Nottinghamshire Area Prescribing Committee

Annual Report 2017-18

EXECUTIVE SUMMARY

The Nottinghamshire Area Prescribing Committee (APC) works collaboratively with a number of different stakeholders* across Nottinghamshire to make recommendations on the safe, clinical and cost effective use of medicines. We have successfully been doing this since 2007 and continue to maintain strong engagement with our member organisations producing well defined and robust prescribing resources to support our prescribers. These resources include two fully interactive and live websites; www.nottinghamshireformulary.nhs.uk and www.nottsapc.nhs.uk as well as a large array of guidelines, formularies and prescribing information sheets to assist our clinicians (primary and secondary care) and their patients with making prescribing decisions.

Key Achievements in 2017-18

- We have had 6 meetings (see Appendix 1 for meeting attendance). Although 2 were not quorate as per the committee Terms of Reference, the absent member reviewed the papers ahead of the meeting and made comment on the draft minutes before any actions were completed.
- 30 medicines were reviewed as part of horizon scanning, 47 requests were reviewed to change the traffic light classification or were classified as part of formulary maintenance and 30 formulary entries were reviewed for clarity or amendment of wording or specified indication. 22 new medicine requests for inclusion in the formulary were considered, these were firstly reviewed by the Joint Formulary Group. Furthermore there was one appeal against a previous decision.
- 27 guidelines/shared care protocols/other prescribing documents were approved, 5 of which were new (see Appendix 2 for full details).
    - Development or updating of guidelines includes reviewing national guidance, liaising with local specialists, consulting with relevant stakeholders as well as the production of the documentation itself.
- We have contributed to the patient safety agenda by supporting the development of a penicillin allergy awareness leaflet, adding safety alerts on the formulary and highlighting the need for more robust prescribing information for benzodiazepines and withdrawal.
- We have continued to support the QIPP agenda by;
    - Rationalising some sections of the formulary to ensure cost effective choices are available, such as for migraine prescribing.
    - Maintaining the red status of melatonin for paediatrics, over £840k of cost pressure to the health community was avoided by avoiding the increased costs associated with prescribing moving to primary care
    - Rationalising the management of catheter encrustation avoids the cost pressure of using regular bladder washouts.
    - The potential for >£100K savings has been facilitated by decommissioning high costing medicines where suitable alternatives are available such as mefenamic acid, prednisolone foam enemas and various branded eye drops.
    - Maintaining the Nottinghamshire Joint Formulary to ensure a live, accessible resource for prescribers (See Appendix 3 for further information on the outputs of the Joint Formulary Group)
    - Undertaking horizon scanning activities to guide prescribers on new medicines/licenced indications
    - Continued adherence to the CCG financial mandate thresholds.

- Continued work with a patient representative to ensure patient views are considered for APC decisions.
- Keeping abreast of the recently established Regional Medicines Optimisation (MO) Committees agenda.

*The Nottinghamshire APC is a partnership committee with clinical representation from;
- Nottingham University Hospitals NHS Trust
- Circle Nottingham NHS Treatment Centre
- Sherwood Forest Hospitals Foundation Trust
- Nottinghamshire Healthcare Trust (including Health Partnerships)
- NHS Nottingham City CCG
- Nottingham CityCare
- NHS Mansfield & Ashfield CCG
- NHS Nottingham North & East CCG
- NHS Rushcliffe CCG
- NHS Nottingham West CCG
- NHS Newark & Sherwood CCG
- Public Health Nottinghamshire County and Nottingham City
- Nottinghamshire Local Medical Committee
- Nottinghamshire Local Pharmaceutical Committee

Financial implications for the Nottinghamshire healthcare economy of APC decisions

For the fifth year running the APC has only approved medicines for use that fall within the Nottinghamshire CCGs agreed mandate financial budget unless prior consultation and approval has been sought. Decisions made by the APC have continued to support the CCGs challenging QIPP targets for making savings on the prescribing budget. Implications quoted are for a full 12 months, See Appendix 4 for full details.

One submission which carried a risk of exceeding the CCG mandate was Freestyle Libre flash glucose monitoring system. An APC representative on behalf of the submitting clinicians took the proposal to each of the 6 CCGs to gain approval. There was significant patient interest in this submission with media and local MP involvement also. It was paramount therefore that a fair and robust process was followed.

Type of implication	Number of decisions	Cost implication
Cost avoidance	5	£941K
Cost neutral or unknown	6	NA
Savings	14	£517K
Cost pressure	8	£134K

***via rejection of formal submissions; cost avoidance through horizon scanning and adding new agents as GREY is not possible to predict.**

	M&A CCG	N&S CCG	NNE CCG	NWC CCG	R CCG	City CCG
cost saving	£94,593	£65,647	£74,951	£47,555	£62,028	£172,646
cost pressure	£24,570	£17,051	£19,468	£12,352	£16,111	£44,843
net financial implication	£70,024	£48,596	£55,483	£35,203	£45,917	£127,803

Savings

Potential savings to the CCGs of £517K have been identified from APC recommendations. The majority of these savings have come from the decommissioning of mefenamic acid and prednisolone enemas.

However savings are difficult to predict as they are dependent on CCG implementation such as the addition of cost effective branded eye drops and switches away from the decommissioned items.

Cost avoidance
Cost avoidance comes about when:

- a medicine (either a new medicine or clinical indication) is not accepted on to the formulary or it is given a 'grey' or 'grey awaiting submission' classification or
- a medicine is included in the formulary with a clear place in therapy which limits its use and therefore potential financial impact.

Examples of cost avoidance include the rejection of melatonin in elderly patients without specific medical conditions, the rejection of an appeal to reclassify Goserelin for prostate cancer and the grey classification of Granulox dressing.

Cost neutral
An assessment of these decisions suggests that they were in general cost neutral for the Nottinghamshire Health Community. For example:

- The addition of Emerade Auto injector as an alternative strengthed product.
- The addition of Sucroferric oxyhydroxide as a cost neutral more patient friendly option
- The addition of Fiasp insulin as a cost neutral option for some patients.

Cost pressure
Decisions made by the APC during 17-18 resulted in a potential cost pressure of £134K. A proportion of the cost pressure is driven by positive NICE TAs where there is a legal requirement for organisations to fund treatment within 90 days of being published; for example roflumilast for COPD and eluxadoline for IBS.
For some cost pressures it is difficult to predict impact as the agents are new and activity level is not yet known.

Challenges faced by the APC

Development and subsequent implementation of Shared Care Protocols for Amber 1 medicines has proved challenging for several years due to the increasing financial challenges and workload within primary care. We have engaged with both primary and secondary care colleagues to understand the issues and look to agree a way forward. This area will continue to be a challenge to the APC in terms of maintaining up to date resources to give assurances to primary and secondary care that patients are being managed appropriately and we will continue to flag this as an issue.

We have also seen some changes to the membership of the committee with the Specialist Interface & Formulary Pharmacist (SIFP) resource being reduced due to vacancy and the Public Health representative stepping down.

The agreement by all 6 CCGs on the use of Freestyle Libre was a significant challenge which required substantial resource to resolve.

The CCGs have gone through structural changes during this year which has been a challenge for the APC while roles and responsibilities of the CCG teams were being determined.

Future Priorities for 2018-19

The APC has identified a number of priorities to take forward during 2018-19. Many of these will include the on-going support to QIPP and new models of care within primary care. The local CCGs are in financial turnaround so the APC will aim to support the recovery process however it can.

We will also;

- Monitor the implementation of the RMOCs and adapt our ways of working to fit with that agenda.
- Assess the needs of the newly established STPs locally and adapt accordingly.
- Continue to maintain good membership and aim to encourage new members, particularly clinicians from secondary care.
- Maintain an up to date and user friendly formulary and continue to promote its content.

The APC will continue to work on an STP level and strive to include stakeholders from all organisations.

Acknowledgements

The APC would like to thank all who have either worked with us to produce documents or who have taken part in any consultation the APC has carried out. They are too numerous to mention individually but they make a significant contribution to the working of the APC.

We would like to specifically thank Nick Sherwood - Interface and Formulary Pharmacist for his contribution ahead of him moving into another role in January 2018.

Appendix 1 - APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2017/18

Name of Representative	Role within Organisation	Organisation	Organisational Attendance Record					
			May	July	Sep	Nov	Jan	Mar
Judith Gregory	Assistant Chief Pharmacist	Nottingham University Hospitals NHS Trust	✓	✓	✓	✓	✓	✓
Dr Sachin Jadhav	Chair NUH DTC							
Deborah Storer (Deputy)	Medicines Information Manager and D&T Pharmacist							
Dr David Kellock	SFHFT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓	✓
Steve May	Chief Pharmacist							
Steve Haigh (Deputy)	Medicines Information & Formulary Pharmacist							
Dr Rachel Sokal	Consultant in Public Health	Public Health Nottinghamshire County & Nottingham City	X	X	X	X	X	X
Dr Mary Corcoran (Deputy)	Consultant in Public Health							
Dr Kate Allen (Deputy)	Consultant in Public Health							
Tanya Behrendt	Deputy Head of Medicines Management	NHS Nottingham City Clinical Commissioning Group	✓	✓	✓	✓	✓	✓
Dr Esther Gladman	GP prescribing lead							
Rotational	CCG Prescribing Advisor - County	NHS Nottinghamshire County Clinical Commissioning Groups	✓	✓	✓	✓	✓	✓
Dr David Wicks	GP -County CCGs (North)							
Dr Paramjit Singh Panesar	GP- County CCGs (South)							
Laura Catt	Prescribing Interface Advisor							
Ankish Patel	Community Pharmacist	Local Pharmaceutical Committee	X	✓	X	✓	X	X
Dr Jenny Moss-Langfield	GP	Local Medical Committee	X	✓	✓	✓	✓	✓
Dr Khalid Butt	GP							
		Nottingham CityCare	✓	X	✓	✓	X	✓
Sarah Northeast	Advanced Nurse Practitioner							
Lisa Fitzpatrick (Deputy)	Medicines Management Pharmacist							
Karen Chadwick (Deputy)	Senior Pharmacist	Nottinghamshire Healthcare NHS Trust	✓	✓	✓	X*	✓	X*
Matthew Elswood	Chief Pharmacist							
Hazel Johnson	Assistant Medical Director							
Amanda Roberts	Patient Representative		✓	X	X	✓	X	X
Matthew Prior	Chief Pharmacist	Nottingham Treatment Centre				✓	✓	✓

* This meeting was not quorate, however no actions were completed until Nottinghamshire Healthcare NHS Trust had reviewed and approved the minutes

Appendix 2 – 2017-18 APC RATIFIED DOCUMENTS

Date of Meeting	Title	SCP / Guideline / Other	Update or new
May 2017	Nottinghamshire Health Community Guideline for the use of Buccal Midazolam (10mg/ml and 5mg/ml) in Children	Guideline	Update
	Penicillin awareness leaflet	Information leaflet	New
	Low Priority Medicines List	Guideline	Update
	Prescribing of Gonadorelin analogues (GnRH) in Primary Care for Prostate and Breast Cancer	Guideline	Update
	DMARD SCPs and information sheets for rheumatology	SCP and information sheets	Update
	Antimicrobial guidelines	Guideline	Interim update
July 2017	Management of Hyperlipidaemia in Primary Care	Guideline	New
	Guidelines for Prescribing Oral Nutritional Supplements in Adults	Guideline	Update
	Cows Milk Allergy Guideline	Guideline	Interim Update
	Laxative Treatment Guideline for adults	Guideline	Update
	Vitamin D Guidelines (children and adults)	Guideline	Interim Update
September 2017	Shared care for adults with ADHD	SCP	New
	Autoimmune Hepatitis	SCP	Update
	Enoxaparin for long term anticoagulation in patients unsuitable for oral anticoagulants	Guideline	Update
	Phosphate binders for the treatment of hyperphosphataemia	SCP	Update
	Testosterone Prescribing Information Sheet	Information sheet	New
	Guideline for the use of Antimicrobial Wound Care Products	Guideline	Update
Nov 2017	Lamotrigine prescribing information sheet for bipolar disease	Information sheet	Update
	Overactive Bladder	Guideline	Update
	Dermatology SCP and information sheets	SCP and information sheets	Update
Jan 2018	Inflammatory Bowel Disease, Azathioprine and mercaptopurine information sheets	Information sheets	Update
	Apomorphine prescribing information sheet and Parkinsons' Disease SCP	SCP and information sheets	Update
March 2018	Anticoagulation in AF guideline	Guideline	Update
	Riluzole SCP	SCP	Update
	Prescribing Policy	Contract	Update
	Post bariatric surgery guidelines	Guideline	New
	Antipsychotic prescribing information sheets	Information Sheets	Update

Appendix 3

NOTTIGHAMSHIRE JOINT FORMULARY GROUP
ANNUAL REPORT 2017-2018

Introduction

The Nottinghamshire Joint Formulary Group (NJFG) is a sub-group of the Nottinghamshire Area Prescribing Committee (NAPC). The main purpose of the group is to lead on the development, maintenance and review of the Nottinghamshire Joint Formulary by:

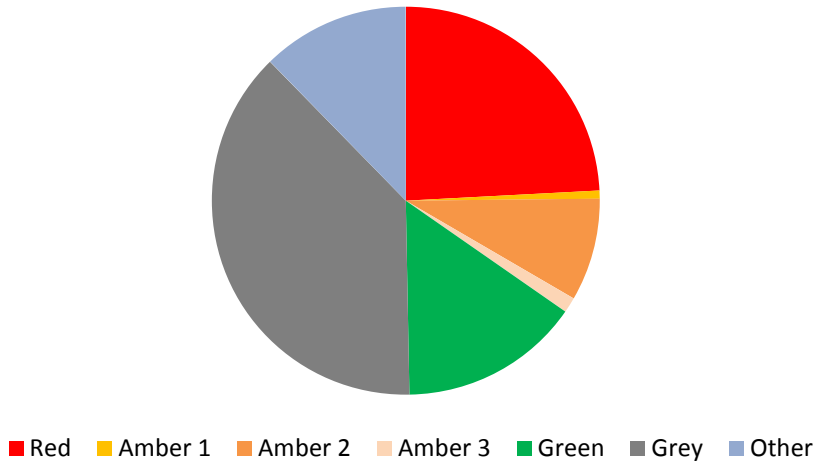
- Making evidence-based recommendations for the inclusion of medicines, medical devices, wound care products and dietary products on the Nottinghamshire Joint Formulary;
- Carries out horizon scanning and informs the APC of changes to existing licenses and new treatments that could affect current treatment pathways;
- Projects the financial impact for the Nottinghamshire Health Community before agreeing to introduce new products to the NJF;
- Develops, maintains and makes recommendation to the APC on guidelines & treatment pathways where they include medicines and may impact on the Nottinghamshire Joint Formulary;
- Works towards unifying the traffic light classification of treatments across the Nottinghamshire area, allowing patients to have access to the same medical treatments across all the Clinical Commissioning Groups in the area;
- Ensures that communication between different professional groups across the CCGs occurs and that the local guidelines are aligned to the common practice across the county.

There have been five meetings of the NJFG held in the 2017/18 financial year with good attendance from all organisations. The February meeting was cancelled due to lack of agenda items.

Medication submissions & recommendations

22 new medicine requests for inclusion in the formulary were considered and the traffic light classification is presented below.

Fig. 1 Traffic light recommendations from JFG for new applications 2017-18



Appendix 3

The submissions were firstly reviewed by the Joint Formulary Group before being ratified by the Area Prescribing Committee. Furthermore there was one appeal against a previous decision.

The NJFG considers requests for new medicines submitted by primary or secondary care which are to be prescribed across the interface. The process comprises of an independent review of the evidence carried out by the Specialist Interface and Formulary Pharmacists (SIFP). This is then presented to the committee to support an informed decision making. Following consideration at JFG, recommendations for traffic light classifications are taken to the APC for ratification.

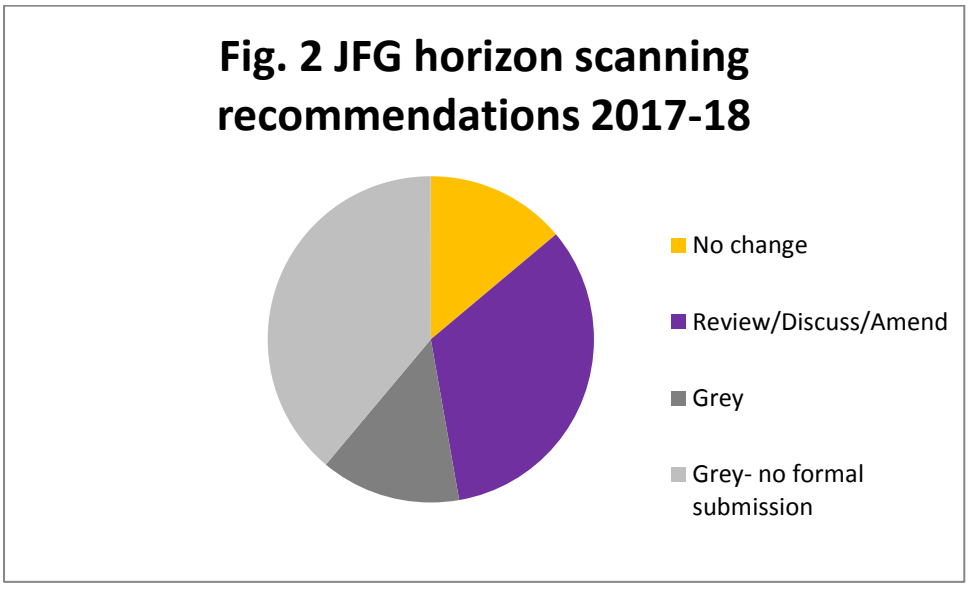
Generally, all recommendations given by the JFG are accepted and carried forward by the APC; however when there is more clarification required regarding the treatment pathway, implementation details or the financial impact across the area, the decision is deferred to the APC until all parties are satisfied with the outcome.

Horizon scanning

All new medicines or new indications for existing medicines which may potentially have an impact on prescribing across the interface are reviewed beforehand by the NJFG. This is a way of managing the introduction of new drugs in a considered and effective way for the healthcare community.

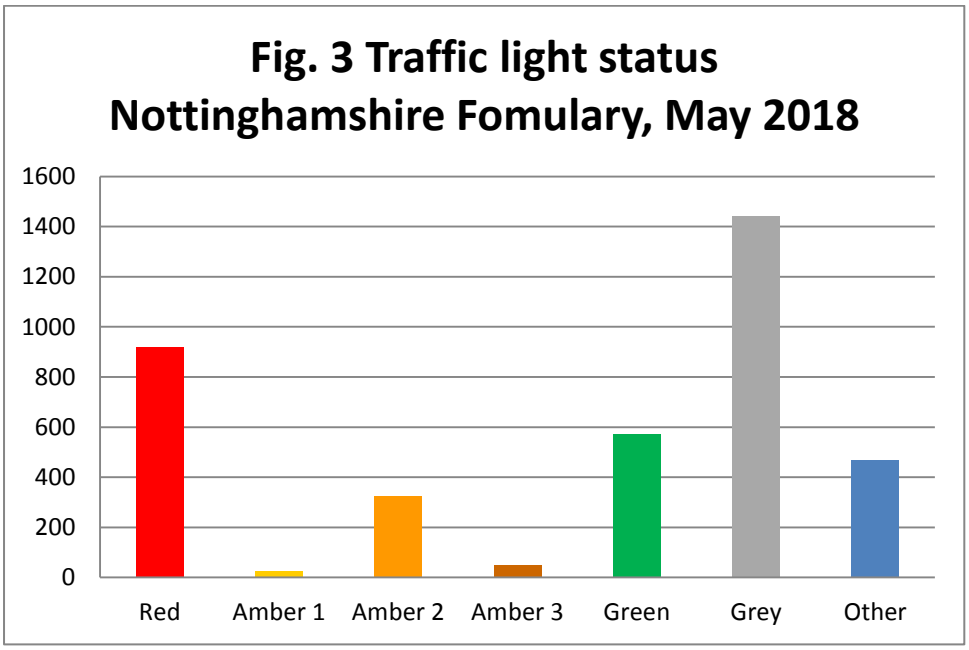
It is worth noting that the JFG amended the approach to horizon scanning, with the interface pharmacists screening the medicines before they are discussed in the meeting. This means fewer medications are added to the formulary as GREY items per month, giving the group more time to focus on other items.

A review of 36 medicines was completed as a result of horizon scanning at JFG in the past year. As part of this process new medicines reviews, discussions and amendments to the formulary and current guidelines are identified and actioned by the Interface team. This data is included in the chart below:



Appendix 3
Classifications on the formulary

The graph below is a representation of the current classifications of medications on the Nottinghamshire formulary:



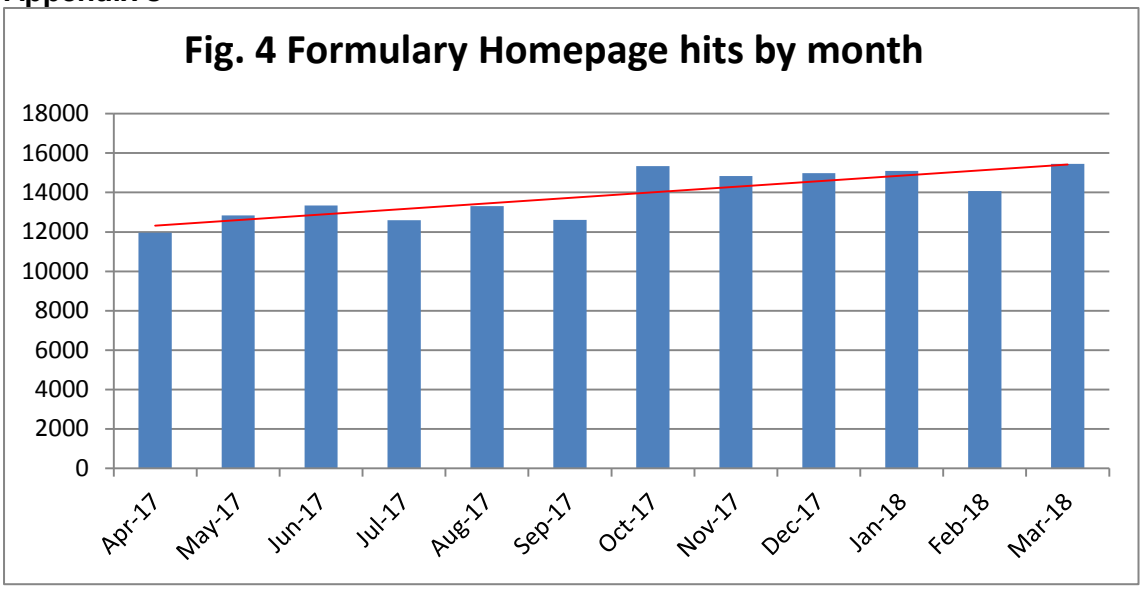
Formulary search information

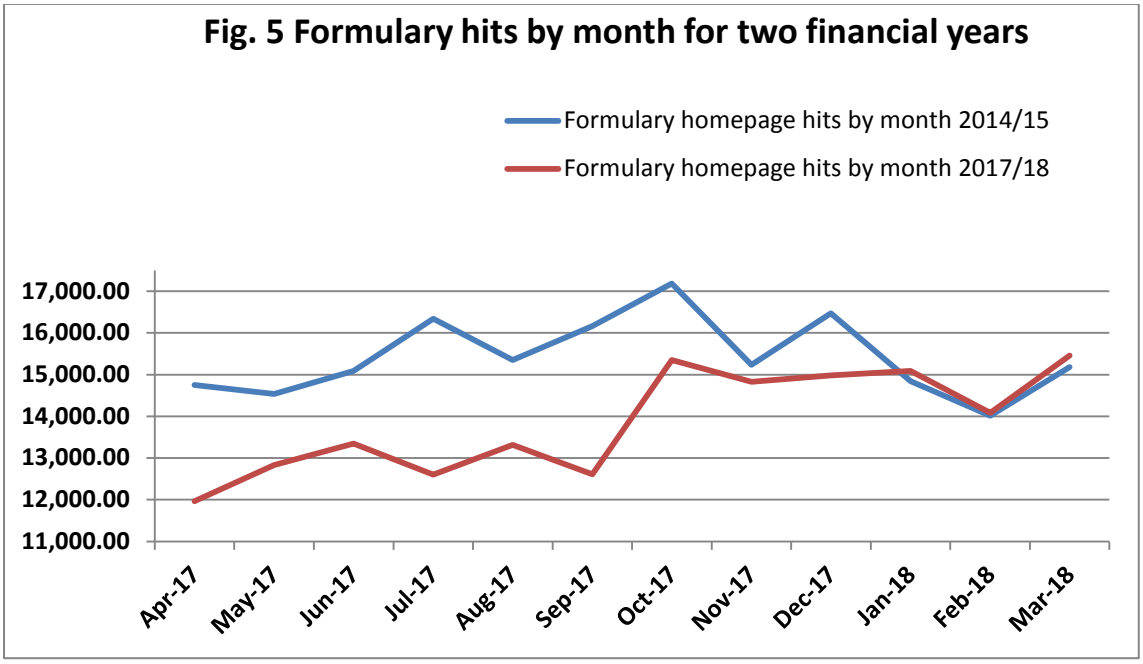
The data in Table 1 was collected on 10th May 2018. It is a representation of the top 10 searches (from the previous 10,000) on the Nottinghamshire Formulary. For interest, the medications with a * have been the topic of conversation during at least one meeting over the previous year.

Table 1 Top 10 searches on the NJF

#	Drug	Searches /10,000
1	Apixaban*	555
2	Rivaroxaban*	507
3	Melatonin*	486
4	Colecalciferol*	385
5	Enoxaparin*	335
6	Phosphate Polyfusor	317
7	Lidocaine	281
8	Vitamin D*	275
9	Lorazepam	266
10	Omeprazole	266

Appendix 3





Ongoing priorities for the Joint Formulary Group:

a. The introduction of new medicines has remained a key function of the NJFG. Proactive NICE TA implementation is undertaken to ensure that organisations and the Joint formulary is compliant within 90 days of publication and to highlight potential implications for the health community at an early stage.
b. The SIFPs have increased their focus on the Mental Health Interface agenda in recent years by aiding the update of several mental health prescribing guidelines. The local CCG collaborating with Nottinghamshire Healthcare NHS Foundation Trust supported this by creating a new post of Mental Health Efficiencies Pharmacist to help with the workload. They are currently involved in discussions about the prescribing responsibility for medicines for ADHD and the updating of existing shared care protocols.
c. The group continue to raise awareness of the Joint Formulary with clinicians in both primary and secondary care so that use of the formulary increases. Formulary traffic appears to have reached a plateau, however considerable efforts have been made to increase awareness of the Joint

Formulary and formulary processes by liaising pro-actively with clinicians around prescribing issues that affect the interface.

d. Following up the implementation of the new medicines, formularies and guidelines approved by the JFG/APC has always been challenging. To support this activity the local CCGs have sponsored another position of Specialist Interface Efficiencies Pharmacist (Greater Nottingham).

Future Priorities of the NJFG

1) The managed introduction of new medicines remains a key priority, encompassing formulary applications and horizon scanning activities. Key stakeholders will be engaged with at an earlier stage to increase knowledge of formulary and APC processes.

2) To pursue formulary rationalisation in identified key areas. These include ophthalmology, dermatology, respiratory and stoma accessories.

3) To develop more links with specialists from all trusts as well as primary care clinicians to improve and widen engagement and consultation when considering new additions to the formulary.

4) To facilitate communication between the service providers for a uniform access to medication across the area.

5) To encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways and creating local formularies.

6) To adapt and develop the group in response to any national changes which may come about following the development of the Regional Medicines Optimisation Committees.

7) To encourage the submitting clinicians to play more active roles in discussions by attending meetings to present the submission and answer any queries.

Meeting Date	Drug	Indication	TL Class'n	Type of class'n	NICE TA	Overall cost implications for the Nottinghamshire Health Community (Cost pressure, cost neutral, saving, cost avoidance)	Quantify financial impact primary care (annual)	prediction based on?	Cost implications Primary Care					
									M&A (18.3%)	N&S (12.7%)	NNE (14.5%)	NWC (9.2%)	Rush' (12%)	City (33.4%)
18/05/2017	**Adrenaline auto-injector (Emerade®)**	Anaphylaxis	Green	New brand	no	neutral		no switches planned, allows availability of higher dose	£0	£0	£0	£0	£0	£0
18/05/2017	**Prucalopride (Resolor®,**	Costipation in men	Amber 2	updated licensing	no	pressure		difficult to predict as likely additional patient numbers unknown	£0	£0	£0	£0	£0	£0
18/05/2017	**Opicapone (Ongentys®,**	Parkinson's	Amber 2	new submission	no	pressure	£3,800	Approx 60 patients, cost compared to alternative	£695	£483	£551	£350	£456	£1,269
18/05/2017	**Toujeo® 300units/ml pre-filled pen**	Diabetes	Amber 2	new submission	no	neutral		safer devise than current alternative	£0	£0	£0	£0	£0	£0
18/05/2017	**Ethinylestradiol 30 mcg / drospirenone 3mg tablets (Lucette®)**	Contraception	Green	appeal of existing classification	no	saving	£50,000	from switching existing patients from Yasmin	£9,150	£6,350	£7,250	£4,600	£6,000	£16,700
18/05/2017	**Acetylcistiene**	Pulmonary fibrosis	Grey	New preparation review	no	saving	£40,000	Reducing current prescribing by 100%	£7,320	£5,080	£5,800	£3,680	£4,800	£13,360
18/05/2017	**Glycopyrronium**	Hypersalivation	Amber 2	New preparation review	no	saving	£60,700	Current prescribing of tablets and 100% switch to liquid	£11,108	£7,709	£8,802	£5,584	£7,284	£20,274
20/07/2017	**melatonin**	sleep	RED	request to consider reclassification	no	cost avoidance	£848,000	maintaining the red status	£155,184	£107,696	£122,960	£78,016	£101,760	£283,232
20/07/2017	**Sucroferric oxyhydroxide (Velphoro®) 500mg chewable tablets**	Renal	amber 1	new submission	no	neutral		approximately equivalent to currently available alternative	£0	£0	£0	£0	£0	£0
20/07/2017	**Farco-Fill® protect, triclosan 0.3% catheter solution**	Catheter maintainence	amber 3	new submission	no	saving	£47,600	based on approx 200 patients per year requiring farco-fill as an alternative to bladder washouts with Suby G	£8,711	£6,045	£6,902	£4,379	£5,712	£15,898
20/07/2017	**Glucodrate® rehydration sachets**	high output stoma	amber 2	new submission	no	neutral		savings if given as an alternative to Dioralyte but cost pressure if used instead of St Marks	£0	£0	£0	£0	£0	£0
20/07/2017	**FIASP® (Faster acting insulin aspart)**	Diabetes	amber2	new submission	no	neutral		same price as alternative	£0	£0	£0	£0	£0	£0
21/09/2017	**Methoxyflurane (Penthrox®▼)**	pain	red	new submission	no	neutral		no change in primar care	£0	£0	£0	£0	£0	£0
21/09/2017	**Colesevelam (Cholestagel®)**	hypercholesterolaemia	grey	new submission	no	cost avoidance	£11,520	preicted 10 patients per year	£2,108	£1,463	£1,670	£1,060	£1,382	£3,848
21/09/2017	**Chlortalidone**	hypertension	Amber 2	new submission	no	cost pressure	£15,890	predicted 30 patients per year	£2,908	£2,018	£2,304	£1,462	£1,907	£5,307
21/09/2017	**Colestipol**	bile acid malabsorption	grey	new submission	no	cost avoidance	£2,700	predicted 15 patients per year	£494	£343	£392	£248	£324	£902
21/09/2017	**Roflumilast (Daxas▼)**	COPD	Amber 2	NICE TA	yes	cost pressure	£1,200	NICE predict low numbers, cost based on 3 per year	£220	£152	£174	£110	£144	£401
21/09/2017	**Freestyle Libre**	Diabetes	Interim classification of GREY	Interim classification and possition statement	no	cost avoidance			£0	£0	£0	£0	£0	£0
21/09/2017	**Doxazosin MR**	Hypertension	Amber 2	reclassified from green	no	cost saving		hard to predict, based on change of practice and reviews	£0	£0	£0	£0	£0	£0
16/11/2017	**melatonin**	over 55 year old with insomnia and cognitive impairment	grey	new submission	no	cost avoidance	£77,000	predicted numbers of 1600 per year	£14,091	£9,779	£11,165	£7,084	£9,240	£25,718

16/11/2017	**melatonin**	Parkinson's Disease patients with REM sleep behavioral disorder	Amber 2	new submission	no	cost pressure	£2,300	based on 50 patients per year having a 13 week course	£421	£292	£334	£212	£276	£768
16/11/2017	**Goserelin (Zoladex▼)**	prostate cancer	Grey	apeal	no	cost aviodance	£1,400	based on 7 patients per year receiving this over Decapeptyl	£256	£178	£203	£129	£168	£468
16/11/2017	**Eluxadoline (Truberzi▼)**	irritable bowel syndrome with diarrhoea	Amber 2	NICE TA	yes	cost pressure	£3,438	NICE predict low numbers, cost based on 3 per year	£629	£437	£499	£316	£413	£1,148
16/11/2017	**Mefanamic acid**	Monnorhagia	Grey	decommissioned	no	cost saving	£100,000	Reducing current prescribing by 100%	£18,300	£12,700	£14,500	£9,200	£12,000	£33,400
16/11/2017	**Dorzolamide 20mg/ml eye drops (Eydelto)**	Glaucoma	green	horizon scanning	no	cost saving	£6,004	switching 75% of existing patients onto lower costing options	£1,099	£763	£871	£552	£720	£2,005
16/11/2017	**Dorzolamide/timolol 20mg/ml + 5mg/ml eye drops (Eylamdo)**	Glaucoma	Green	horizon scanning	no	cost saving	£26,799	switching 75% of existing patients onto lower costing options	£4,904	£3,403	£3,886	£2,466	£3,216	£8,951
18/01/2018	**Prednisolone foam enema**	Gastroenterology	Grey	decommissioned	no	cost saving	£80,000	switching 75% of existing patients onto lower costing options	£14,640	£10,160	£11,600	£7,360	£9,600	£26,720
18/01/2018	**Riaztriptan**	Migraine	Green	rationalising the choices	no	cost saving	dependent on update							
15/03/2018	**Atropine 1% eye drops**	Glaucoma	Grey	decommissioned	no	cost saving	£63,000	switching 75% of existing patients onto lower costing options	£11,529	£8,001	£9,135	£5,796	£7,560	£21,042
15/03/2018	**Freestyle Libre**	Diabetes	Amber 2	new submission	no	cost pressure	£107,632	Prescribing for 1000 patients	£19,697	£13,669	£15,607	£9,902	£12,916	£35,949
15/03/2018	**Bimatoprost 0.3% eye drops**	Glaucoma	Green	rationalising the choices	no	cost saving	£6,800	switching 75% of existing patients onto lower costing options	£1,244	£864	£986	£626	£816	£2,271
15/03/2018	**Algesal**	analgesia	Grey	decommissioned	no	cost saving	£36,000	reduction of 75% from current spend	£6,588	£4,572	£5,220	£3,312	£4,320	£12,024
15/03/2018	**Granulox**	wound management	Grey	horizon scanning	no	cost avoidance	dependent on update							

cost saving	£94,593	£65,647	£74,951	£47,555	£62,028	£172,646
cost pressure	£24,570	£17,051	£19,468	£12,352	£16,111	£44,843
net financial implication per annum	**£70,024**	**£48,596**	**£55,483**	**£35,203**	**£45,917**	**£127,803**
cost avoidance	£172,133	£119,459	£136,390	£86,537	£112,874	£314,167