



RXLENS DISPATCH NHS MEDICINES INTELLIGENCE

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AUTO-GENERATED SAMPLE. This front page and the report that follows are produced automatically by RxLens from public NHS data, to show what the data can reveal. They are not individually checked. Our commissioned client reports are fully human-reviewed and quality-assured — including the price-anomaly screening described inside.

What the NHS pays: the medicines getting cheaper, and the ones quietly getting dearer

NHS hospitals spend about £25 billion a year on medicines. Behind that number, prices move constantly — generics and biosimilars push some down by 80–90%, while shortages and supply squeezes push others up just as sharply. RxLens reads the public data to show both, and to flag the anomalies that need cleaning.

Imatinib –89% · Ticagrelor –91% | Propofol +419% · Paclitaxel +87% · IV fluids +90–170%

Every month, NHS England publishes what every hospital pharmacy dispensed and what it cost. RxLens turns that into a price per unit for each product, and tracks how it moves over the year.

Two forces dominate. When a patent expires, generic or biosimilar competition can collapse the price: imatinib (once Glivec) fell about 89% per tablet, ticagrelor about 91%, dapagliflozin about 80%.

In the other direction, shortages and fragile supply chains push prices up. Over the year, the anaesthetic propofol, the chemotherapy paclitaxel, and even basic intravenous fluids — saline and glucose — saw their unit prices roughly double or more.

History shows how far this can go: the NHS has been overcharged before, with regulators fining suppliers of hydrocortisone, liothyronine and phenytoin hundreds of millions for vast price rises on old, off-patent drugs. Watching prices is how you catch it.

Sources: NHS England Secondary Care Medicines Data (NHSBSA, Open Government Licence v3.0); Competition and Markets Authority decisions. Auto-generated by RxLens, a product of Nexcea Limited — full references at the end.

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Executive summary

This worked showcase reads the public NHS dispensing data to track **how medicine prices move** in English hospitals. For every product we compute an indicative price per unit (cost ÷ quantity) and compare the start of the year (April–June 2025) with the end (January–March 2026). It uses only public data.

Headline findings:

- **Generic and biosimilar competition cuts prices sharply.** Where exclusivity has ended, unit prices fell by most of their value — ticagrelor about –91%, imatinib –89%, famotidine –83%, dapagliflozin –80%, mycophenolate –74%.
- **Shortages push prices the other way, fast.** The anaesthetic propofol (about +420%), the chemotherapy paclitaxel (+87%), and basic intravenous fluids — saline and glucose (+90% to +170%) — all became markedly more expensive per unit over the year.
- **The movements are material.** Against an NHS hospital medicines bill of roughly £25 billion a year, a single generic falling 90% — or a high-volume injectable doubling — shifts tens of millions of pounds.
- **Some apparent ‘movers’ are data artefacts.** Mis-coding and unit changes throw up impossible swings (a ‘price’ rising 30,000% overnight). We screen these out before drawing conclusions — exactly the cleaning step that separates a usable analysis from a raw extract.

In short: price is one of the most actionable signals in the data — for spotting biosimilar savings, anticipating shortage costs, and flagging anomalies. The sections below show both directions, and the regulator’s cases that show why it matters.

1. About this showcase

Data and method

We use the **NHS England Secondary Care Medicines Data (SCMD)**, which records the quantity and indicative cost of every medicine dispensed by NHS hospital pharmacies in England each month.^[1] Dividing cost by quantity gives an **indicative price per unit**. We compare the average unit price in the first quarter of the period (April–June 2025) with the last (January–March 2026), for products with at least £2 million of annual spend.

Screening — why cleaning matters

Raw SCMD throws up impossible price moves caused by mis-coding, pack/unit changes, or a product switching how it is recorded. Left in, these would dominate any 'biggest movers' list. We exclude products whose unit of measure changed during the year, require meaningful volume at both ends, and screen out implausible swings. What remains are real, explicable price movements — and the screening itself is part of what RxLens does for clients.

2. Prices falling — generics and biosimilars

When a medicine loses exclusivity, generic or biosimilar competition can collapse its price. These are among the clearest falls over the year:

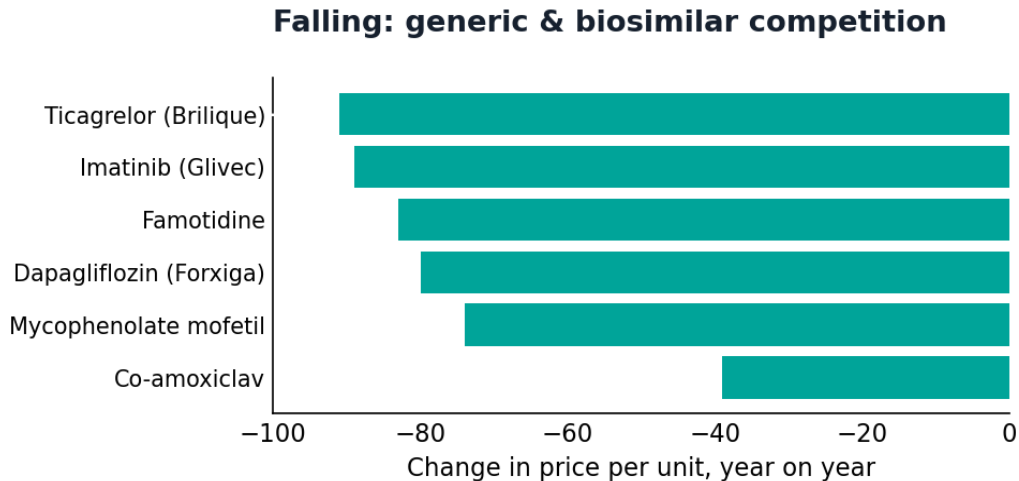


Figure 1. Largest year-on-year falls in indicative price per unit (selected, ≥£2m spend).

Medicine	Price/unit change	What changed
Ticagrelor (Brilique)	-91%	Antiplatelet; generics post-patent.
Imatinib (Glivec)	-89%	Leukaemia therapy; long generic.
Famotidine	-83%	Acid suppression; generic.
Dapagliflozin (Forxiga)	-80%	SGLT2 inhibitor; recent patent expiry.
Mycophenolate mofetil	-74%	Transplant immunosuppressant; generic.

These are large savings on widely used medicines. Imatinib's fall alone, on its dispensed volume, is worth on the order of £20m+ a year to the NHS. For a commercial team, the same chart shows where price erosion has already happened — and, by extension, which of today's branded products face the steepest fall when their own protection ends.

3. Prices rising — shortages and supply

Prices also move sharply upward, usually when supply is fragile. The clearest risers over the year were old, hospital-administered injectables and even basic fluids:

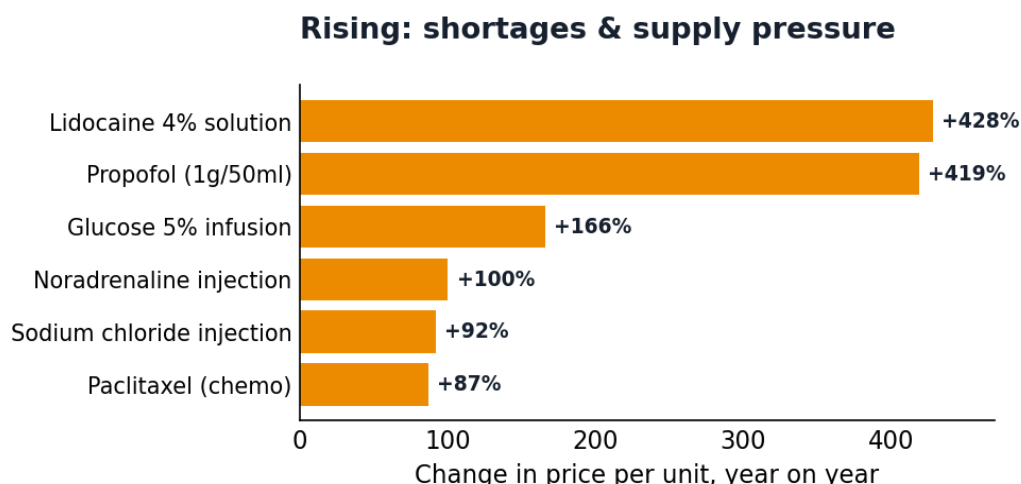


Figure 2. Largest year-on-year rises in indicative price per unit (selected, ≥£2m spend).

Medicine	Price/unit change	Likely driver
Lidocaine 4% solution	+428%	Local anaesthetic; supply.
Propofol (1g/50ml)	+419%	Anaesthetic; known shortage pressure.
Glucose 5% infusion	+166%	IV fluid; supply constraints.
Noradrenaline injection	+100%	Critical-care vasopressor; supply.
Sodium chloride injection	+92%	IV fluid; supply constraints.
Paclitaxel (chemo)	+87%	Generic chemotherapy; supply.

Individually modest-looking percentages on high-volume products add up: a near-doubling of saline-for-injection and paclitaxel each shifts well over £10m a year. These are exactly the lines procurement and supply teams want flagged early — and where a sudden, unexplained jump may signal a shortage before it is formally declared.

4. When prices are exploited — the regulator's cases

Price-watching is not only about savings and shortages; it is also how overcharging is caught. Several old, off-patent medicines have been the subject of Competition and Markets Authority (CMA) action over extraordinary price rises — a pattern that price-trend monitoring is well suited to surface:

- **Hydrocortisone tablets.** The CMA found unfair pricing that pushed a 10mg pack from about 70p to £88; NHS spend on the drug rose from around £0.5m a year to over £80m, and penalties exceeded £260m.^[2]
- **Liothyronine (thyroid) tablets.** The price of a pack rose from about £20 to £248 between 2009 and 2017 — over 1,100% — with fines of around £100m (reduced to £84m on appeal).^[3]
- **Phenytoin (epilepsy) tablets.** A separate CMA case resulted in around £70m of fines for excessive and unfair pricing.^[4]

None of these is visible from a single month's figures; all are obvious from a price trend. A standing view of price per unit over time — the kind RxLens builds — is precisely what turns this data into an early-warning system.

5. Method, caveats and references

Method: indicative price per unit = indicative cost ÷ dispensed quantity, computed per product per month; the average of April–June 2025 is compared with January–March 2026. Products were included only with at least £2m of annual spend and meaningful volume at both ends; those whose recorded unit of measure changed during the year, or whose implied price moved implausibly, were screened out as likely data artefacts.

Caveats: SCMD costs are indicative (list-price based) and do not reflect the confidential discounts and framework prices NHS Trusts actually pay, so absolute prices and the size of moves are directional, not exact; the most recent months are provisional; and concession/short-supply prices can be volatile month to month. SCMD covers hospital dispensing in England only. The CMA figures are drawn from public decisions and judgments.

References

- [1] NHS Business Services Authority. Secondary Care Medicines Data (SCMD). NHSBSA Open Data Portal. <https://opendata.nhsbsa.net/dataset/secondary-care-medicines-data-indicative-price> (accessed June 2026).
- [2] Competition and Markets Authority. Hydrocortisone tablets: alleged excessive and unfair pricing, anti-competitive agreements and abusive conduct (CMA case 50277; decision July 2021). <https://www.gov.uk/cma-cases/hydrocortisone-tablets-alleged-excessive-and-unfair-pricing-anti-competitive-agreements-and-abusive-conduct-50277> (accessed June 2026).
- [3] Competition and Markets Authority. Court upholds CMA fine over excessive NHS thyroid drug (liothyronine) prices. <https://www.gov.uk/government/news/court-upholds-cmas-99m-fine-on-pharma-over-excessive-nhs-thyroid-drug-prices> (accessed June 2026).
- [4] Competition and Markets Authority. £70 million in fines for pharma firms that overcharged NHS (phenytoin). <https://www.gov.uk/government/news/70-million-in-fines-for-pharma-firms-that-overcharged-nhs> (accessed June 2026).