TAYSIDE PRESCRIBER

Issued by Tayside Medicines Governance Unit on behalf of the Delivery Unit Medicines Management Group Jul 2009 – No 105

TAYSIDE PRESCRIBING INITIATIVES 2009/10

BACKGROUND

Considerable prescribing savings have been achieved over recent years by addressing areas of cost-minimisation ie maintaining clinical effectiveness at lower cost.

This financial year brings additional challenges. Unlike previous years, NHS Tayside is no longer able to retain windfall savings generated when the patent protection on a medicine expires, or to retain savings as a result of branded medicine price reductions agreed through the Pharmaceutical Price Regulation Scheme (PPRS). Historically these savings have been used locally to offset prescribing volume growth in priority areas as a result of implementation of national and local guidelines and the GMS Quality Outcomes Framework. The absence of these windfall savings means that the inevitable volume growth will become a cost pressure in 09/10, therefore it is important to achieve maximum health gain within the available prescribing resource.

Due to work successfully completed in previous years, the remaining opportunities for cost-minimisation across NHS Tayside are limited. However, it is believed that potential savings of around £1.5m are achievable across Tayside over the next financial year through implementation of nine agreed prescribing initiatives.

PRESCRIBING INITIATIVES

The following nine initiatives have been supported by the NHS Tayside Drug & Therapeutics Committee and the NHS Tayside Executive Team. The majority relate to implementation of cost effective treatment choices recommended within the Tayside Area Prescribing Guide (TAPG).

Prescribers are encouraged to support these cost-minimisation initiatives by **reviewing patients on the medicines detailed below and, where clinically appropriate, changing to the TAPG choice or first-line choice.** Importantly - practices, wards and out-patient clinics are encouraged to prescribe/recommend the TAPG choice for **new patients** where possible. This should help to achieve sustained change.

Whilst a number of these areas have been addressed in previous years (and considerable progress made), in some cases this was against a background of increasing use (eg PPIs, statins, bisphosphonates) and potential savings still exist. This highlights the need to ensure that new patients always receive the most cost-effective first-line choice.

28 day cost comparisons of medicines at standard daily doses are provided overleaf for information (based on Apr 09 Drug Tariff and MIMS prices). **Note that some cost differences are considerable.**

The overall target of £1.5m is achievable if changes can be made in just a proportion of patients - see below:

	Prescribing Initiative	Tayside target (% change)	Target annual saving* (£)
1	Efexor to venlafaxine part 7 generic (est. 10% price dec.)	100%	£88k
2	Rationalisation of PPIs to omeprazole or lansoprazole	34%	£350k
3	Atorvastatin 10mg changed to simvastatin 40mg	48%	£310k
4	Risedronate changed to alendronate	33%	£150k
5	Lormetazepam changed to zopiclone	53%	£200k
6	Escitalopram changed to citalopram	48%	£150k
7	Atorvastatin 20mg to rosuvastatin 10mg	33%	£136k
8	Lamictal to generic lamotrogine	33%	£73k
9	Diabetic monitoring strips¶	50%	£93k

* based on Q4 0809 volume and Apr 09 Drug Tariff & MIMS prices
¶ based on numbers of non-insulin type 2 diabetic patients and average annual cost per patient

SUPPORT AVAILABLE

Many practices are already taking forward the implementation of these initiatives with the support of their practice pharmacists. In secondary care, the clinical pharmacist can offer support.

Regular practice feedback will be provided via quarterly reports issued by Medicines Governance and also through the established CHP Prescribing Indicator Report.

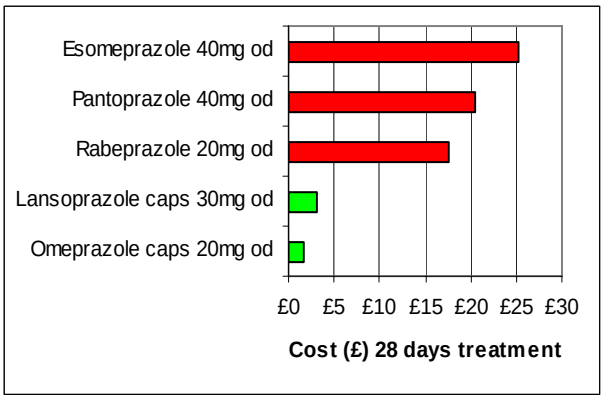
These initiatives are **Tayside-wide** and are also being progressed through secondary care and regular feedback in the hospital setting will be provided via the quarterly Clinical Group Medicines Utilisation Report. **Clinical Groups are strongly encouraged to support the implementation of this work**.

1) Efexor® and Efexor XL® changed to generic venlafaxine (part 7)

☑ **TAPG supports generic prescribing**

- Given the high existing rate of generic prescribing (91.8%) savings should automatically accrue

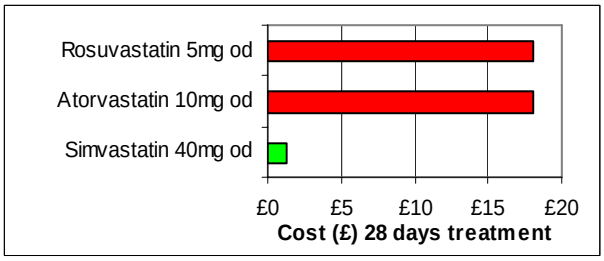
2) Rationalisation of all PPIs to omeprazole or lansoprazole



☑ **TAPG first-choice PPIs: omeprazole and lansoprazole**

- Background increasing growth of PPIs requires continual review of prescribing
- Pantoprazole and rabeprazole are non-stock items in Ninewells and PRI
- Esomeprazole 40mg daily is reserved for patients with laryngopharyngeal reflux disease or endoscopically proven grades 3 or 4 oesophagitis unresponsive to max. licensed treatment doses of other PPIs. Treatment should be under the direction of a specialist and for a period of up to 8 weeks, thereafter choice of maintenance therapy should be reviewed (click here for TAPG link)

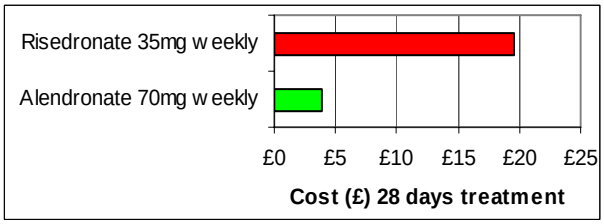
3) Atorvastatin 10mg and rosuvastatin 5mg changed to simvastatin 40mg



☑ **TAPG first-choice statin: simvastatin**

- Background increasing use of statins requires continual review of prescribing
- Atorvastatin 10mg/rosuvastatin 5mg are reserved for patients intolerant to or who have contraindications to simvastatin (click here for TAPG link)

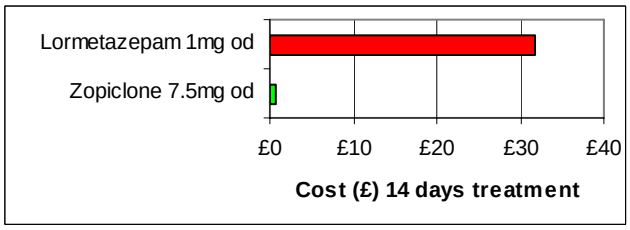
4) Risedronate changed to alendronate



☑ ***TAPG first-choice bisphosphonate: alendronate 70mg weekly***

- Background increasing use of bisphosphonates requires continual review of prescribing
- Risedronate is reserved for patients unable to tolerate alendronate eg due to pre-existing upper GI problems, and for patients taking regular steroids (click here for TAPG link)

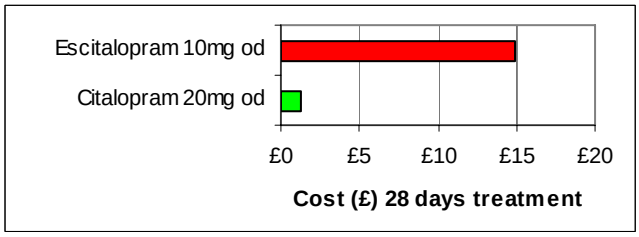
5) Lormetazepam changed to zopiclone



☑ ***TAPG first-choice hypnotic: zopiclone***

- Lormetazepam is a non-stock item in Tayside hospitals
- (click here for TAPG link)

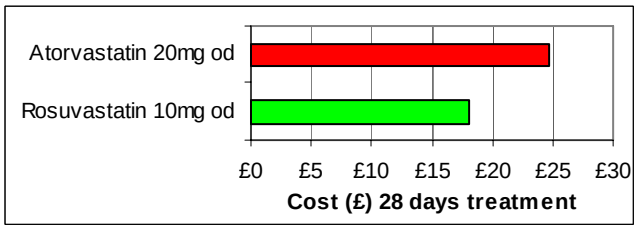
6) Escitalopram changed to citalopram



☑ ***TAPG choice SSRIs: fluoxetine, citalopram, sertraline and paroxetine***

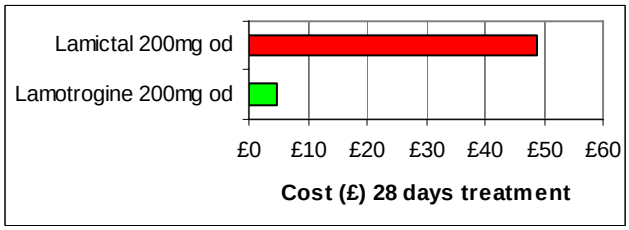
- (click here for TAPG link)

7) Atorvastatin 20mg changed to rosuvastatin 10mg



- Use of rosuvastatin 10mg may result in a short-term financial gain
- Note that simvastatin 40mg should be considered in place of atorvastatin 10mg (initiative 3)

8) Lamictal® changed to generic lamotrogine



- Branded and generic lamotrogine are considered to be bioequivalent by the MHRA

9) Diabetic monitoring strips – reduction in use

☑ ***Self-monitoring of blood glucose in patients with type 2 diabetes should be reserved for patients treated with insulin and for non-insulin treated patients who require information on hypoglycaemia or hyperglycaemia (eg during intercurrent illness, due to changes in medication or lifestyle, or to ensure safety during activities such as driving.*** (click here for Diabetes Handbook)