 19.7 per cent.
- *epoetin beta*, costs fell by £0.7m (17.0 per cent), use fell by 19.5 per cent.
- *ferrous gluconate*, costs fell by £0.3m (14.2 per cent), use fell by 0.7 per cent.

Rising costs, rising volume

- *ferrous fumarate*, costs have risen by £0.9m (36.4 per cent), use has increased by 47.8 per cent.
- *cyanocobalamin*, costs have risen by £0.3m (13.5 per cent), use has increased by 12.4 per cent.
- *deferasirox*, costs have risen by £0.2m (36.1 per cent), use has increased by 8.6 per cent.

8.2 Drugs affecting Immune response

92. Costs for this section have fallen by £6.1m (5.4 per cent) with the number of items increasing by nearly 62,000 (4.7 per cent).

Falling costs, rising volume

- *mycophenolate*, costs have fallen by £7.0m (28.3 per cent), use has increased by 6.3 per cent. Generic tablets are now available, so costs for the branded products fell by £15.9m, with the generic costs increasing by £8.1m.
- *ciclosporin*, costs fell by £1.0m (5.5 per cent), use fell by 3.5 per cent.

Falling costs, rising volume with price reductions under the category M scheme.

- *azathioprine*, costs fell by £1.7m (20.7 per cent), use increased by 4.8 per cent.

Rising costs, rising volume

- *tacrolimus*, costs have risen by £2.9m (8.8 per cent), use increased by 12.3 per cent.
- *glatiramer acetate*, costs have risen by £0.5m (10.8 per cent), use increased by 6.7 per cent.
- *mycophenolate sodium*, costs have risen by £0.3m (24.3 per cent), use increased by 30.9 per cent.

2.2 Diuretics

93. Costs for this section have fallen by £5.2m (8.0 per cent) with the number of items dispensed falling by 0.1m (0.3 per cent).
Falling costs, falling volume, with price reductions under the category M scheme.

- *bendroflumethiazide*, costs have fallen by £2.4m (10.3 per cent), use has fallen by 1.6 per cent.
- *co-amilofruse*, costs have fallen by £0.5m (25.9 per cent), use has fallen by 9.5 per cent.
- *indapamide*, costs have fallen by £0.6m (11.3 per cent), use has fallen by 0.5 per cent, including a fall in the use of the branded 1.5mg tabs.

Falling costs, rising volume, with price reductions under the category M scheme.

- *furosemide*, costs have fallen by £2.3m (15.1 per cent), use has increased by 1.7 per cent.
- *bumetanide*, costs have fallen by £0.4m (15.5 per cent), use has increased by 2.9 per cent.
- *spironolactone*, costs have fallen by £0.7m (12.2 per cent), use has increased by 4.4 per cent. There was a fall in use for some liquid special formulations.

Rising costs, rising volume

- *eplerenone*, costs have risen by £1.7m (30.3 per cent), use has increased by 33.6 per cent.

Special Order Products (Specials)

94. ‘Special Order products’ are unlicensed medicines that are manufactured for patients with certain clinical needs that cannot be met by licensed medicinal products. The law allows the manufacture and supply of these unlicensed medicines, subject to conditions, to meet the needs of these patients.

95. ‘Specials’ can be prepared by pharmacies but are now increasingly manufactured by pharmaceutical companies that hold a ‘Specials’ licence issued by the Medicines and Healthcare Products Regulatory Agency. These products appear throughout the BNF (see paragraph 111); there is no standard means of identifying them although many of them are liquid formulations of existing licensed products.

96. From November 2011 new arrangements for the reimbursement of ‘specials’ were introduced, listing the most frequently prescribed and highest cost ‘specials’ in the Drug Tariff and setting the reimbursement prices for them.

97. In 2008, NHS Prescription Services began coding the liquid special formulations and, in 2009, coding other types of special formulations such as ointments, capsules and tablets, to identify them as a group or tag. This grouping is used primarily in the ePACT system but can be applied to the PCA dataset. The figures below have been obtained by using the ePACT tag (from May 2012) against the PCA data for 2011 (see definitions paragraph 120). Note that this tag is updated monthly so that figures using a tag from a different month will produce different figures from those given here. The figures below should be regarded therefore as indicative rather than definitive.
In 2011

- there were 614,834 ‘special order’ items dispensed with a total net ingredient cost of £115.5m
- the average cost per item was £188, in comparison with the overall average cost per item of £9.16
- there were 399 different chemical substances dispensed in 1748 different formulations.

The leading chemical substances, in terms of items dispensed are listed below.

- melatonin 125,587
- colecalfierol 72,036
- midazolam Maleate 31,812
- omeprazole 20,798
- ergocalciferol 18,068
- acetylcysteine 17,196
- sodium chloride 16,341
- magnesium glycerophosphate 15,663
- glycopyrronium bromide 14,789
- hypromellose 14,082

The leading formulations, in terms of items dispensed are listed below.

- colecalfierol capsule 20,000u 58,178
- melatonin capsule 3mg 31,614
- midazolam liquid special oromucosal 10mg/ml 31,251
- melatonin capsule 2mg 29,641
- melatonin liquid special 5mg/5ml 18,693

The leading chemical substances, in terms of net ingredient cost are listed below.

- melatonin £13.8m
- midazolam maleate £7.6m
- omeprazole £6.0m
- glycopyrronium bromide £5.1m
- colecalfierol £5.0m
- ergocalciferol £4.0m

The leading formulations, in terms of net ingredient cost are listed below.

- midazolam liquid special oromucosal 10mg/ml £7.5m
- melatonin capsule 3mg £3.1m
- melatonin capsule 2mg £3.0m
- omeprazole liquid special 10mg/5ml £3.0m

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Prescribers

98. The vast majority of the prescription items covered by the analyses in this Bulletin are prescribed by General Medical Practitioners in England. However, prescriptions written by dentists account for 0.6 per cent of items. Prescriptions written in hospitals and dispensed in the community account for 0.5 per cent of items. The data used for this report does not distinguish between GPs and other prescribers. If the proportions of prescriptions written by doctors and other prescribers are the same as in the ePACT system (see paragraph 120) then 98.3 per cent of prescriptions were written by GPs and 1.7 per cent by nurses or other non-medical prescribers. The number of items prescribed by nurses has risen by 11.4 per cent since 2010.

99. Items written by dentists and dispensed in the community totalled 5.4m in 2011, an increase of 4.9 per cent on the previous year.

More details are available in the annual report on Dental Prescribing published by the Information Centre; available at –


100. Prescriptions written in hospitals (including mental health trusts and drug addiction clinics) and dispensed in the community numbered 4.9m, a decrease of 5.4 per cent on the previous year.

The leading sections, in terms of number of items dispensed are:-

- BNF section 4.10 (Drugs used in substance dependence) 12.9 per cent
- BNF section 5.1 (Antibacterial drugs) 6.7 per cent
- BNF section 4.3 (Antidepressant drugs) 6.5 per cent
- BNF section 4.2 (Drugs used in psychoses and related disorders) 6.3 per cent
- BNF section 4.1 (Hypnotics and Anxiolytics) 6.0 per cent.

A bulletin focusing on prescribing in hospitals in England, at both national and Strategic Health Authority level is published annually and is available at:

Sources and definitions

Sources

101. Statistics in this bulletin are for calendar years. All prescription statistics in this bulletin are based on information systems at NHS Prescription Services, part of the NHS Business Services Authority. The system used is the Prescription Cost Analysis (PCA), which was introduced in January 1991. This system is based on an analysis of all prescriptions dispensed in the community, i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by doctors for items personally administered.

102. NHS Prescription Services have stated that due to the complex and manual processes involved there may be inaccuracies in capturing prescription information which are then reflected in the data. Internal quality assurance processes exist and currently the prescription processing activity is internally audited to 97.5 per cent accuracy (i.e. at least 97.5 per cent of prescriptions are recorded accurately).

103. The analyses are based on all prescriptions dispensed in the community in England. The vast majority are written by General Medical Practitioners in England; however, prescriptions written by nurses, dentists, other non-medical prescribers and hospital doctors are also included, provided they were dispensed in the community. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man, provided they were dispensed in England. The analyses do not include prescriptions dispensed in hospitals, private prescriptions or prescriptions written in England but dispensed outside England.

104. Statistics relating to exemption category for prescription forms exempt from the prescription charge are not available for the years 2008 to 2011, (see paragraph 31). NHS Prescription Services have issued the followed statement.

“NHS Prescription Services are responsible for the reimbursement and remuneration of dispensing contractors in England on behalf of the Department of Health. When determining payment to contractors, it is only necessary for the NHS Prescription Services to determine whether:
   a) a prescription charge has been collected or
   b) a patient has completed a declaration of exemption, when a declaration is required”.

“Up until November 2007, the NHS Prescription Services determined and recorded the exemption category on every 20th form that is exempt from the prescription charge. The data was recorded from the tick-box shown on the reverse of FP10 prescription forms, and where appropriate from the age or date of birth printed on the front of the form. This relied on the form being clear and completed correctly which may not have always been the case.”

105. The resident population, estimated by the Office for National Statistics (ONS), has been used to determine the average number of prescriptions and the average net ingredient cost per head of population. This bulletin uses mid-year resident population estimates based on the 2001 Census which have been revised slightly since last year’s bulletin and therefore some figures for prescription items per head in Table 1 differ from those published in last year’s bulletin.
Definitions

106. Prescribers write prescriptions on a prescription form. Each single item written on the form is counted as a prescription item.

107. All prescription items attract a professional fee for the dispensing contractor. There are minor differences between the number of fees paid and the number of items because some prescription items attract more than one fee.

108. The net ingredient cost (NIC) refers to the cost (which forms the basis on which the dispenser is reimbursed) of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a pre-payment certificate.

109. Figures quoted for net ingredient cost for all years are unadjusted for inflation. Standard adjustments for inflation are not considered appropriate as drug prices are subject to controls under the Pharmaceutical Price Regulation Scheme (PPRS) (see paragraph 4) and to other central controls.

110. PCA uses the therapeutic classifications defined in the British National Formulary (September 2010, edition 60, in this bulletin). The NHSBSA has created additional pseudo BNF chapters, which do not appear in the BNF, for items not included in BNF chapters 1 to 15. The majority of such items are dressings and appliances, which have classified into four pseudo BNF chapters (20 to 23). The NHSBSA has produced a booklet on BNF classifications and the pseudo classifications used. This is available on the internet at:


111. The classification of drugs and appliances used by the NHSBSA for PCA does not always equate exactly with the BNF. For example, the NHSBSA does not include stoma appliances in BNF section 1.8 but classifies them under a pseudo BNF chapter 23.

112. A generically written prescription is one that has been written using the recommended International Non-proprietary Name, the British Approved Name, or the scientific name of the active ingredient rather than the brand name. Recommended International Non-proprietary Names are used for most ingredient names since systematic chemical names or other scientific names are too complex or inconvenient for general use.

113. For the purpose of these statistics, generic dispensing is defined as occurring where a drug is prescribed and available generically and the dispenser is reimbursed at the Drug Tariff price or the price of the generic. The Drug Tariff (Part VIII) shows the amount that will be reimbursed by the Department for most generic drugs dispensed against a prescription written generically.

114. Generic prescribing is encouraged and many drugs are prescribed generically even when they are not available in generic form (principally because the branded product is still in patent).
Because of this, within the PCA system, prescriptions for drugs are classified in four ways:

- **Class 1** - Drugs prescribed and available generically and the dispenser is reimbursed at the Drug Tariff price or the price of the generic. It is possible in such circumstances for a branded drug or a parallel import to be dispensed against the prescription.

- **Class 2** - Drugs prescribed generically but because a generic is not available (for example the proprietary is still under patent) a proprietary product or a parallel import has been dispensed.

- **Class 3** - Drugs prescribed and dispensed by proprietary brand name.

- **Class 4** - Dressings and appliances.

115. Where the generic form of the drug has been reimbursed at the generic price, the data for the drug dispensed will be recorded against the class 1 (generic) form of the drug in PCA. Where a generic is not available and hence has been reimbursed at proprietary prices for dispensing the proprietary form, the data will be defined as class 2 but recorded in PCA against the class 3 (proprietary) form of the drug.

116. Where a drug is defined as class 2, the prescription items and net ingredient cost for it are allocated across the items for all equivalent proprietaries. This is done pro rata on the basis of the number of proprietary prescription items dispensed. ‘Of which class 2’ (Owc2) gives the number of prescription items resulting from this apportionment. There are a small number of preparations that are not linked to equivalent proprietaries that appear separately with a class of 2.

117. NHS Prescription Services produces the Drug Tariff on a monthly basis on behalf of the Department of Health. It lists the basis for reimbursement for most commonly prescribed generic drugs which are (in most cases) available generically. It is available here:

http://www.nhsbsa.nhs.uk/PrescriptionServices/924.aspx

118. In some cases, although a generic has been reimbursed at the Drug Tariff price, the equivalent proprietary product may have been dispensed. This will, none the less, be recorded against the class 1 form of the drug.

119. For drugs dispensed by doctors, class 2 is not normally used in the PCA system; if a drug is prescribed generically but dispensed by a doctor as a proprietary because the generic is not available, it is recorded as a class 3 - prescribed and dispensed as a proprietary.

120. **The ePACT system.** This is an alternative system for analysing prescription data, provided by NHS Prescription Services. It includes only prescriptions written in England and excludes dentists and hospital prescriptions.

121. **Special Order products.** Within the ePACT system there is a “Special order products” tag, or grouping, containing all special order products that have been assigned a drug code. Prior to August 2008, prescribing data for specials was recorded under the BNF Chapter (Other Drugs and Preparations) as ‘individually Formulated Preps – Bought in’. After August 2008 coding of individual liquid specials began and a ‘liquid specials’ tag was provided within ePACT. In June 2009 this tag was expanded to include other specials including ointments, capsules and tablets, and the tag was renamed ‘Special order products’.
The tag is not a definitive list of all specials and work is ongoing to add other presentations to the tag definition where there is sufficient information to populate the drug database. The tag is updated in each month.

Any specials which are not added to the tag are now recorded under the "Unspec Drug Code" and "Unspec Drug Code (Discount Not Deducted)" drug descriptions. However these sections will also contain preparations that are not specials.

**Charged prescriptions**

122. The groups eligible for free prescriptions and the interpretation of charged prescriptions are shown below.

**These include all prescriptions where:**
- a prescription charge is payable at the time the prescription is dispensed
- the patient holds a valid prescription pre-payment certificate purchased in advance from the NHSBSA and no further charge is paid at the point of dispensing.

From 2008, prescriptions issued using a pre-payment certificate are recorded as free prescriptions.

**Free prescriptions**

123. **These are in the following categories:**
- from 2008, where the patient holds a valid prescription pre-payment certificate purchased in advance from the NHSBSA and no further charge is paid at the point of dispensing
- men and women aged 60 and over
- children under age 16, young people aged 16, 17 and 18 in full time education
- exemption certificate holders, these are:
  - pregnant women
  - women who have given birth in the previous 12 months
  - people with specified medical conditions
  These certificates are issued by the NHSBSA; prior to 1 October 2002, Health Authorities issued them.
- war pensioners, but only in respect of prescriptions for their accepted disablement and an exemption certificate is held. These certificates are issued by the Service Personnel & Veterans Agency.
- no declaration / declaration not specific: If a patient is entitled to free prescriptions, they must tick the appropriate box on the back of the prescription form to say why they do not have to pay and sign the declaration on the prescription form.

From April 2005 if they are age exempt and their date of birth is printed on the prescription form, they do not need to sign the declaration but the form is recorded in the age exempt category.

If it is not clear what category applies, the group is shown as no declaration. Where the patient has claimed two or more categories, they are classified as declaration not specific.
• NHS Low Income Scheme in respect of means tested entitlement:
  o people and their partners receiving Income Support (including any qualifying young person included in the award)
  o people and their partners receiving Income Based Jobseeker's Allowance (including any qualifying young person included in the award)
  o people and their partners receiving Income Related Employment and Support Allowance (from October 2008)
  o partners aged under 60 of recipients of Pension Credit Guarantee Credit
  o people and their partners (including any qualifying young person included in the tax credit award) with gross annual income below the qualifying level who qualify for:
    ▪ Working tax credit with child tax credit
    ▪ Working tax credit which includes a disability or severe disability element
    ▪ Child tax credit and not eligible for Working Tax Credit
  o people and their partners who are named on a valid NHS Low Income Scheme charges certificate HC2 for full help.

A “qualifying young person” is a young person aged 16 to 19 who meets the criteria for a child benefit award to continue to their 20th birthday.

Previously, NHS Low Income Scheme groups included the following which are now included in the above:
  o partners aged under 60 of recipients of Minimum Income Guarantee – up to September 2003
  o people and their partners receiving full working families tax credit or maximum credit reduced by a specified amount from October 1999 to 5 April 2004
  o people and their partners receiving full Disabled Person’s Tax Credit or maximum credit reduced by a specified amount from October 1999 to 5 April 2004

• contraceptives: prescribed contraceptives are free and do not attract a prescription charge.
• personally administered Items: - these are free of charge. Dispensing doctors submit claims for all items dispensed unlike prescribing doctors who only submit claims to the NHSBSA in respect of personally administered items. It is, therefore, not known whether or not a dispensing doctor has personally administered an item. Items personally administered by dispensing doctors are, therefore defined as all items for products that are indicated on the NHSBSA drug database as products that can be personally administered.

Further information
Press enquiries should be made to:
Media Office,
The Information Centre for health and social care,
1, Trevelyan Square,
Boar Lane,
Leeds,
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A publication listing individual preparations alphabetically within therapeutic class is published annually and provides details of the number of items, the net ingredient cost and the quantity of individual preparations dispensed in the community in England.

The latest publication is titled ‘Prescription Cost Analysis: England 2011’ and is available free from the Internet at:


Information on other Statistical Publications together with other statistical information can be found at:

http://www.ic.nhs.uk/statistics-and-data-collections and

**Equivalent statistical publications in other UK Countries**

The statistics used in this publication are based on figures published annually in the “Prescription Cost Analysis”, National Statistic for England (see paragraph 2).

The Health and Social Care Information Centre does not collect or supply similar figures for the other UK countries; Northern Ireland, Scotland and Wales. PCA figures for these countries are published by the responsible body in each country.

Below are summary details from each of these bodies, covering publications equivalent to this National Statistic and the annual PCA publications, taken from their websites which existed at the time of this publication - links to their websites are given on the PCA publication page on our website.

These details represent our interpretation of what is available and should be taken as a guide only. Queries should be addressed to the appropriate responsible organisation.
Data for Wales: - published by ‘Welsh Government’.

Equivalent “Prescriptions dispensed in the community” publication

The “Welsh Government” produces the “Prescriptions dispensed in the community in Wales” National Statistic, annually in March. This is similar to both the “Prescription Cost Analysis: England” and “Prescriptions Dispensed in the Community: England” National Statistics.

This includes details on the following topics:

- the number of items dispensed over the last 11 years
- the average number of items dispensed per head over the last 11 years
- cost over the last 11 years
- cost per item over the last 11 years
- the average cost per head over the last 11 years
- the number of items dispensed over the last two years by BNF Chapter
- cost over the last two years by BNF Chapter
- the average number of items dispensed per head over the last two years by BNF Chapter
- the average cost per item over the last two years by BNF Chapter
- the average cost per head over the last two years by BNF Chapter

The above publication is based on PCA in Wales, details of which are given below.

Equivalent PCA publication

PCA in Wales is published by calendar year. Coverage is similar to PCA in England in terms of type of dispensers and prescribers included and that all prescriptions included are those dispensed in Wales only.

The data fields published are

- cost in NIC (equivalent to NIC in England)
- items
- quantity
- cost per item

All individual preparations are listed – no suppression of preparations which are rarely dispensed.

Figures are published at the following levels of aggregation.

- Overall total
- BNF Chapter
- BNF Section
- BNF Sub – paragraph
- Chemical
- Product (PCA in England excludes this level of aggregation)
- Individual preparations

PCA in England includes aggregation by BNF Paragraph. The “of which class 2” field is not given in PCA for Wales.
Data for Northern Ireland (NI) - published by ‘Business Services Organisation’

Equivalent “Prescriptions dispensed in the community” publication

The “Business Services Organisation” produces “Counts and Cost of prescriptions”. This includes details on the following topics

- the number of items dispensed by year, from 1990 to the most recent year
- the cost of items dispensed by year, from 1990 to the most recent year
- the average cost per head, by year from 1990 to the most recent year
- the average cost per item by year, from 1990 to the most recent year.

Equivalent PCA publication

PCA in Northern Ireland (NI) is published by calendar year and is available by Local Commissioning Group. (Coverage is assumed to be similar PCA in England in terms of type of dispensers and prescribers included and that all prescriptions included are those dispensed in NI only).

The data fields published are

- ingredient cost before discount
- items
- quantity

All individual preparations are listed – no suppression of preparations which are rarely dispensed.

Figures are published at the following levels of aggregation.

- BNF Chapter
- BNF Section
- Individual preparations

PCA in England includes more levels of aggregation than this and the “of which class 2” field is not given in PCA for NI.
Data for Scotland: - published by ‘ISD Scotland’

Equivalent “Prescriptions dispensed in the community” publication

“ISD Scotland” produce the “Prescribing and Medicines: PCA Financial Year” National Statistic, annually in June. This is similar to the “Prescriptions Dispensed in the Community: England” National Statistic.

This includes details on the following topics:

- the top 10 drugs by costs and by the number of items dispensed for the current year
- generic prescribing rates over the last ten years and by Scottish Health Board for the most recent two years
- overall cost and the overall number of items dispensed over the last ten years
- the average cost per head and the average number of items dispensed per head

The above publication is based on PCA in Scotland, details of which are given below.

Equivalent PCA publication

PCA in Scotland is published by financial year. Coverage is similar to PCA in England in terms of type of dispensers and prescribers included and that all prescriptions included are those dispensed in Scotland only.

The data fields published are

- paid gross ingredient cost (equivalent to NIC, in England)
- items
- quantity
- only individual preparations where more than 10 items were dispensed are listed.

Figures are published at the following levels of aggregation.

- BNF Chapter
- BNF Section
- BNF Sub – section
- Chemical
- Individual preparations

PCA in England includes more levels of aggregation than this and the “of which class 2” field is not given in PCA for Scotland.
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### Table 1: Number and total net ingredient cost (NIC) of prescription items, average NIC per prescription item, average number of prescription items and average NIC of prescription items per head of population and England population, 2001 to 2011

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<tr>
<th>Year</th>
<th>Number (million)</th>
<th>Total NIC (£ million)</th>
<th>Average NIC per prescription item (£)</th>
<th>Average number of prescription items per head of population</th>
<th>NIC per head of population (£)</th>
<th>England population (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>587.0</td>
<td>6,116.6</td>
<td>10.42</td>
<td>11.9</td>
<td>123.69</td>
<td>49.4</td>
</tr>
<tr>
<td>2002</td>
<td>617.0</td>
<td>6,846.7</td>
<td>11.10</td>
<td>12.4</td>
<td>137.90</td>
<td>49.6</td>
</tr>
<tr>
<td>2003</td>
<td>649.7</td>
<td>7,510.1</td>
<td>11.56</td>
<td>13.0</td>
<td>150.61</td>
<td>49.9</td>
</tr>
<tr>
<td>2004</td>
<td>686.1</td>
<td>8,079.6</td>
<td>11.78</td>
<td>13.7</td>
<td>161.24</td>
<td>50.1</td>
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<tr>
<td>2005</td>
<td>720.3</td>
<td>7,936.6</td>
<td>11.02</td>
<td>14.3</td>
<td>157.27</td>
<td>50.5</td>
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<tr>
<td>2006</td>
<td>752.0</td>
<td>8,196.8</td>
<td>10.90</td>
<td>14.8</td>
<td>161.47</td>
<td>50.8</td>
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<tr>
<td>2007</td>
<td>796.3</td>
<td>8,372.7</td>
<td>10.51</td>
<td>15.6</td>
<td>163.83</td>
<td>51.1</td>
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<tr>
<td>2008</td>
<td>842.5</td>
<td>8,325.5</td>
<td>9.88</td>
<td>16.4</td>
<td>167.77</td>
<td>51.5</td>
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<tr>
<td>2009</td>
<td>886.0</td>
<td>8,539.4</td>
<td>9.64</td>
<td>17.1</td>
<td>164.82</td>
<td>51.8</td>
</tr>
<tr>
<td>2010</td>
<td>926.7</td>
<td>8,834.4</td>
<td>9.53</td>
<td>17.7</td>
<td>169.13</td>
<td>52.2</td>
</tr>
<tr>
<td>2011</td>
<td>961.5</td>
<td>8,805.1</td>
<td>9.16</td>
<td>18.3</td>
<td>176.22</td>
<td>52.7</td>
</tr>
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</table>

#### Annual increase (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (million)</th>
<th>Total NIC (£ million)</th>
<th>Average NIC per prescription item (£)</th>
<th>Average number of prescription items per head of population</th>
<th>NIC per head of population (£)</th>
<th>England population (million)</th>
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<tr>
<td>2001 to 2002</td>
<td>5.1%</td>
<td>11.9%</td>
<td>6.5%</td>
<td>4.7%</td>
<td>11.5%</td>
<td>0.4%</td>
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<tr>
<td>2002 to 2003</td>
<td>5.3%</td>
<td>9.7%</td>
<td>4.2%</td>
<td>4.8%</td>
<td>9.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>2003 to 2004</td>
<td>5.6%</td>
<td>7.6%</td>
<td>1.9%</td>
<td>5.1%</td>
<td>7.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2004 to 2005</td>
<td>5.0%</td>
<td>-1.8%</td>
<td>-6.4%</td>
<td>4.2%</td>
<td>-2.5%</td>
<td>0.7%</td>
</tr>
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<td>2005 to 2006</td>
<td>4.4%</td>
<td>3.3%</td>
<td>-1.1%</td>
<td>3.8%</td>
<td>2.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>2006 to 2007</td>
<td>5.9%</td>
<td>2.1%</td>
<td>-3.5%</td>
<td>5.2%</td>
<td>1.5%</td>
<td>0.7%</td>
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<tr>
<td>2007 to 2008</td>
<td>5.8%</td>
<td>-0.6%</td>
<td>-6.0%</td>
<td>5.1%</td>
<td>-1.3%</td>
<td>0.7%</td>
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<tr>
<td>2008 to 2009</td>
<td>5.2%</td>
<td>2.6%</td>
<td>-2.5%</td>
<td>4.5%</td>
<td>1.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td>2009 to 2010</td>
<td>4.6%</td>
<td>3.5%</td>
<td>-1.1%</td>
<td>3.7%</td>
<td>2.6%</td>
<td>0.8%</td>
</tr>
<tr>
<td>2010 to 2011</td>
<td>3.8%</td>
<td>-0.3%</td>
<td>-3.9%</td>
<td>2.9%</td>
<td>-1.1%</td>
<td>0.8%</td>
</tr>
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</table>

#### Average annual increase (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (million)</th>
<th>Total NIC (£ million)</th>
<th>Average NIC per prescription item (£)</th>
<th>Average number of prescription items per head of population</th>
<th>NIC per head of population (£)</th>
<th>England population (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001 to 2011</td>
<td>5.1%</td>
<td>3.7%</td>
<td>-1.3%</td>
<td>4.4%</td>
<td>3.1%</td>
<td>0.6%</td>
</tr>
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### Notes

Population figures.

Source: Office for National Statistics, (2001-2010) Final Mid-Year Population Estimates (2001 census based), Adjusted May 2010 to reflect revisions to migration methodology; Crown Copyright and

Source: Office for National Statistics, 2008 Based Population Projections: Crown Copyright
<table>
<thead>
<tr>
<th>Position</th>
<th>BNF Chemical Name</th>
<th>* Used in multiple sections</th>
<th>Net ingredient cost (£millions)</th>
<th>BNF Section Name</th>
<th>BNF Section</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Fluticasone Propionate (Inh)</td>
<td></td>
<td>387.9</td>
<td>Corticosteroids (Respiratory)</td>
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</tr>
<tr>
<td>2</td>
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<td></td>
<td>310.9</td>
<td>Lipid-Regulating Drugs</td>
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<tr>
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<td>212.8</td>
<td>Oral Nutrition</td>
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<td>4</td>
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<td></td>
</tr>
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<td>5</td>
<td>Glucose Blood Testing Reagents</td>
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</tr>
<tr>
<td>7</td>
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<td>153.2</td>
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<td></td>
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</tr>
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<td>19</td>
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<td>Co-Codamol (Codeine Phos/Paracetamol)</td>
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<td>Mesalazine (Systemic)</td>
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<td>Chronic Bowel Disorders</td>
<td>1.5</td>
</tr>
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</table>

Notes
1. BNF Sections are based on the British National Formulary (September 2010 - see definitions).
2. Budesonide, includes use in BNF Sections 1.5 Chronic Bowel Disorders, 3.2 Corticosteroids (Respiratory), 12.2 Drugs acting on the Nose
3. Beclometasone Dipropionate, includes use in BNF Sections 3.2 Corticosteroids (Respiratory), 12.2 Drugs acting on the Nose, 13.4 Topical Corticosteroids
4. BNF Chemical Name Enteral Nutrition, refers to a group of products rather than an individual drug.
### Table 3: Number of items dispensed for the 20 drugs which had the greatest number of items dispensed in 2011

<table>
<thead>
<tr>
<th>Position last year</th>
<th>BNF Chemical Name</th>
<th>* Used in multiple sections</th>
<th>Number of items dispensed (millions)</th>
<th>BNF Section Name</th>
<th>BNF Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simvastatin</td>
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<td>Aspirin</td>
<td>*</td>
<td>32.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Levothyroxine Sodium</td>
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<td>Thyroid And Antithyroid Drugs</td>
<td>6.2</td>
</tr>
<tr>
<td>5</td>
<td>Omeprazole</td>
<td></td>
<td>23.3</td>
<td>Antisecretory Drugs+Mucosal Protectants</td>
<td>1.3</td>
</tr>
<tr>
<td>4</td>
<td>Ramipril</td>
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<td>22.5</td>
<td>Hypertension and Heart Failure</td>
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</tr>
<tr>
<td>6</td>
<td>Paracetamol</td>
<td></td>
<td>20.9</td>
<td>Analgesics</td>
<td>4.7</td>
</tr>
<tr>
<td>9</td>
<td>Amlodipine</td>
<td></td>
<td>19.7</td>
<td>Nit,Calc Block &amp; Other Antianginal Drugs</td>
<td>2.6</td>
</tr>
<tr>
<td>7</td>
<td>Salbutamol</td>
<td></td>
<td>19.5</td>
<td>Bronchodilators</td>
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</tr>
<tr>
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<td>Bendroflumethiazide</td>
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<td>18.4</td>
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</tr>
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<td>15.6</td>
<td>Drugs Used In Diabetes</td>
<td>6.1</td>
</tr>
<tr>
<td>11</td>
<td>Co-Codamol (Codeine Phos/Paracetamol)</td>
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<td>15.1</td>
<td>Analgesics</td>
<td>4.7</td>
</tr>
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<td>Diuretics</td>
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<td>Beta-Adrenoceptor Blocking Drugs</td>
<td>2.4</td>
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<td></td>
<td>11.3</td>
<td>Vaccines And Antisera</td>
<td>14.4</td>
</tr>
</tbody>
</table>

**Notes**

1. BNF Sections are based on the British National Formulary (September 2010 - see definitions).
2. *Aspirin*, includes use in BNF Sections 2.9 Antiplatelet Drugs, 4.7 Analgesics
Table 4. Number of prescription items, percentage of total items, net ingredient cost (NIC), percentage of total NIC and average NIC per prescription item, for items dispensed in the community by charged prescriptions and those categories where no prescription charge is made, 2001 to 2011

### England

<table>
<thead>
<tr>
<th>Year</th>
<th>Charged Prescriptions</th>
<th>Free Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Charged at the point of dispensing</td>
<td>Elderly</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Charged at the point of dispensing</td>
<td>Pre-payment certificate</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>2001</td>
<td>58.8</td>
<td>10.0</td>
</tr>
<tr>
<td>2002</td>
<td>59.6</td>
<td>9.7</td>
</tr>
<tr>
<td>2003</td>
<td>58.9</td>
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</tr>
<tr>
<td>2004</td>
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</tr>
<tr>
<td>2005</td>
<td>56.5</td>
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<tr>
<td>2006</td>
<td>56.8</td>
<td>7.4</td>
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<tr>
<td>2007</td>
<td>56.7</td>
<td>7.1</td>
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<tr>
<td>2008</td>
<td>57.3</td>
<td>6.8</td>
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<tr>
<td>2009</td>
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<tr>
<td>2010</td>
<td>52.3</td>
<td>5.6</td>
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<tr>
<td>2011</td>
<td>51.7</td>
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</table>

**Net Ingredient Cost (£millions)**

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<th>Year</th>
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<th>12.4</th>
<th>370.7</th>
<th>6.1</th>
<th>1,130.6</th>
<th>18.5</th>
<th>3,120.3</th>
<th>51.0</th>
<th>312.6</th>
<th>5.1</th>
<th>543.5</th>
<th>8.9</th>
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<tbody>
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<td>3,560.7</td>
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<tr>
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<td>2003</td>
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<td>404.7</td>
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<td>16.9</td>
<td>3,988.5</td>
<td>53.1</td>
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<td>4.5</td>
<td>696.8</td>
<td>9.3</td>
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**Average Net Ingredient cost per prescription item (£)**

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**Notes**

1. See paragraph 122 for full explanation of “Free prescriptions” categories.
2. “Free prescriptions” includes items given to exempt patients and free items.
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<th>NHS LIS</th>
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<th>Personally administered</th>
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<td>%</td>
<td>Number (millions)</td>
<td>%</td>
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</tr>
<tr>
<td>2011</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>81.6</td>
<td>9.1</td>
<td>12.4</td>
</tr>
</tbody>
</table>

Notes
1. NHS LIS: NHS Low Income Scheme
2. “Other” includes war pensioners and no declaration/ declaration not specific.
3. See paragraph 122 for full explanation of “Free prescriptions” categories.
4. “Free prescriptions” includes items given to exempt patients and free items.
Table 5: Generic prescribing and dispensing, 2001 - 2011: all items excluding dressings and appliances. Percentage of total by class.

<table>
<thead>
<tr>
<th>Year</th>
<th>Prescribed generically (class 1 and 2)</th>
<th>Prescribed and dispensed generically (class 1)</th>
<th>Prescribed generically, dispensed and reimbursed as proprietary (class 2)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescription items</td>
<td></td>
<td>Total</td>
<td>Millions</td>
</tr>
<tr>
<td>2001</td>
<td>74.1%</td>
<td>52.2%</td>
<td>21.9%</td>
<td>570.5</td>
</tr>
<tr>
<td>2002</td>
<td>76.0%</td>
<td>53.0%</td>
<td>23.0%</td>
<td>600.0</td>
</tr>
<tr>
<td>2003</td>
<td>77.8%</td>
<td>55.4%</td>
<td>22.4%</td>
<td>631.8</td>
</tr>
<tr>
<td>2004</td>
<td>79.1%</td>
<td>57.8%</td>
<td>21.3%</td>
<td>667.6</td>
</tr>
<tr>
<td>2005</td>
<td>80.1%</td>
<td>59.3%</td>
<td>20.8%</td>
<td>700.7</td>
</tr>
<tr>
<td>2006</td>
<td>81.8%</td>
<td>62.2%</td>
<td>19.6%</td>
<td>730.3</td>
</tr>
<tr>
<td>2007</td>
<td>82.6%</td>
<td>64.1%</td>
<td>18.5%</td>
<td>773.2</td>
</tr>
<tr>
<td>2008</td>
<td>82.6%</td>
<td>65.0%</td>
<td>17.7%</td>
<td>818.6</td>
</tr>
<tr>
<td>2009</td>
<td>82.8%</td>
<td>66.1%</td>
<td>16.7%</td>
<td>861.0</td>
</tr>
<tr>
<td>2010</td>
<td>82.7%</td>
<td>67.4%</td>
<td>15.4%</td>
<td>900.1</td>
</tr>
<tr>
<td>2011</td>
<td>83.0%</td>
<td>68.9%</td>
<td>14.1%</td>
<td>933.2</td>
</tr>
</tbody>
</table>

Net ingredient cost

<table>
<thead>
<tr>
<th>Year</th>
<th>Preparations class 1</th>
<th>Preparations class 2</th>
<th>Preparations class 3</th>
<th>£ millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>65.2%</td>
<td>17.8%</td>
<td>47.3%</td>
<td>5,804.3</td>
</tr>
<tr>
<td>2002</td>
<td>68.0%</td>
<td>19.9%</td>
<td>48.1%</td>
<td>6,509.4</td>
</tr>
<tr>
<td>2003</td>
<td>70.3%</td>
<td>23.7%</td>
<td>46.6%</td>
<td>7,139.5</td>
</tr>
<tr>
<td>2004</td>
<td>71.1%</td>
<td>26.3%</td>
<td>44.7%</td>
<td>7,677.6</td>
</tr>
<tr>
<td>2005</td>
<td>70.8%</td>
<td>28.4%</td>
<td>44.4%</td>
<td>7,500.6</td>
</tr>
<tr>
<td>2006</td>
<td>71.9%</td>
<td>29.5%</td>
<td>42.4%</td>
<td>7,724.0</td>
</tr>
<tr>
<td>2007</td>
<td>71.8%</td>
<td>29.1%</td>
<td>42.7%</td>
<td>7,868.4</td>
</tr>
<tr>
<td>2008</td>
<td>70.3%</td>
<td>26.2%</td>
<td>44.1%</td>
<td>7,790.7</td>
</tr>
<tr>
<td>2009</td>
<td>69.9%</td>
<td>28.3%</td>
<td>41.5%</td>
<td>7,966.6</td>
</tr>
<tr>
<td>2010</td>
<td>69.3%</td>
<td>29.6%</td>
<td>39.7%</td>
<td>8,232.0</td>
</tr>
<tr>
<td>2011</td>
<td>68.3%</td>
<td>29.8%</td>
<td>38.5%</td>
<td>8,164.4</td>
</tr>
</tbody>
</table>

Notes
1. Preparation classes are defined under Definitions.
Table 6: Number, net ingredient cost (NIC) and average NIC per prescription item by class of preparation, 2001 - 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of prescription items (million)</th>
<th>Prescribed and dispensed generically (class 1)</th>
<th>Prescribed generically, dispensed &amp; reimbursed as proprietary (class 2)</th>
<th>Prescribed and dispensed as proprietary (class 3)</th>
<th>Dressing and appliances (class 4)</th>
<th>All classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>297.5</td>
<td>125.1</td>
<td>147.8</td>
<td>16.6</td>
<td>587.0</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>317.9</td>
<td>138.1</td>
<td>144.0</td>
<td>17.0</td>
<td>617.0</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>350.1</td>
<td>141.5</td>
<td>140.1</td>
<td>17.9</td>
<td>649.7</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>385.6</td>
<td>142.3</td>
<td>139.6</td>
<td>18.5</td>
<td>686.1</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>415.3</td>
<td>145.8</td>
<td>139.6</td>
<td>19.6</td>
<td>720.3</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>454.2</td>
<td>142.9</td>
<td>133.2</td>
<td>21.7</td>
<td>752.0</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>495.5</td>
<td>142.9</td>
<td>134.9</td>
<td>23.1</td>
<td>796.3</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>531.8</td>
<td>144.7</td>
<td>142.1</td>
<td>23.9</td>
<td>842.5</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>569.2</td>
<td>143.5</td>
<td>148.4</td>
<td>25.0</td>
<td>886.0</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>606.3</td>
<td>138.3</td>
<td>155.5</td>
<td>26.6</td>
<td>926.7</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>642.8</td>
<td>131.3</td>
<td>159.1</td>
<td>28.4</td>
<td>961.5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Net ingredient cost (£million)</th>
<th>Average net ingredient cost per prescription item (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>1,035.4</td>
<td>312.3</td>
</tr>
<tr>
<td>2002</td>
<td>1,297.0</td>
<td>337.2</td>
</tr>
<tr>
<td>2003</td>
<td>1,694.6</td>
<td>370.6</td>
</tr>
<tr>
<td>2004</td>
<td>2,021.8</td>
<td>402.0</td>
</tr>
<tr>
<td>2005</td>
<td>1,978.8</td>
<td>436.0</td>
</tr>
<tr>
<td>2006</td>
<td>2,276.5</td>
<td>472.8</td>
</tr>
<tr>
<td>2007</td>
<td>2,287.2</td>
<td>504.2</td>
</tr>
<tr>
<td>2008</td>
<td>2,039.3</td>
<td>534.7</td>
</tr>
<tr>
<td>2009</td>
<td>2,256.7</td>
<td>572.9</td>
</tr>
<tr>
<td>2010</td>
<td>2,434.3</td>
<td>602.4</td>
</tr>
<tr>
<td>2011</td>
<td>2,433.4</td>
<td>640.7</td>
</tr>
</tbody>
</table>

Notes
1. Preparation classes are defined under Definitions.
<table>
<thead>
<tr>
<th>BNF Chapter</th>
<th>% Prescribed generically</th>
<th>% Dispensed generically</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td>01: Gastro-intestinal system</td>
<td>83.6%</td>
<td>84.1%</td>
</tr>
<tr>
<td>02: Cardiovascular system</td>
<td>95.5%</td>
<td>96.1%</td>
</tr>
<tr>
<td>03: Respiratory system</td>
<td>64.1%</td>
<td>61.1%</td>
</tr>
<tr>
<td>04: Central nervous system</td>
<td>90.9%</td>
<td>91.0%</td>
</tr>
<tr>
<td>05: Infections</td>
<td>98.7%</td>
<td>98.7%</td>
</tr>
<tr>
<td>06: Endocrine system</td>
<td>81.7%</td>
<td>82.3%</td>
</tr>
<tr>
<td>07: Obstetrics, gynaecology, &amp; urinary-tract disorders</td>
<td>58.7%</td>
<td>61.0%</td>
</tr>
<tr>
<td>08: Malignant disease &amp; immunosuppression</td>
<td>79.6%</td>
<td>78.8%</td>
</tr>
<tr>
<td>09: Nutrition &amp; blood</td>
<td>49.9%</td>
<td>51.8%</td>
</tr>
<tr>
<td>10: Musculoskeletal &amp; joint diseases</td>
<td>87.3%</td>
<td>89.9%</td>
</tr>
<tr>
<td>11: Eye</td>
<td>65.3%</td>
<td>65.3%</td>
</tr>
<tr>
<td>12: Ear, nose &amp; oropharynx</td>
<td>55.5%</td>
<td>53.3%</td>
</tr>
<tr>
<td>13: Skin</td>
<td>48.5%</td>
<td>48.1%</td>
</tr>
<tr>
<td>14: Immunological products &amp; vaccines</td>
<td>30.5%</td>
<td>29.8%</td>
</tr>
<tr>
<td>15: Anaesthesia</td>
<td>59.0%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Other</td>
<td>68.1%</td>
<td>62.7%</td>
</tr>
<tr>
<td>Total (excluding dressings and appliances)</td>
<td>82.7%</td>
<td>83.0%</td>
</tr>
</tbody>
</table>

Notes:
1. BNF chapters are based on the British National Formulary (September 2010). See definitions.
2. The table covers BNF chapters 1 to 15 and "other" - see note 3 below. Dressings and appliances are excluded.
3. The "Other" category covers drugs contained in pseudo British National Formulary chapters used by the NHSBSA, e.g. homeopathic preparations.
4. "% Dispensed generically" are those prescriptions which were written generically, are available generically and reimbursed at the Drug Tariff or generic price.
Table 8 Number of items dispensed, net ingredient cost (NIC) and average NIC per prescription item by British National Formulary chapters, 2010 and 2011

<table>
<thead>
<tr>
<th>BNF Chapter</th>
<th>Prescription items</th>
<th>Net ingredient cost</th>
<th>Average net ingredient cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2011</td>
<td>% Change</td>
</tr>
<tr>
<td>01: Gastro-intestinal system</td>
<td>73.7</td>
<td>78.5</td>
<td>6.6%</td>
</tr>
<tr>
<td>02: Cardiovascular system</td>
<td>285.5</td>
<td>292.4</td>
<td>2.4%</td>
</tr>
<tr>
<td>03: Respiratory system</td>
<td>59.8</td>
<td>61.3</td>
<td>2.5%</td>
</tr>
<tr>
<td>04: Central nervous system</td>
<td>163.5</td>
<td>172.4</td>
<td>5.4%</td>
</tr>
<tr>
<td>05: Infections</td>
<td>47.2</td>
<td>47.9</td>
<td>1.4%</td>
</tr>
<tr>
<td>06: Endocrine system</td>
<td>82.7</td>
<td>87.3</td>
<td>5.5%</td>
</tr>
<tr>
<td>07: Obstetrics, gynaecology, &amp; urinary-tract disorders</td>
<td>21.5</td>
<td>22.8</td>
<td>5.9%</td>
</tr>
<tr>
<td>08: Malignant disease &amp; immunosuppression</td>
<td>3.9</td>
<td>4.1</td>
<td>3.7%</td>
</tr>
<tr>
<td>09: Nutrition &amp; blood</td>
<td>44.5</td>
<td>46.1</td>
<td>3.5%</td>
</tr>
<tr>
<td>10: Musculoskeletal &amp; joint diseases</td>
<td>31.0</td>
<td>31.6</td>
<td>2.0%</td>
</tr>
<tr>
<td>11: Eye</td>
<td>19.1</td>
<td>19.5</td>
<td>2.1%</td>
</tr>
<tr>
<td>12: Ear, nose &amp; oropharynx</td>
<td>10.9</td>
<td>11.1</td>
<td>1.7%</td>
</tr>
<tr>
<td>13: Skin</td>
<td>39.9</td>
<td>40.3</td>
<td>0.9%</td>
</tr>
<tr>
<td>14: Immunological products &amp; vaccines</td>
<td>13.7</td>
<td>15.0</td>
<td>9.7%</td>
</tr>
<tr>
<td>15: Anaesthesia</td>
<td>1.2</td>
<td>1.3</td>
<td>7.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1.7</td>
<td>1.6</td>
<td>-6.9%</td>
</tr>
<tr>
<td>Dressings &amp; appliances</td>
<td>26.6</td>
<td>28.4</td>
<td>6.7%</td>
</tr>
<tr>
<td>Overall Total</td>
<td>926.7</td>
<td>961.5</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Notes:
1. BNF chapters are based on the British National Formulary (September 2010). See definitions.
2. The "Other" category covers drugs contained in pseudo British National Formulary chapters used by the NHSBSA, e.g. homeopathic preparations.
Table 9: Net ingredient cost (NIC), number of items dispensed and average NIC per item in 2010 and 2011 for the 20 British National Formulary sections with had the greatest NIC in 2011

<table>
<thead>
<tr>
<th>BNF Section - with name and position in previous year</th>
<th>2010</th>
<th>2011</th>
<th>% Change</th>
<th>2010</th>
<th>2011</th>
<th>% Change</th>
<th>2010</th>
<th>2011</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Drugs Used In Diabetes</td>
<td>713.2</td>
<td>751.7</td>
<td>5.4%</td>
<td>37.7</td>
<td>40.0</td>
<td>6.1%</td>
<td>18.91</td>
<td>18.79</td>
<td>-0.7%</td>
</tr>
<tr>
<td>3.2 Corticosteroids (Respiratory)</td>
<td>618.6</td>
<td>638.3</td>
<td>3.2%</td>
<td>17.1</td>
<td>17.5</td>
<td>2.4%</td>
<td>36.14</td>
<td>36.40</td>
<td>0.7%</td>
</tr>
<tr>
<td>2.12 Lipid-Regulating Drugs</td>
<td>564.7</td>
<td>544.2</td>
<td>-3.6%</td>
<td>59.6</td>
<td>61.6</td>
<td>3.5%</td>
<td>9.48</td>
<td>8.83</td>
<td>-6.9%</td>
</tr>
<tr>
<td>4.7 Analgesics</td>
<td>486.0</td>
<td>473.1</td>
<td>-2.7%</td>
<td>60.1</td>
<td>62.5</td>
<td>4.0%</td>
<td>8.09</td>
<td>7.57</td>
<td>-6.5%</td>
</tr>
<tr>
<td>4.8 Antiepileptics</td>
<td>332.4</td>
<td>378.6</td>
<td>13.9%</td>
<td>14.1</td>
<td>15.5</td>
<td>10.6%</td>
<td>23.65</td>
<td>24.37</td>
<td>3.0%</td>
</tr>
<tr>
<td>2.5 Hypertension and Heart Failure</td>
<td>394.3</td>
<td>330.0</td>
<td>-16.3%</td>
<td>63.6</td>
<td>65.4</td>
<td>3.0%</td>
<td>6.20</td>
<td>5.04</td>
<td>-18.7%</td>
</tr>
<tr>
<td>4.2 Drugs Used In Psychoses &amp; Rel.Disorders</td>
<td>287.8</td>
<td>307.4</td>
<td>6.8%</td>
<td>8.9</td>
<td>9.3</td>
<td>4.2%</td>
<td>32.40</td>
<td>33.21</td>
<td>2.5%</td>
</tr>
<tr>
<td>9.4 Oral Nutrition</td>
<td>299.3</td>
<td>304.4</td>
<td>1.7%</td>
<td>10.5</td>
<td>9.8</td>
<td>-7.0%</td>
<td>28.41</td>
<td>31.06</td>
<td>9.3%</td>
</tr>
<tr>
<td>3.1 Bronchodilators</td>
<td>292.4</td>
<td>284.4</td>
<td>-2.7%</td>
<td>27.2</td>
<td>27.6</td>
<td>1.6%</td>
<td>10.75</td>
<td>10.29</td>
<td>-4.3%</td>
</tr>
<tr>
<td>4.3 Antidepressant Drugs</td>
<td>220.4</td>
<td>270.2</td>
<td>22.6%</td>
<td>42.8</td>
<td>46.7</td>
<td>9.1%</td>
<td>5.15</td>
<td>5.79</td>
<td>12.4%</td>
</tr>
<tr>
<td>7.4 Drugs For Genito-Urinary Disorders</td>
<td>218.0</td>
<td>234.2</td>
<td>7.4%</td>
<td>10.8</td>
<td>11.9</td>
<td>10.0%</td>
<td>20.14</td>
<td>19.66</td>
<td>-2.4%</td>
</tr>
<tr>
<td>2.6 Nit,Calc Block &amp; Other Antilanginal Drugs</td>
<td>219.5</td>
<td>202.3</td>
<td>-7.8%</td>
<td>42.0</td>
<td>43.1</td>
<td>2.5%</td>
<td>5.22</td>
<td>4.70</td>
<td>-10.1%</td>
</tr>
<tr>
<td>8.3 Sex Hormones &amp; Antag In Malig Disease</td>
<td>213.3</td>
<td>195.5</td>
<td>-8.4%</td>
<td>2.5</td>
<td>2.5</td>
<td>3.2%</td>
<td>86.78</td>
<td>77.04</td>
<td>-11.2%</td>
</tr>
<tr>
<td>5.1 Antibacterial Drugs</td>
<td>169.9</td>
<td>170.2</td>
<td>0.2%</td>
<td>40.2</td>
<td>40.8</td>
<td>1.4%</td>
<td>4.22</td>
<td>4.17</td>
<td>-1.3%</td>
</tr>
<tr>
<td>1.3 Antisecretory Drugs + Mucosal Protectants</td>
<td>208.0</td>
<td>166.4</td>
<td>-20.0%</td>
<td>43.4</td>
<td>47.1</td>
<td>8.6%</td>
<td>4.80</td>
<td>3.53</td>
<td>-26.4%</td>
</tr>
<tr>
<td>10.1 Drugs Used In Rheumatic Diseases &amp; Gout</td>
<td>147.8</td>
<td>142.3</td>
<td>-3.7%</td>
<td>23.8</td>
<td>24.0</td>
<td>1.0%</td>
<td>6.21</td>
<td>5.93</td>
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<td>20.3 Wound Management &amp; other Dressings</td>
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<td>136.6</td>
<td>0.0%</td>
<td>5.3</td>
<td>5.5</td>
<td>2.6%</td>
<td>25.59</td>
<td>24.95</td>
<td>-2.5%</td>
</tr>
<tr>
<td>14.4 Vaccines And Antisera</td>
<td>122.3</td>
<td>128.1</td>
<td>4.8%</td>
<td>13.7</td>
<td>15.0</td>
<td>9.7%</td>
<td>8.93</td>
<td>8.53</td>
<td>-4.5%</td>
</tr>
<tr>
<td>4.10 Drugs Used In Substance Dependence</td>
<td>129.8</td>
<td>124.5</td>
<td>-4.1%</td>
<td>6.5</td>
<td>6.5</td>
<td>0.1%</td>
<td>20.05</td>
<td>19.21</td>
<td>-4.2%</td>
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<td>11.6 Treatment Of Glaucoma</td>
<td>112.2</td>
<td>114.8</td>
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<td>7.9</td>
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<td>14.84</td>
<td>14.51</td>
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Notes:
1. BNF chapters are based on the British National Formulary (September 2010). See definitions.
<table>
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<tr>
<th>BNF Section - with name and position in previous year</th>
<th>2010</th>
<th>2011</th>
<th>Increase</th>
<th>% Change</th>
<th>2010</th>
<th>2011</th>
<th>% Change</th>
<th>2010</th>
<th>2011</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3 Antidepressant Drugs</td>
<td>190</td>
<td>220.4</td>
<td>270.2</td>
<td>49.8</td>
<td>42.8</td>
<td>46.7</td>
<td>9.1%</td>
<td>5.15</td>
<td>5.79</td>
<td>12.4%</td>
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<tr>
<td>4.8 Antiepileptics</td>
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<td>332.4</td>
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<td>46.3</td>
<td>14.1</td>
<td>15.5</td>
<td>10.6%</td>
<td>23.65</td>
<td>24.37</td>
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<td>713.2</td>
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<td>37.7</td>
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<td>6.1%</td>
<td>18.91</td>
<td>18.79</td>
<td>-0.7%</td>
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<td>618.6</td>
<td>638.3</td>
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<td>17.1</td>
<td>17.5</td>
<td>2.4%</td>
<td>36.14</td>
<td>36.40</td>
<td>0.7%</td>
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<td>11</td>
<td>287.8</td>
<td>307.4</td>
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<td>8.9</td>
<td>9.3</td>
<td>4.2%</td>
<td>32.40</td>
<td>33.21</td>
<td>2.5%</td>
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<td>7.4 Drugs For Genito-Urinary Disorders</td>
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<td>218.0</td>
<td>234.2</td>
<td>16.2</td>
<td>10.8</td>
<td>11.9</td>
<td>10.0%</td>
<td>20.14</td>
<td>19.66</td>
<td>-2.4%</td>
</tr>
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<td>4.11 Drugs for Dementia</td>
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<td>96.1</td>
<td>110.8</td>
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<td>1.4</td>
<td>1.7</td>
<td>18.0%</td>
<td>66.85</td>
<td>65.33</td>
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<td>9.6 Vitamins</td>
<td>9</td>
<td>83.5</td>
<td>95.3</td>
<td>11.7</td>
<td>17.6</td>
<td>19.4</td>
<td>10.1%</td>
<td>4.74</td>
<td>4.91</td>
<td>3.6%</td>
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<td>73.6</td>
<td>80.6</td>
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<td>0.9</td>
<td>5.5%</td>
<td>84.43</td>
<td>87.58</td>
<td>3.7%</td>
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<td>6.3 Corticosteroids (Endocrine)</td>
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<td>88.0</td>
<td>94.0</td>
<td>6.0</td>
<td>6.9</td>
<td>7.2</td>
<td>4.2%</td>
<td>12.67</td>
<td>12.99</td>
<td>2.5%</td>
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<td>14.4 Vaccines And Antisera</td>
<td>183</td>
<td>122.3</td>
<td>128.1</td>
<td>5.8</td>
<td>13.7</td>
<td>15.0</td>
<td>9.7%</td>
<td>8.93</td>
<td>8.53</td>
<td>-4.5%</td>
</tr>
<tr>
<td>3.7 Mucolytics</td>
<td>31</td>
<td>25.0</td>
<td>30.1</td>
<td>5.1</td>
<td>1.1</td>
<td>1.3</td>
<td>16.8%</td>
<td>22.96</td>
<td>23.67</td>
<td>3.1%</td>
</tr>
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<td>9.4 Oral Nutrition</td>
<td>6</td>
<td>299.3</td>
<td>304.4</td>
<td>5.1</td>
<td>10.5</td>
<td>9.8</td>
<td>-7.0%</td>
<td>28.41</td>
<td>31.06</td>
<td>9.3%</td>
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<td>21.1 Other Appliances</td>
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<td>56.3</td>
<td>61.4</td>
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<td>7.2</td>
<td>7.7</td>
<td>6.9%</td>
<td>7.86</td>
<td>8.02</td>
<td>2.0%</td>
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<td>23.60 Ileostomy Bags</td>
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<td>46.2</td>
<td>51.3</td>
<td>5.1</td>
<td>0.4</td>
<td>0.4</td>
<td>7.7%</td>
<td>122.78</td>
<td>126.43</td>
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<td>4.4 CNS Stimulants and drugs used for ADHD</td>
<td>27</td>
<td>43.9</td>
<td>48.9</td>
<td>5.0</td>
<td>0.9</td>
<td>0.9</td>
<td>7.2%</td>
<td>50.59</td>
<td>52.63</td>
<td>4.0%</td>
</tr>
<tr>
<td>2.8 Anticoagulants And Protamine</td>
<td>15</td>
<td>55.9</td>
<td>60.8</td>
<td>4.9</td>
<td>9.2</td>
<td>9.8</td>
<td>6.7%</td>
<td>6.11</td>
<td>6.22</td>
<td>1.9%</td>
</tr>
<tr>
<td>13.2 Emollient &amp; Barrier Preparations</td>
<td>13</td>
<td>88.9</td>
<td>93.4</td>
<td>4.4</td>
<td>15.9</td>
<td>16.1</td>
<td>1.2%</td>
<td>5.59</td>
<td>5.80</td>
<td>3.8%</td>
</tr>
<tr>
<td>7.3 Contraceptives</td>
<td>22</td>
<td>91.4</td>
<td>95.8</td>
<td>4.4</td>
<td>8.8</td>
<td>8.9</td>
<td>0.8%</td>
<td>10.40</td>
<td>10.81</td>
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<td>3.3 Cromoglycate,Rel,Leukotriene Antagonists</td>
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<td>48.5</td>
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<td>1.4</td>
<td>1.5</td>
<td>10.1%</td>
<td>31.70</td>
<td>31.41</td>
<td>-0.9%</td>
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</table>

Notes:
1. BNF chapters are based on the British National Formulary (September 2010). See definitions.
Table 11: Net ingredient cost (NIC), number of items dispensed and average NIC per item in 2010 and 2011 for the 20 British National Formulary sections which had the greatest actual decrease in NIC between 2010 and 2011

<table>
<thead>
<tr>
<th>BNF Section - with name and position in previous year</th>
<th>2010</th>
<th>2011</th>
<th>Decrease</th>
<th>% Change</th>
<th>Prescription items (millions)</th>
<th>2010</th>
<th>2011</th>
<th>% Change</th>
<th>Average net ingredient cost per item (£)</th>
<th>2010</th>
<th>2011</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 Hypertension and Heart Failure</td>
<td>192</td>
<td>394.3</td>
<td>330.0</td>
<td>-64.2</td>
<td>-16.3%</td>
<td>63.6</td>
<td>65.4</td>
<td>3.0%</td>
<td>6.20</td>
<td>5.04</td>
<td>-18.7%</td>
<td></td>
</tr>
<tr>
<td>1.3 Antisecretory Drugs+Mucosal Protectants</td>
<td>10</td>
<td>208.0</td>
<td>166.4</td>
<td>-41.6</td>
<td>-20.0%</td>
<td>43.4</td>
<td>47.1</td>
<td>8.6%</td>
<td>4.80</td>
<td>3.53</td>
<td>-26.4%</td>
<td></td>
</tr>
<tr>
<td>2.9 Antiplatelet Drugs</td>
<td>193</td>
<td>106.8</td>
<td>68.5</td>
<td>-38.4</td>
<td>-35.9%</td>
<td>38.2</td>
<td>38.4</td>
<td>0.4%</td>
<td>2.80</td>
<td>1.78</td>
<td>-36.2%</td>
<td></td>
</tr>
<tr>
<td>2.4 Beta-Adrenoceptor Blocking Drugs</td>
<td>185</td>
<td>88.0</td>
<td>67.3</td>
<td>-20.7</td>
<td>-23.5%</td>
<td>29.7</td>
<td>30.9</td>
<td>4.2%</td>
<td>2.96</td>
<td>2.18</td>
<td>-26.6%</td>
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<tr>
<td>2.12 Lipid-Regulating Drugs</td>
<td>178</td>
<td>564.7</td>
<td>544.2</td>
<td>-20.5</td>
<td>-3.6%</td>
<td>59.6</td>
<td>61.6</td>
<td>3.5%</td>
<td>9.48</td>
<td>8.83</td>
<td>-6.9%</td>
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</tr>
<tr>
<td>4.9 Drugs Used In Park'ism/Related Disorders</td>
<td>16</td>
<td>130.0</td>
<td>110.6</td>
<td>-19.4</td>
<td>-14.9%</td>
<td>3.8</td>
<td>4.0</td>
<td>4.6%</td>
<td>34.37</td>
<td>27.94</td>
<td>-18.7%</td>
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<tr>
<td>8.3 Sex Hormones &amp; Antag In Malig Disease</td>
<td>189</td>
<td>213.3</td>
<td>195.5</td>
<td>-17.8</td>
<td>-8.4%</td>
<td>2.5</td>
<td>2.5</td>
<td>3.2%</td>
<td>86.78</td>
<td>77.04</td>
<td>-11.2%</td>
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<tr>
<td>2.6 Nit,Calc Block &amp; Other Antianginal Drugs</td>
<td>187</td>
<td>219.5</td>
<td>202.3</td>
<td>-17.2</td>
<td>-7.8%</td>
<td>42.0</td>
<td>43.1</td>
<td>2.5%</td>
<td>5.22</td>
<td>4.70</td>
<td>-10.1%</td>
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</tr>
<tr>
<td>9.12 Other Health Supplements</td>
<td>40</td>
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<td>10.0</td>
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<td>0.9</td>
<td>0.3</td>
<td>-61.7%</td>
<td>30.51</td>
<td>30.21</td>
<td>-1.0%</td>
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<tr>
<td>6.6 Drugs Affecting Bone Metabolism</td>
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<td>65.4</td>
<td>51.8</td>
<td>-13.6</td>
<td>-20.8%</td>
<td>8.2</td>
<td>8.5</td>
<td>2.5%</td>
<td>7.93</td>
<td>6.13</td>
<td>-22.7%</td>
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<td>4.7 Analgesics</td>
<td>2</td>
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<td>473.1</td>
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<td>-2.7%</td>
<td>60.1</td>
<td>62.5</td>
<td>4.0%</td>
<td>8.09</td>
<td>7.57</td>
<td>-6.5%</td>
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</tr>
<tr>
<td>4.1 Hypnotics And Anxiolytics</td>
<td>33</td>
<td>73.2</td>
<td>64.4</td>
<td>-8.8</td>
<td>-12.0%</td>
<td>17.0</td>
<td>17.1</td>
<td>0.3%</td>
<td>4.30</td>
<td>3.78</td>
<td>-12.2%</td>
<td></td>
</tr>
<tr>
<td>3.1 Bronchodilators</td>
<td>12</td>
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<td>284.4</td>
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<td>-2.7%</td>
<td>27.2</td>
<td>27.6</td>
<td>1.6%</td>
<td>10.75</td>
<td>10.29</td>
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<td>19.2 Selective Preparations</td>
<td>36</td>
<td>62.8</td>
<td>55.2</td>
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<td>-12.2%</td>
<td>1.3</td>
<td>1.1</td>
<td>-9.8%</td>
<td>49.63</td>
<td>48.30</td>
<td>-2.7%</td>
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<td>-18.6%</td>
<td>1.1</td>
<td>0.9</td>
<td>-19.0%</td>
<td>33.28</td>
<td>33.44</td>
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<td>44.3</td>
<td>37.7</td>
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<td>-14.9%</td>
<td>12.1</td>
<td>13.0</td>
<td>6.9%</td>
<td>3.65</td>
<td>2.90</td>
<td>-20.4%</td>
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<td>8.2 Drugs Affecting The Immune Response</td>
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<td>112.5</td>
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<td>-5.4%</td>
<td>1.3</td>
<td>1.4</td>
<td>4.7%</td>
<td>86.08</td>
<td>77.74</td>
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<td>10.1 Drugs Used In Rheumatic Diseases &amp; Gout</td>
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<td>147.8</td>
<td>142.3</td>
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<td>-3.7%</td>
<td>23.8</td>
<td>24.0</td>
<td>1.0%</td>
<td>6.21</td>
<td>5.93</td>
<td>-4.6%</td>
<td></td>
</tr>
<tr>
<td>4.10 Drugs Used In Substance Dependence</td>
<td>19</td>
<td>129.8</td>
<td>124.5</td>
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<td>-4.1%</td>
<td>6.5</td>
<td>6.5</td>
<td>0.1%</td>
<td>20.05</td>
<td>19.21</td>
<td>-4.2%</td>
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<td>2.2 Diuretics</td>
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<td>59.4</td>
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<td>-8.0%</td>
<td>37.7</td>
<td>37.6</td>
<td>-0.3%</td>
<td>1.71</td>
<td>1.58</td>
<td>-7.7%</td>
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</tbody>
</table>

Notes:
1. BNF chapters are based on the British National Formulary (September 2010). See definitions.
Figure 3. Number of prescription items (millions) by BNF chapter 2010 and 2011.
Figure 4. Net ingredient cost (£ millions) by BNF chapter 2010 and 2011.
Figure 5. Average net ingredient cost per prescription item (£) by BNF chapter 2010 and 2011.