

# Nottinghamshire Area Prescribing Committee

## Annual Report 2019-20



## 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 live websites; [www.nottinghamshireformulary.nhs.uk](http://www.nottinghamshireformulary.nhs.uk) and [www.nottsapc.nhs.uk](http://www.nottsapc.nhs.uk) these provide 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 2019-20**

- We have had 5 face to face meetings (see Appendix 1 for meeting attendance). Although 1 was 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.
  - The meeting in March 2020 had to be cancelled due to COVID -19, however the committee were able to review and ratify the documents virtually.
- 25 medicines were reviewed as part of horizon scanning, 9 requests were reviewed to change the traffic light classification or were classified as part of formulary maintenance and 53 formulary entries were discussed by the committee to clarify or amend the wording or specified indication. Furthermore the team make minor amendments to numerous entries outside of meetings on a daily basis.
- 17 new medicine requests for inclusion in the formulary were considered, the majority of these were firstly reviewed by the Joint Formulary Group
- 45 guidelines/shared care protocols/other prescribing documents were approved, 10 of which were new documents (see Appendix 2 for full details).
  - Development or updating 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 the development of a prescribing information sheet for naltrexone, adding safety alerts on the formulary and acting upon a safety alert about ondansetron in pregnancy by reviewing and updating the guideline. Furthermore we have ratified a bronchiectasis self-care leaflet and updated the DOAC (Direct Oral Anticoagulant) and penicillin allergy leaflets.
- We have continued to support the Quality, Innovation, Productivity and Prevention (QIPP) agenda by;
  - Supporting Clinical Commissioning Groups (CCG) initiatives for cost effective switch work such as:
    - The development and approval of a position statement to use edoxaban first line
    - The removal of 2.5mg ivabradine tablets to allow cost effective switches
    - 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 work of the Regional Medicines Optimisation Committees (RMOC).

\*The Nottinghamshire APC is a partnership committee with clinical representation from;

- Nottingham University Hospitals NHS Trust
- Circle Nottingham NHS Treatment Centre – To July 2019 when this became part of NUH
- 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**

The APC has only approved medicines for use that fall within the Nottinghamshire CCGs agreed mandatory 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. Cost implications quoted are for a full 12 months, See Appendix 4 for full details.

Type of implication	Number of decisions	Cost implication to primary care
Cost avoidance**	3	£52,252 avoided
Cost neutral or unknown	7	NA
Savings	14	£373,373
Cost pressure	5	£243,243

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

	M&A CCG	N&S CCG	NNE CCG	NWC CCG	R CCG	City CCG
cost saving	£68,259	£47,371	£54,085	£34,316	£44,760	£124,582
cost pressure	£44,469	£30,861	£35,235	£22,356	£29,160	£81,162
net financial implication (Saving) per annum	£23,790	£16,510	£18,850	£11,960	£15,600	£43,420

### **Savings**

Potential savings to the CCGs of over £373K have been identified from APC recommendations. The majority of this saving potential has come from:

- The approval of edoxaban as first line DOAC and publication of the supporting position statement.

- The addition of ferrous fumarate as a cost effective formulary choice
- The restriction on ivabradine tablet strengths

However savings are difficult to predict as they are dependent on GP implementation such as switches to cost effective choices or 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 Xonvia<sup>®</sup> for nausea and vomiting in pregnancy.

### **Cost neutral**

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

- Approval of agents with similar price profile to alternatives such as Dacepton<sup>®</sup> in Parkinsons disease.
- Addition to the formulary where this reflects current practice with no anticipated increase such as tamoxifen for gynaecomastia.

### **Cost pressure**

Decisions made by the APC during 19-20 resulted in a potential cost pressure of £243K. Some cost pressure resulted from work completed to add licenced liquid preparations to the formulary. However some of the cost pressure is alleviated by the reduction in prescribing of unlicensed products. Other examples include the addition of Betesil<sup>®</sup> Plasters and chloral betaine tablets, both of which will be audited in 6 months-time to ensure appropriate use. 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.

A particularly challenging example is Attention Deficit Hyperactivity Disorder (ADHD) in both children and adults.

We have also seen some changes to the membership of the committee with the Specialist Interface & Formulary Pharmacist (SIFP) resource being reduced due to maternity leave and the challenge to recruit secondary care clinicians.

With huge pressure on medicines management teams to deliver challenging prescribing QIPP targets the APC have had increased requests to amend or develop guidelines to allow cost effective prescribing changes. Revision and updating of the traffic light status of medicines is required in order to allow switches and facilitate de-prescribing.

In March 2020 the committee had to react and adapt to the COVID-19 pandemic when members priorities changed at rapid pace. Face to face meetings were not possible and less urgent APC work had to be delayed.

The Interface and formulary team developed a COVID-19 tab on the APC website and instead prioritised the production and publication of necessary resources to support clinicians during this challenging time.

### **Future Priorities for 2020-21**

As the COVID pandemic continues the committee will be required to prioritise workload to ensure engagement is still maintained from members who may be required to support other more urgent work.

Furthermore the way the committee meet will need to be adapted for some time, utilising teleconferencing and remote working.

Once business returns to normal the committee may have a period of catching up to complete and the priorities of the Health Community may have changed.

We will also;

- Encourage and support Patient and Public Involvement in reviewing new medicines, revising treatment pathways and creating local formularies
- Continue to monitor the work of the RMOs and adapt our ways of working to fit with that agenda.
- Assess the needs of the developing Integrated Care System (ICS) and Primary Care Networks (PCNs) locally and adapt accordingly.
- 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.
- Continue to maintain relevant and up to date medicines guidance for use across the Health Community

The APC will continue to work on an ICS 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.

**Appendix 1 - APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2019/20**

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 until June 2018							
Deborah Storer (Deputy)	Medicines Information Manager and D&T Pharmacist							
Tim Hills	Interim Assistant Head of Pharmacy							
Dr David Kellock	SFHFT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	✓	✓	✓	✓	✓	✓
Steve May	Chief Pharmacist							
Steve Haigh (Deputy)	Medicines Information & Formulary Pharmacist							
Dr Ben Rush	ST3 Public Health	Public Health Nottinghamshire County & Nottingham City	✓	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	✓	✓	✓	✓	✓	X
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							
Mike Jones	Community Pharmacist LPC	Local Pharmaceutical Committee	X	✓	X	X	X	X
Dr Jenny Moss-Langfield	GP	Local Medical Committee	✓	✓	✓	✓	✓	X
Dr Khalid Butt	GP							
Sarah Northeast	Advanced Nurse Practitioner	Nottingham CityCare	X	✓	✓	✓	✓	✓
Lisa Fitzpatrick (Deputy)	Medicines Management Pharmacist							
Karen Chadwick (Deputy)	Senior Pharmacist	Nottinghamshire Healthcare NHS Trust	✓	✓	✓	✓	✓	✓
Matthew Elswood	Chief Pharmacist							
Hazel Johnson	Assistant Medical Director							
Mark Flanagan	Advanced Podiatrist, non-medical prescriber							
Amanda Roberts	Patient Representative		✓	X	X	✓	✓	✓
Matthew Prior	Chief Pharmacist. July 19 noted that the Treatment Centre is now managed by NUH, so separate representation is no longer needed.	Nottingham Treatment Centre	X	X				

\* March 20 meeting took place with virtual representation due to the Covid-19 Pandemic.  
The members who provided comment on the circulated papers have been recorded as attendees

## Appendix 2 – 2019-20 APC RATIFIED DOCUMENTS

<b>Date of</b>	<b>Title</b>	<b>SCP / Guideline / Other</b>	<b>Update or new</b>
<b>May 2019</b>	Anti-coagulation in AF Guideline	Guideline	Update
	APC Annual Report 18/19	Other	New
	Male LUTS	Guideline	Update
	Naltrexone	Information sheet	New
	Urticaria	Guideline	New
	Azathioprine monitoring	Information sheet	Update
<b>July 2019</b>	Document approval process – new front sheet	Other	Update
	Desmopressin	Information sheet	New
	Osteoporosis and bisphosphonate	Guideline	Update
	Antidepressant prescribing	Guideline	New
	Primary care alcohol detox	Guideline	Update
	Out of area requests	Guideline	New
	Rheumatology DMARD summary of monitoring	Other	Update
<b>September 2019</b>	Penicillin allergy leaflet	Leaflet	Update
	Transgender	Position statement	Update
	COPD Exacerbation (Interim update)	Guidance	Update
	Emollients	Formulary	Update
	UTI prophylaxis	Guideline	Update
	Prostatitis	Guideline	Update
	Vitamin D maintenance in COPD/Asthma	Guideline and patient leaflet	Update
	Stoma accessories	Formulary	Update
<b>November 2019</b>	Children and adolescents - ADHD	SCP	Update
	Gynaecomastia	Guideline	Update
	Edoxaban-First line DOAC for non-valvular AF	Position statement	New
	Medicine and falls chart	Other	Update
	Opioids in persistent non-cancer pain	Guideline	Update

	Medicines & Appliances of Limited Clinical Value	Other	Update
	RED/GREY repatriation letter	Other	New
	Solar Keratosis	Guideline	Update
	Overactive Bladder	Guideline	Update
	Nefopam position statement – review of need	Position statement	Update
January 2020	Community Acquired Pneumonia	Guideline	Update
	Cellulitis	Guideline	Update
	Phosphate binders	Shared Care Protocol	Update
	Male LUTS	Guideline	Update
	Specials	Database	Update
	DOAC patient alert card	Pocket Alert Card	Update
	Headache in Adults	Guideline	Update
	Standard Strength Paediatric Liquids	Guideline	New
	Testosterone	Shared Care Protocol	New
	Bronchiectasis	Self-management plan	New
March 2020	Diverticulitis	Antimicrobial Guidelines	Update
	Impetigo	Antimicrobial Guidelines	Update
	Opioid deprescribing	Guideline	New
	Liothyronine	Position statement	Update
	Nausea and Vomiting in pregnancy guideline (Update following Ondansetron safety alert)	Guideline	Update
	Continence formularies	Formulary	Update
	Gynaecomastia guideline	Guideline	Update



## NOTTINGHAMSHIRE JOINT FORMULARY GROUP

### ANNUAL REPORT 2019-20

#### 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 (NJF) by:

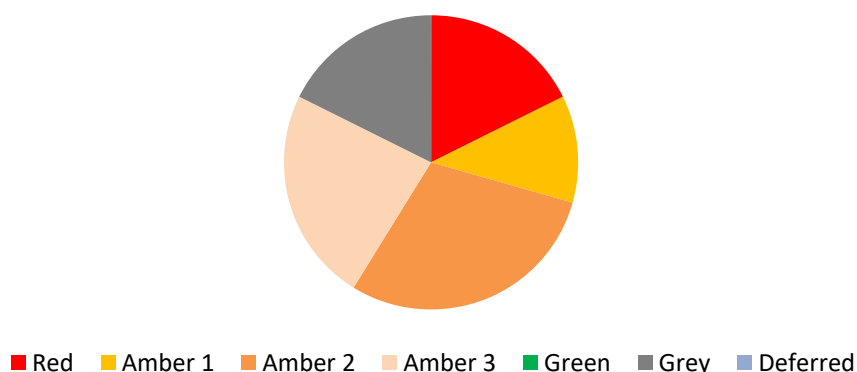
- Making evidence-based recommendations for the inclusion of medicines, medical devices, wound care products and dietary products on the Nottinghamshire Joint Formulary;
- Carrying out horizon scanning and informing the APC of changes to existing licenses and new treatments that could affect current treatment pathways;
- Predicting the financial impact for the Nottinghamshire Health Community before agreeing to introduce new products to the NJF;
- Developing, maintaining and making recommendation to the APC on guidelines & treatment pathways where they include medicines and may impact on the Nottinghamshire Joint Formulary;
- Ensuring that communication between different professional groups across the CCG 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 2019/20 financial year with good attendance from all organisations.

#### Medication submissions & recommendations

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

**Fig. 1 Traffic light recommendations from JFG for new applications 2019-20**



The submissions were firstly reviewed by the Joint Formulary Group before being ratified by the Area Prescribing Committee.

## Appendix 3

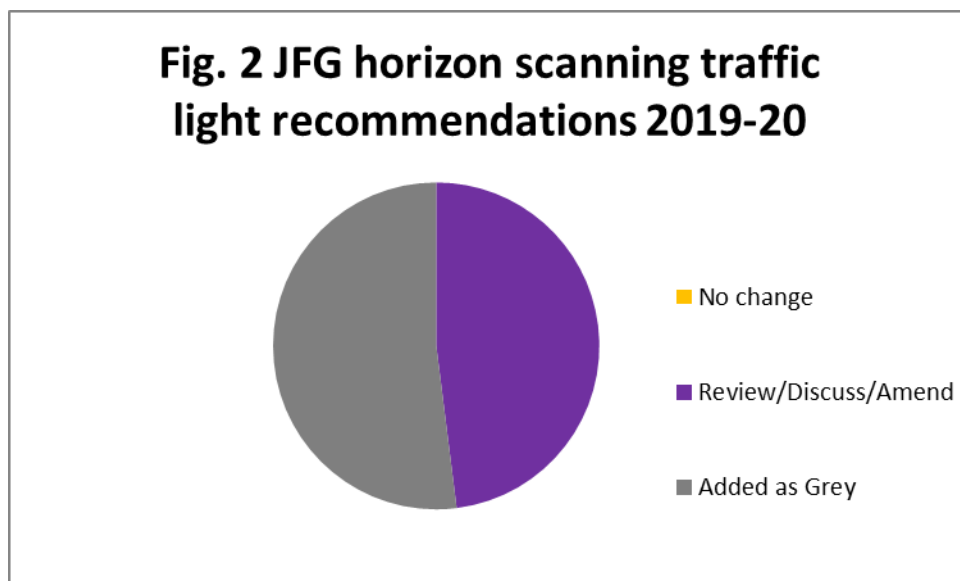
The NJFG considers requests for new medicines submitted by primary or secondary care which are to be prescribed across the interface. The process comprises of an independent review of the evidence carried out by the Specialist Interface and Formulary Pharmacists (SIFP). This is then presented to the group to discuss and review to support 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 by the NJFG. This is a way of managing the introduction of new drugs in a considered and effective way for the healthcare community.

A review of 25 medicines was completed as a result of horizon scanning at JFG in the past year. As part of this process new medicines or new licensed indications are reviewed and amendments to the formulary and current guidelines are identified and actioned by the Interface team. This data is included in the chart below:



### Formulary Amendments

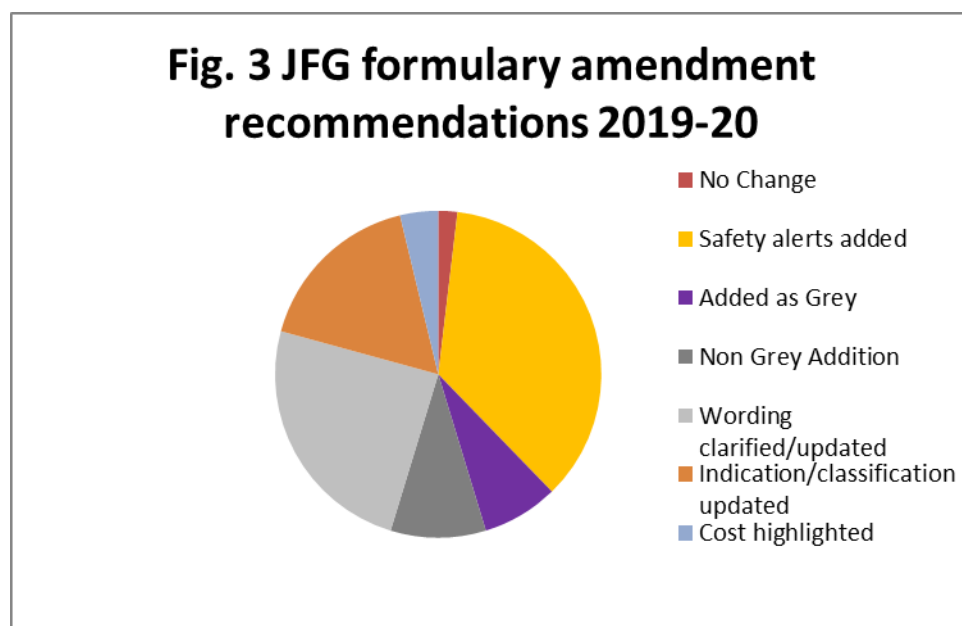
The group chelate and discuss any suggested amendments to the formulary which may include wording clarification, acting upon discontinuations or price changes or adding and amending pertinent safety or pathway messages.

The suggested amendments mainly arise from the interface teams' formulary maintenance work, from practice based pharmacists or secondary care DTC colleagues.

53 suggested amendments were discussed by the JFG.

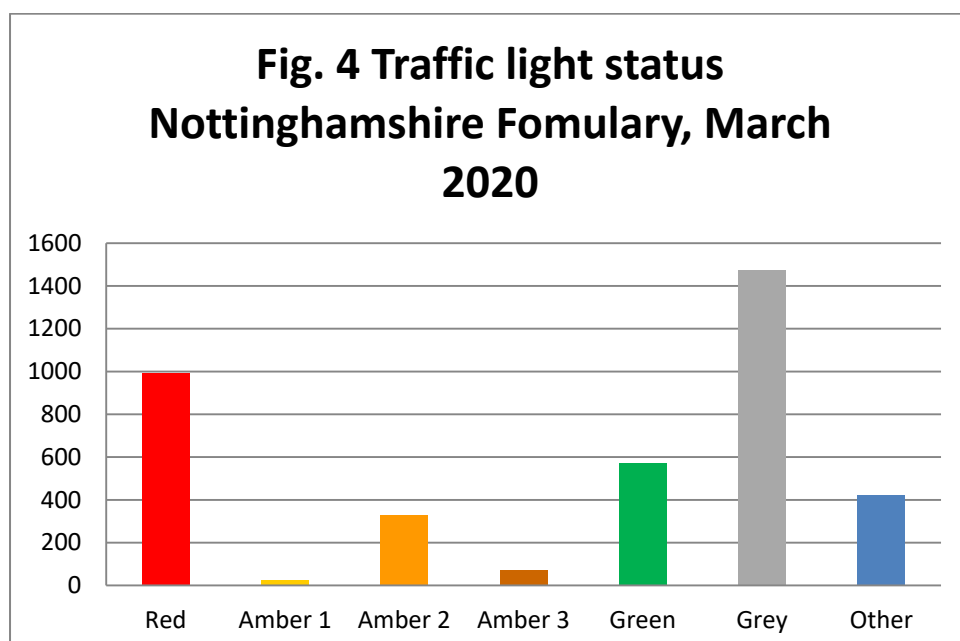
### Appendix 3

Figure 3 shows the amendments discussed and recommended to the APC during 2019/20:



#### Classifications on the formulary

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



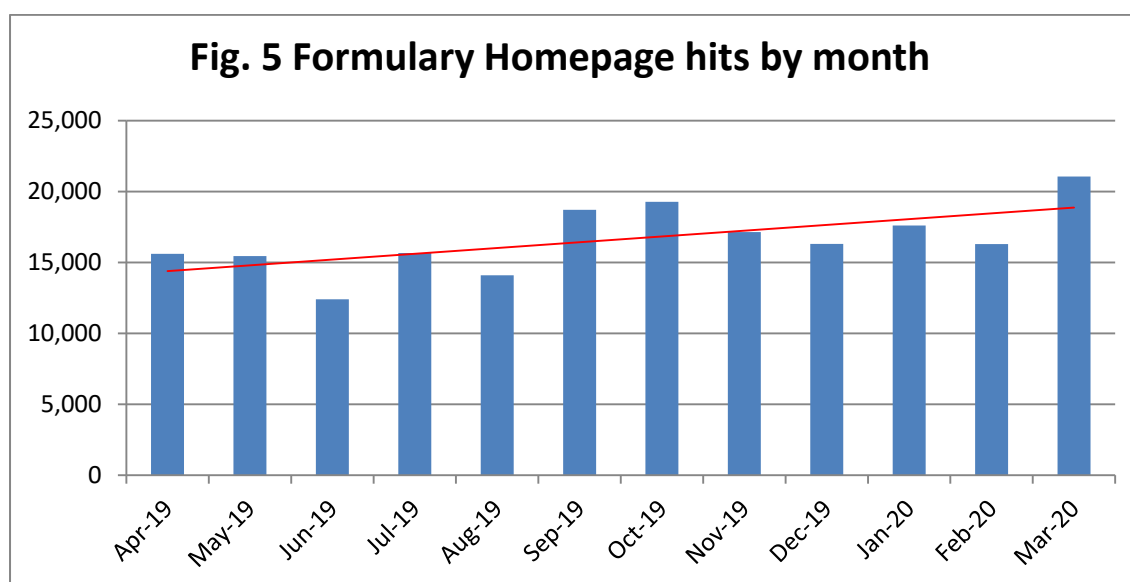
#### Formulary search information

The data in Table 1 was collected on 6<sup>th</sup> May 2020. 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.

### Appendix 3

Table 1 Top 10 searches on the NJF

#	Drug	Searches /10,000
1	Dexamphetamine*	1610
2	Linaclotide	805
3	Ranitidine*	559
4	Colecalciferol*	528
5	Apixaban	499
6	Omeprazole	497
7	Melatonin*	489
8	Lorazepam	378
9	Rivaroxaban	370
10	Antacid with Oxetacaine	362



#### **On-going 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 APC has increased its 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 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 for adult patients which remains a challenge across the area.
- c. The group continues to raise awareness of the Joint Formulary with clinicians in both primary and secondary care and this is clearly visible from Fig. 5 where we can see, for the third year running that use of the formulary continues to grow each month.

## Appendix 3

### Future Priorities of the NJFG

- 1) As the COVID -19 pandemic occurred at the end of 2019-20 all face to face meetings and non-essential work was stood down. The JFG will need to catch back up on its work when possible and will also need to adapt the way the group work for some time. Utilising videoconferencing and email discussions will be a challenge to ensure full engagement and to maintain the same degree of debate and scrutiny.
- 2) 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.
- 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.

#### Appendix 4 - financial implications of APC decisions 201920

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 <sup>1</sup> (12%)	City (33.4%)
May-19	Noqderna (desmopressin)	Nocturia	amber 2	new submission	no	cost neutral		prescribing happening already	£0	£0	£0	£0	£0	£0
May-19	Softacort (hydrocortisone) eye drops	Ocular surface inflammation	amber 2	new submission	no	saving	£1,700	approx 40% less than prednisolone PF for approx 80 patients	£311	£216	£247	£156	£204	£568
May-19	Ertugliflozin	Diabetes	amber 3	new submission	yes	saving		difficult to estimate, depends on uptake and when guideline is updated	£0	£0	£0	£0	£0	£0
May-19	Jorveza (budesonide) orodispersible tablets	Eosinophilic oesophagitis	RED	new submission	no	cost pressure to the trusts			£0	£0	£0	£0	£0	£0
May-19	ferrous sulphate	anaemia	green	FA		saving	£27,000	100% switch from ferrous fumarate	£4,941	£3,429	£3,915	£2,484	£3,240	£9,018
May-19	Mexilitine	myotonia	RED	FA	no	saving	£1,000.00	current spend reducing to 0	£183	£127	£145	£92	£120	£334
May-19	SyrenRing vaginal ring	contraceptive	green	horizon scanning	no	saving		difficult to estimate, depends on uptake	£0	£0	£0	£0	£0	£0
Jul-19	unlicensed specials database	specials	database	review of cost impact	no	cost pressure	£46,000	analysis 6 months post implementation of database estimated cost impact of £23 K	£8,418	£5,842	£6,670	£4,232	£5,520	£15,364

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					
	Vipdomet® (Alogliptin/metformin)	Diabetes	green	FA	no	saving		difficult to estimate, depends on uptake and when guideline is updated	£0	£0	£0	£0	£0	£0
Sep-19	Edoxaban	NVAF	position statement to recommend first line use	cost saving suggestion	no	saving	£65,000	60% of new patients starting on edoxaban plus utilisation of rebate in primary care	£11,895	£8,255	£9,425	£5,980	£7,800	£21,710
Sep-19	Excetra cream	dermatology	green	to replace Cetreben on the emollient formulary	no	saving		dependant on primary care uptake	£0	£0	£0	£0	£0	£0
Sep-19	visu XL®	ophthalmology	grey	new submission	no	cost avoidance	£1,000	approx 100 patients based on the submission	£183	£127	£145	£92	£120	£334
Sep-19	Jentaduo®	diabetes	green	cost saving suggestion	no	saving		dependant on primary care uptake	£0	£0	£0	£0	£0	£0
Nov-19	Xonvia®	pregnancy	Grey	new submission	no	cost avoidance	£150,000	estimated patient numbers	£27,450	£19,050	£21,750	£13,800	£18,000	£50,100
Nov-19	Dapagliflozin	type 1 diabetes	amber 2	new submission	yes	cost neutral			£0	£0	£0	£0	£0	£0
Nov-19	Anastrozole	Gynecomastia	Amber 2	re submission	no	cost neutral		compared to tamoxifen	£0	£0	£0	£0	£0	£0
Nov-19	tamoxifen	Gynecomastia	amber 2	new submission	no	cost neutral		agreement to maintain current dose schedule	£0	£0	£0	£0	£0	£0
Nov-19	Kelhale inhaler	Asthma	Green	FA	no	cost saving		dependant on primary care uptake	£0	£0	£0	£0	£0	£0
Jan-20	standardising the strength of liquids					cost saving	£12,000	50% switch to recommended liquids	£2,196	£1,524	£1,740	£1,104	£1,440	£4,008

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					
Jan-20	zolmetriptan dispersible switch to rizatriptan orodispersible as cost effective option	headache	green	part of a guideline update	no	cost saving	£4,000	100% switch from zolmetriptan	£732	£508	£580	£368	£480	£1,336
Jan-20	Deflazocort	paediatrics	Grey	new submission	no	cost avoidance	£1,200	4 patients per year instead of prednisolone	£220	£152	£174	£110	£144	£401
Jan-20	pentosan	urology	red	new submission	yes	cost neutral			£0	£0	£0	£0	£0	£0
Jan-20	Ivabradine	cardiology	restrictions of strengths	review of formulary entry	no	cost saving	£25,000	50% switch from 2.5mg tabs	£4,575	£3,175	£3,625	£2,300	£3,000	£8,350
Jan-20	hdrocortisone cream restriction of strengths	dermatology	green	review of formulary entry	no	cost saving	£12,000	deprescribing the non formulary strengths	£2,196	£1,524	£1,740	£1,104	£1,440	£4,008
Mar-20	Betesil plasters	dermatology	Amber 2	new submission	no	cost pressure		difficult to predict as not a replacement but an additional option	£0	£0	£0	£0	£0	£0
Mar-20	Dacepton	parkinsons	Amber 1	new submission	no	cost neutral			£0	£0	£0	£0	£0	£0
Mar-20	Chloral betaine	paediatrics	Amber 2	new submission	no	cost pressure	£17,000	predicted 7 patients per year on an average dose	£3,111	£2,159	£2,465	£1,564	£2,040	£5,678
Mar-20	Cinacalcet	endocrinology	Amber 2	review of traffic light status	no	cost pressure	162,000	predicted patients numbers on an average dose, mu=minus current primay care use	£29,646	£20,574	£23,490	£14,904	£19,440	£54,108
Mar-20	Sucralfate oral solution 1mg/5ml	Gastroenterology	Amber 2	availability of licensed product	no	cost pressure		difficult to predict due to unknow patient numbers	£0	£0	£0	£0	£0	£0



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
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												total
savings	£68,259	£47,371	£54,085	£34,316	£44,760	£124,582						£373,373
pressure	£44,469	£30,861	£35,235	£22,356	£29,160	£81,162						£243,243
avoidance	£9,553	£6,629	£7,569	£4,802	£6,264	£17,435						£52,252
net implication	£23,790	£16,510	£18,850	£11,960	£15,600	£43,420						£130,130