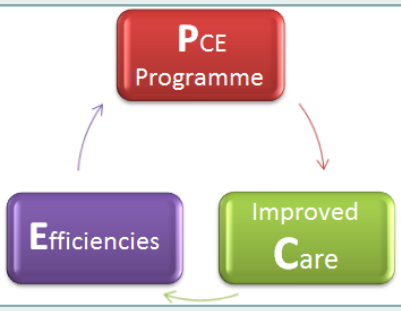
Health and Social Care Board

June 2021

Northern Ireland Medicines Management

Pharmaceutical Clinical Effectiveness (PCE) Programme 2021 / 2022



For 2021/22, the Department of Health have asked both primary and secondary care to find efficiencies on their medicines costs. In excess of £20m is required to be delivered from the primary care prescribing budget which comprises a target of £12M + additional efficiencies of approximately £9m to fund initiatives such as General Practice Pharmacists and the 2020/21 under-delivery. Similarly a target has been set for secondary care of £8m.

HSCB has developed a plan for 21/22 comprising 41 projects designed to facilitate cost-effective prescribing. Over 50% of the projects within the plan can be augmented by collaborative working across healthcare practitioners in all HSC settings to undertake medication review and medicines reconciliation with a view to reducing inappropriate polypharmacy, and implementation of clinically effective, safe, evidence based, cost effective prescribing.

The majority of the projects are being carried forward from the 20/21 plan (see PCE bulletin 2020) with the addition of 10 new projects. Details of these projects and the actions required to implement them are detailed in this bulletin. A copy of the PCE plan and support materials are available at: Pharmaceutical Clinical Effectiveness (PCE) – Primary Care Intranet (hscni.net).

INITIATIVES

Generic prescribing

- Levetiracetam (Keppra®)
- Esomeprazole (Nexium®)
- Tamsulosin/dutasteride (Combodart®)

Deprescribing initiatives

- Unlicensed vitamin D 'specials'
- Specific vitamins
- Nefopam
- Naftidrofuryl

Cost saving initiatives

- Naproxen EC to plain switch
- Reduce spend on dispersible PPIs
- Reduce spend on pantoprazole and rabeprazole
- Cost effective gliptin: alogliptin
- Reduce spend on dicycloverine
- Cost effective LAMAs
- Cost Effective Choice: Nortriptyline 2 x 25mg tablets
- NI Formulary Choice NSAID gel: Ibuprofen 5% gel

Good clinical practice and governance initiatives

- Review Capsaicin cream 0.025%

Generic prescribing

The Department of Health policy position remains that generic medicines should be prescribed in preference to branded products in all appropriate circumstances, irrespective of whether a generic medicine is currently available. **Note:** there are a number of exceptions to this rule — see Generic Exceptions list and Cost-effective Choices list.

The most recent NI COMPASS report (January-March 2021) highlights the top twenty missed generics which account for nearly £3 million of missed efficiencies annually across NI. The drugs listed in the table below account for the majority of these potential efficiencies:

- Review the prescribing of these drugs within your practice.
- Review your practice's COMPASS report and consider if there are any further generic switches that could be undertaken in your practice to maximise generic prescribing and the associated efficiency savings.
- A range of materials to support generic prescribing on the Primary Care intranet.

Brand	Generic	Potential Annual Saving from Switching to Generic
Keppra® tablets (all strengths)	Levetiracetam	£1,591,096
Nexium® 20mg, 40mg, Losec® 20mg	Esomeprazole omeprazole	£353,944
Combodart® capsules	Tamsulosin / dutasteride	£167,000

Levetiracetam (Keppra®)

Following MHRA advice, practices should review patients where appropriate to discuss the option of switching to the generic. Although generic levetiracetam is considered bioequivalent to the brand, it is recognised that patient anxiety over a change to their medication may have a detrimental effect on epilepsy control. Therefore a proposal to undertake a generic switch should be undertaken by direct contact with the patient / carer on a case-by-case basis. If a hospital letter is received which recommends initiation of the branded product, GP practices are encouraged to query the recommendation directly with the initiating prescriber in secondary care. Community pharmacists are encouraged to counsel patients on any changes to their medication. A patient information leaflet is available on the NI Formulary website and the Primary Care intranet, along with other resources.

ACTION:

- Review patients where appropriate to discuss the option of switching to the generic.

Esomeprazole (Nexium®)

The potential annual saving from switching to generic esomeprazole is £353,944.

ACTION: Prescribers are asked to review patients prescribed branded Nexium® tablets / capsules with the aim to switch to the more cost effective generic esomeprazole tablets / capsules.

Tamsulosin / Dutasteride (Combodart®)

Previously the most cost effective way of prescribing Combodart® was to prescribe the ingredients (tamsulosin and dutasteride) as separate generic medicines. Combination tamsulosin 400 micrograms / dutasteride 500 microgram capsules are now available generically. See table for cost comparison.
At current NI prescribing levels a switch from Combodart® to generic equivalent would generate annual savings of approximately **£167,000.**

Pack of 30 capsules (May 2021 drug tariff)	
Combodart®	£19.80
Tamsulosin 400 / Dutasteride 500 DT	£6.33
Total savings per patient per year	**£161.64**

ACTION:

- GP practices are asked to search GP clinical system for patients prescribed Combodart® and switch to generic tamsulosin 400 / dutasteride 500 capsules in line with DH generic prescribing policy.
- Community pharmacists are asked to explain to patients that their medicine has not changed (except in appearance) and they should continue to take one capsule per day.

Deprescribing Initiatives

Unlicensed Vitamin D 'Specials'

In the treatment of vitamin D deficiency (plasma 25(OH) D <25nmol/L), various strengths of vitamin D can be used and for different lengths of time. There are numerous unlicensed or 'special' versions of vitamin D products available which. as well as being unlicensed. can be very expensive.

The aim is to promote the use of cost effective licensed products in the treatment of vitamin D deficiency and in doing so, reduce the prescribing of unlicensed and 'special' products.

Once vitamin D deficiency has been corrected, maintenance therapy is recommended. This does not need to be prescribed; appropriate doses can be obtained using vitamin D supplements which can be purchased if appropriate.

Guidance will be produced to support product decision choices along with information on the licensed products available. Until this is available, information can be found in the PrescQIPP Vitamin D bulletin 275, Dec 2020 and in the NI Formulary Chapter 9.

ACTION:

- Refer to the NI Formulary for choice of cost effective licensed vitamin D products.
- Review the use of unlicensed vitamin D specials.

Specific vitamins

Over £6 million is spent annually on specific vitamin products. Vitamin products should only be prescribed when there is a clear risk or potential risk of deficiency, or an appropriate clinical indication.
These specific vitamins have no or very limited licensed clinical indications for prescribing and patients are recommended to purchase where appropriate.
An SOP has been developed (available on the Primary Care intranet) to help practices review prescribing of specific vitamins and a graph detailing practices breakdown of costs of specific vitamins has been added to page 12 of the current COMPASS report.

ACTION:

- Practices are asked to review prescribing of specific vitamin products and deprescribe where there is no appropriate clinical indication.
- Resources are available on the Primary Care Intranet and the NI Formulary website on appropriate dietary sources of vitamins.

Prescribing of Specific vitamins in NI in 2020

Specific vitamin	Items	Spend
Vitamin B1	142,681	£705,496
Vitamin B2	952	£152,655
Vitamin B3	331	£82,715
Vitamin B6	8,039	£313,160
Vitamin B Complex	7,117	£325,037
Vitamin B Complex Strong	55,042	£245,539
Vitamin C	9,791	£304,780
Multivitamins	80,697	£458,705
Vitamin E	2,347	£79,922

Nefopam

Nefopam is licensed for acute / chronic, dental, musculo-skeletal, acute traumatic and cancer pain. The BNF notes it may have a place in the relief of persistent pain unresponsive to other non-opioid analgesics but that sympathomimetic and antimuscarinic side-effects may be troublesome. It is not recommended in national pain guidance, and is not listed in the NI Formulary.

Prescribers need to consider whether benefits outweigh possible risks before prescribing:

- Adverse effects: common, and include nausea/vomiting, sweating, dizziness, confusion, urinary retention, headache, insomnia, palpitations (associated tachycardia may worsen angina), convulsions and anaphylaxis. Elderly appear vulnerable to nefopam's CNS side-effects and cases of hallucinations and confusion have been reported in such individuals.
- Scores 2 on anticholinergic burden (ACB) scale: while nefopam may avoid some adverse-effects of other non-opioids, its associated anticholinergic actions may worsen cognitive function, exacerbate constipation or postural hypotension, impair vision or precipitate narrow angle glaucoma or urinary retention. Each one point increase in total ACB score correlates with 26% increase in risk of death.
- Toxic in overdose**:** signs include seizures, acute renal failure and heart block. There are known deaths following intentional nefopam overdose.
- Has abuse potential: chiefly through psychostimulant-like effects, possibly related to dopamine re-uptake inhibition effects. When so used, depression may occur when nefopam is withdrawn so **withdrawal must be slow and gradual** over at least 1-2 weeks.

ACTION:
GP practices are advised:

- to review existing use of nefopam to ensure it remains appropriate for current patients.
- not to initiate nefopam except under advice from a specialist.
- if started, trial for no more than 2 weeks, review regularly and discontinue if no benefit, or if patient experiences intolerable adverse effects. Elderly patients may require reduced dosage due to slower metabolism so it is strongly recommended that starting doses do not exceed one tablet three times daily in the elderly.

Naftidrofuryl

As per the NI Formulary, there is currently insufficient evidence to recommend the routine use of peripheral vasodilators. Symptoms in patients with intermittent claudication are often improved through the use of treatments and lifestyle interventions to reduce cardiovascular risk. Those remaining symptomatic may be considered for treatment with naftidrofuryl, however this is recommended to be discontinued if no symptomatic benefit is seen after 3 to 6 months. A standard operating procedure is being developed to support practices in patient review and will be available on the Primary Care intranet.

ACTION: review patients and discontinue naftidrofuryl in peripheral vascular disease if no symptomatic benefit is seen.

Cost Saving Initiatives

Naproxen EC to Plain Switch

Naproxen is available as both enteric coated (EC) tablets and plain tablets. There is limited evidence on the value of enteric-coating of NSAIDs. The BNF advises that using enteric coated NSAID preparations may only partially reduce symptoms, such as dyspepsia. Patients prescribed NSAIDs who are at risk of GI side effects should already be prescribed a PPI, therefore it is not necessary to prescribe an enteric coated formulation. The cost of enteric coated naproxen is significantly more than the plain formulation:

Naproxen Dose	*Cost of Plain Tablets (28 days)	*Cost of Enteric Coated Tablets (28 days)
250mg twice a day	£3.90	£6.62
500mg twice a day	£4.38	£13.13
375mg twice a day	N/A	£27.77

*Prices correct as per May 2021 NI Drug Tariff.

If all patients in Northern Ireland currently prescribed naproxen EC were switched to naproxen plain, this would generate savings of £600,000 for the Health Service.

ACTION:

- Review all patients prescribed naproxen EC and if it is appropriate to continue treatment switch to naproxen plain.
- Set an alert on the GP clinical system to highlight that naproxen plain is the cost effective formulation, to ensure the cost effective formulation is selected for BOTH acute and repeat prescriptions.
- Community pharmacists are asked to reassure patients who have been switched to naproxen plain that there is no difference in efficacy of the drug or increase in side effects.
- Consider switching patients from naproxen 375mg twice a day to 250mg twice a day, if appropriate.

Reduce spend on dispersible proton pump inhibitors

ACTION: Prescribers are asked to review adult patients on omeprazole orodispersible medication (Losec MUPS®) with the potential to switch to more cost effective lansoprazole orodispersible tablets.

Medication (quantity)	NI Drug Tariff Price (May 2021)
Omeprazole 10mg dispersible gastro-resistant tablets (28)	£9.30
Omeprazole 20mg dispersible gastro-resistant tablets (28)	£13.92
Omeprazole 40mg dispersible gastro-resistant tablets (7)	£6.96
Lansoprazole 15mg orodispersible tablets (28)	£4.14
Lansoprazole 30mg orodispersible tablets (28)	£5.77

Cost Saving Initiatives

Reduce spend on pantoprazole and rabeprazole

ACTION: Prescribers are asked to review patients prescribed pantoprazole and rabeprazole with the potential for a switch to more cost effective PPIs such as omeprazole and lansoprazole as per the Northern Ireland Formulary.

Medication (quantity)	NI Drug Tariff Price May 2021
Pantoprazole 20mg tablets (28)	£1.88
Pantoprazole 40mg tablets (28)	£2.19
Rabeprazole 10mg tablets (28)	£1.60
Rabeprazole 20mg tablets (28)	£1.90
Omeprazole 10mg capsules (28)	£1.18
Omeprazole 20mg capsules (28)	£1.23
Lansoprazole 15mg capsules (28)	£1.17
Lansoprazole 30mg capsules (28)	£1.37

Cost effective gliptin: Alogliptin

The cost of general practice prescriptions for DPP-4 Inhibitors (or 'gliptins') across Northern Ireland is currently nearly £8 million per annum. NICE recommend that, in the treatment of type 2 diabetes, if two drugs in the same class are appropriate, choose the option with the lowest acquisition cost. Alogliptin is the most cost-effective gliptin and is the joint first line gliptin on the NI Formulary. Alogliptin is priced approximately 20% lower than the other four gliptins.
HSCB has developed a Review tool for patients taking gliptins.

ACTION:

- Review prescribing of gliptins and, where appropriate, consider a change to alogliptin within its licensed indications as a cost-efficiency.

Reduce spend on dicycloverine

According to NICE clinical guidance CG61 - *Irritable bowel syndrome in adults: Diagnosis and management of irritable bowel syndrome in primary care,* there is insufficient evidence to demonstrate a significant difference in effectiveness between hyoscine, mebeverine, peppermint oil, dicycloverine and alverine.

ACTION: Prescribers should review all patients prescribed dicycloverine for continued need. Where medication is still found to be appropriate, consider a switch to the more cost effective choice mebeverine. New patients should be initiated on mebeverine as per Northern Ireland formulary recommendations.

Medication (quantity)	NI Drug Tariff Price May 2021
Dicycloverine 10mg tablets (100)	£213.49
Dicycloverine 20mg tablets (84)	£227.56
Dicycloverine 10mg/5ml oral solution (120ml)	£174.16
Mebeverine 135mg tablets (100)	£4.66
Mebeverine MR 200mg capsules (60)	£7.60
Mebeverine 50mg/5ml oral suspension sugar free (300ml)	£217.25

Cost Saving Initiatives

Cost effective LAMAs

Currently in Northern Ireland, GP practices prescribe 42% of LAMAs as the most costly product, Spiriva®. This costs an additional £7 per inhaler more than other more cost effective products. HSCB continues to promote Braltus Zonda® as a 'like for like' alternative to Spiriva HandiHaler®, but also recommends any of the 3 cost-effective LAMA dry powder inhaler options (see table) for use by patients.

The 'Low Cost Group' of LAMA DPIs includes:

- Braltus Zonda®
- Incruse Ellipta®
- Seebri Breezhaler®

LAMA DPI	Cost (for 30days)
Braltus Zonda®	**£25.80**
Incruse Ellipta®	**£27.50**
Seebri Breezhaler®	**£27.50**
Eklira Genuair®	£32.50
Spiriva Handihaler®	£33.50

'Like for like' LAMA inhaler — switching to Braltus Zonda® from Spiriva Handihaler®

Braltus Zonda® is a tiotropium inhaler and is bioequivalent to Spiriva Handihaler®. Braltus Zonda® is 23% lower in cost than Spiriva Handihaler®, with **expected savings across Northern Ireland (if 100% of patients are switched to Braltus Zonda®) of £400,000 per annum.** Whilst this switch involves a change in product, both the Handihaler® and Zonda® inhaler are very similar devices and use the same inhalation technique (see NI Formulary website 'Am I using my inhaler correctly?'). Braltus Zonda® is licensed for patients 18 years and over.

A **switch protocol** has been produced for practices wishing to change suitable adults from Spiriva Handihaler® to the equivalent Braltus Zonda® inhaler.
Note: Braltus® and Spiriva® have a different pre-metered dose (13 micrograms and 18 micrograms per capsule respectively), but they provide the **same delivered dose of 10 micrograms tiotropium** per capsule to the patient. Braltus® capsules and Spiriva® capsules are not interchangeable and must only be used with their respective Zonda® or Handihaler® devices. As such, **it is important that all tiotropium inhalers are brand prescribed**.

ACTION:

- GP practices are asked to consider changing suitable adults from Spiriva Handihaler® to the equivalent Braltus Zonda® inhaler.
- GP Practices are asked to review patients on LAMA DPIs and see if a cost-effective inhaler would be suitable.

Cost Effective Choice: Nortriptyline 2 x 25mg tablets

The cost of nortriptyline 50mg tablets (generic) is significantly more than the 10mg or 25mg tablets.

ACTION: To meet daily dosage requirements, where appropriate, prescribers are asked to consider prescribing, e.g. 25mg tablets (and multiples thereof) and not 50mg tablets (bearing in mind the tablet burden for individual patients).
This may be of use particularly when considering step-down of dose following patient reviews.

NI Formulary Choice NSAID gel: Ibuprofen 5% gel

Topical NSAIDs may be considered as additional pain relief for people with knee or hand osteoarthritis. Topical NSAIDs should be considered before oral NSAIDs. **Ibuprofen 5% gel** is now the recommended first line NI Formulary choice of NSAID gel, as it is a cost effective choice.
As all topical NSAIDs are considered equally efficacious, patients who are newly commenced on NSAID gel should be prescribed ibuprofen gel 5%, as the first line NI Formulary cost effective choice.

ACTION:

- Consider adding an alert to the GP clinical system to highlight that ibuprofen 5% gel is the first line NI Formulary choice of NSAID gel.
- Consider switching patients prescribed other NSAID gels, e.g. diclofenac gels, piroxicam gels to ibuprofen 5% gel.
- Community pharmacists should reassure any patients who have been switched to ibuprofen 5% gel that all topical NSAIDs are considered equally efficacious.

Good Clinical Practice and Governance Initiatives

Review Capsaicin cream 0.025%

Evidence to support the use of topical capsaicin 0.025% cream (Zacin® cream) is limited.
Capsaicin 0.025% cream can be considered as an adjunct in hand or knee osteoarthritis. It may need to be used for 4 weeks before pain is relieved; pain relief usually starts within the first week of treatment and increases with continuing regular application (four times daily). Prescribing data indicates there is £177,300 on annual expenditure capsaicin 0.025% cream. Patients who have been prescribed the 0.025% capsaicin cream (Zacin®) should be reviewed after 4 to 6 weeks. **If it has been ineffective, prescribing should be stopped.**

ACTION:

- Consider adding a note to the GP clinical system to ensure that patients commenced on capsaicin 0.025% cream are reviewed after 4 to 6 weeks.
- Ensure patients who are currently prescribed capsaicin 0.025% cream are reviewed to assess benefit. Discontinue if ineffective.
- Do not add capsaicin 0.025% cream to repeat list, until benefit has been assessed.
- Community pharmacists should advise patients who are newly commenced on capsaicin 0.025% cream that they should not reorder a prescription if benefits are not seen within 4 to 6 weeks. Patients should be referred to their GP, as appropriate.

Please note there is also a 0.075% capsaicin cream (Axsain®) available, which is on the NI Formulary for localised neuropathic pain. It is licensed for the symptomatic relief of postherpetic neuralgia after lesions have healed, and for the relief of painful diabetic neuropathy. Use for other conditions is off-label. **Capsaicin 0.075% cream requires specialist input for application in painful diabetic neuropathy.**

Further Information and Resources

- NI Formulary website http://niformulary.hscni.net
- Medicines Governance website www.medicinesgovernance.hscni.net
- Medicines Management Newsletters https://niformulary.hscni.net/prescribing-newsletters/
- Primary Care Intranet resources http://primarycare.hscni.net/pharmacy-and-medicines-management/
- PrescQIPP www.prescqipp.info/

If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

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