Nottinghamshire Area Prescribing Committee

Annual Report 2018-19

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 2018-19

- We have had 6 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.
- 43 medicines were reviewed as part of horizon scanning, 14 requests were reviewed to change the traffic light classification or were classified as part of formulary maintenance and 45 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.
- 24 new medicine requests for inclusion in the formulary were considered, the majority of these were firstly reviewed by the Joint Formulary Group. Furthermore there were two appeals against a previous decision.
- 31 guidelines/shared care protocols/other prescribing documents were approved, 9 of which were new (see Appendix 2 for full details). 41 new self-care patient information leaflets were also reviewed and ratified.
    - 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 the development of a prescribing information sheet for mesalazine, adding safety alerts on the formulary and developing guidance for benzodiazepine step down and withdrawal.
- We have also supported the self-care agenda by developing and hosting a variety of patient information leaflets and amending the formulary to highlight products which are suitable for self-care and can be purchased over the counter.
- We have continued to support the QIPP agenda by;
    - Decision making on a variety of Diabetes medications such as:
        - Approval of Semglee Biosimilar Insulin Glargine resulting in potential savings of £185K
        - Approval of Janumet combination to allow cost saving switches
        - Declining the submission of Liraglutide 1.8mg dose resulting in cost avoidance of £35K
    - 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 (MO) Committees.

*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

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.

Type of implication	Number of decisions	Cost implication to primary care
Cost avoidance*	6	£55K
Cost neutral or unknown	9	NA
Savings	12	£466K
Cost pressure	6	£83K

***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	£85,216	£59,139	£67,521	£42,841	£55,879	£155,531
cost pressure	£15,156	£10,518	£12,009	£7,619	£9,938	£27,662
net financial implication (Saving) per annum	£70,060	£48,621	£55,512	£35,221	£45,941	£127,869

Savings

Potential savings to the CCGs of £466K have been identified from APC recommendations. The majority of this saving potential has come from rationalising eye drop choices, removing lactose free formula milk from the guideline and formulary, rationalising prescribing choices in respiratory and in diabetes.

However savings are difficult to predict as they are dependent on GP implementation such as switches to 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 tapentadol for an additional indication, Theoloz Duo eye drops and liraglutide 1.8mg dose. Also the de-commissioning of Trimovate cream due to significant price elevation and availability of appropriate alternatives.

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 semaglutide and Toujeo
- Addition to the formulary where this reflects current practice with no anticipated increase such as glycopyrronium and clonidine.

Cost pressure
Decisions made by the APC during 17-18 resulted in a potential cost pressure of £83K. Some cost pressure resulted from work completed to add licences liquid preparations to the formulary. However some of that pressure is alleviated by the reduction in prescribing of unlicensed products. Other examples include the addition of Alkindi hydrocortisone capsules as the only suitable preparation for children and the addition of Tresiba Insulin Degludec as an evidence based alternative.
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.
Particularly challenging examples are with 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. Also to review and update the traffic light status of medicines to allow switches and de-prescribing.

Future Priorities for 2019-20

The APC has identified a number of priorities to take forward into 2019-20. 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;

- 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 RMOCs and adapt our ways of working to fit with that agenda.
- Assess the needs of the developing ICS, ICPs and 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 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.

Appendix 1 - APC COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2018/19

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							
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	✓
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/ Randeep Tak/Mike Jones	Community Pharmacist LPC	Local Pharmaceutical Committee	✓	✓	✓	✓	✓	✓
Dr Jenny Moss-Langfield	GP	Local Medical Committee	✓	✓	✓	✓	X	✓
Dr Khalid Butt	GP							
Sarah Northeast	Advanced Nurse Practitioner	Nottingham CityCare	✓	✓	X	✓	X	✓
Lisa Fitzpatrick (Deputy)	Medicines Management Pharmacist							
Karen Chadwick (Deputy)	Senior Pharmacist	Nottinghamshire Healthcare NHS Trust	✓	✓	X	✓	✓	✓
Matthew Elswood	Chief Pharmacist							
Hazel Johnson	Assistant Medical Director							
Amanda Roberts	Patient Representative		✓	✓	✓	✓	✓	X
Matthew Prior	Chief Pharmacist	Nottingham Treatment Centre	✓	✓	X	X	X	✓

Appendix 2 – 2018-19 APC RATIFIED DOCUMENTS

Date of Meeting	Title	**SCP / Guideline / Other**	**Update or new**
May 2017	Ferric Maltol treatment algorithm	Guidance	New
	Emollient formulary	Formulary	Update
	Lurasidone prescribing	Information Sheet	Update
	Venlafaxine high dose	Information Sheet	Update
July 2017	Sleep and benzodiazepine step down	Guidance	New
	Dementia prescribing information sheets	Information Sheet	Update
	Opioid guidelines	Guidance	Update
	Neuropathic pain guideline	Guidance	Update
	Liothyronine patient information	Information Sheet	New
	Nottinghamshire Stoma Ancillary Items Formulary	Formulary	New
September 2017	Dry Skin Patient Information Leaflet	Patient information	New
	Lactose Intolerance Guideline and Patient Leaflet	Guidance	Update
	Mesalazine Monitoring Guideline	Guidance	New
	Nausea and Vomiting in Pregnancy	Guidance	Update
Nov 2017	Medicines and Appliances of Limited Clinical Value (Update of Low Priority List)	Guidance	Update
	Vitamin D for adults guideline	Guidance	Update
	Cows milk allergy guidelines	Guidance	Update
	Managing Behaviour and Psychological Problems in Patients with Diagnosed Dementia	Guidance	Update
	Lithium Prescribing Information	Information Sheet	Update
	Vitamin B12 flowchart	Guidance	New
	Glycopyrronium switch documentation	Guidance	New
January 2019	Midodrine prescribing information sheet	Information Sheet	Update
	Growth Hormone shared care protocol and information sheet	Shared Care	Update
	Vitamin D for children guideline	Guidance	Update
	Amiodarone prescribing information sheet	Information Sheet	Update
	APC Terms of Reference	Governance	Update
March 2019	Palliative Care Pocketbook	Guidance	Update

	Allergic Rhinitis pathway	Guidance	Update
	Antimicrobial Guideline	Guidance	Update
	HRT formulary choices	Guidance	New
	JFG terms of reference	Governance	Update
	Self-care patient information leaflets	Patient information	New

Appendix 3

NOTTIGHAMSHIRE JOINT FORMULARY GROUP

ANNUAL REPORT 2018-2019

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:

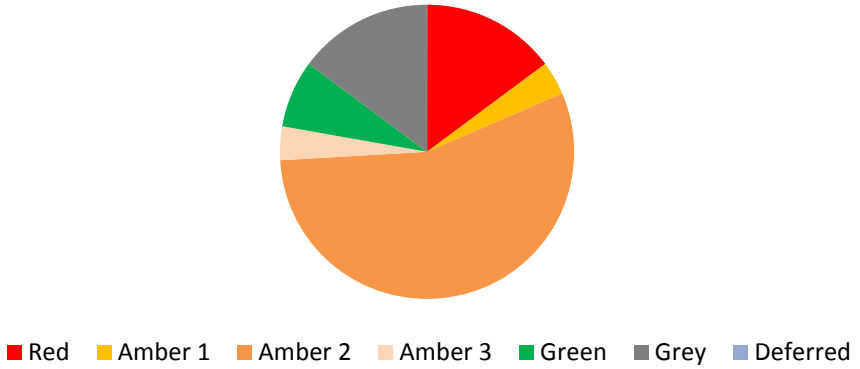
- Making evidence-based recommendations for the inclusion of medicines, medical devices, wound care products and dietary products on the Nottinghamshire Joint Formulary;
- Carries out horizon scanning and informs the APC of changes to existing licenses and new treatments that could affect current treatment 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 six meetings of the NJFG held in the 2018/19 financial year with good attendance from all organisations.

Medication submissions & recommendations

25 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 2018-19



Appendix 3

The submissions were firstly reviewed by the Joint Formulary Group before being ratified by the Area Prescribing Committee. Furthermore there were two resubmissions against previous decisions.

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.

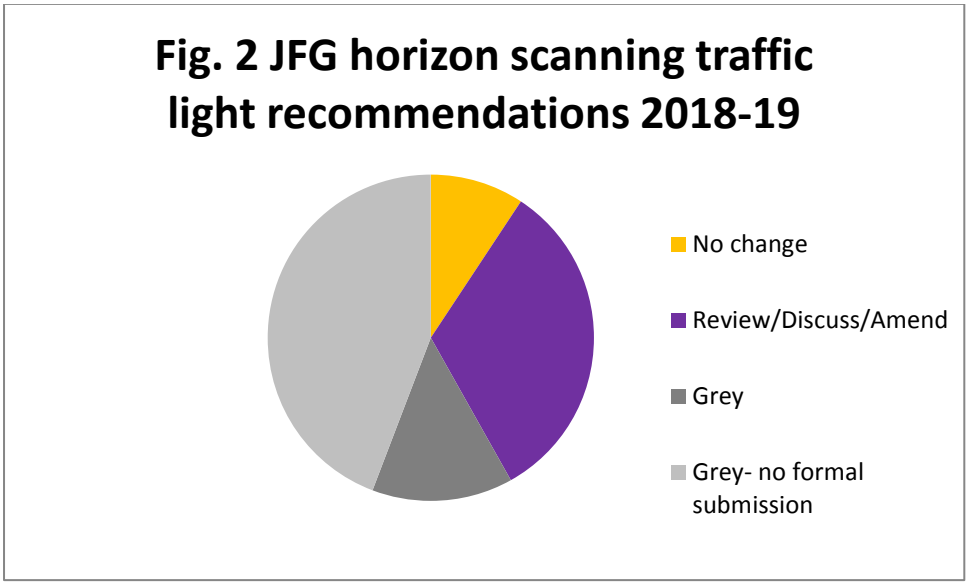
Generally, all recommendations given by the JFG are accepted and carried forward by the APC; however when there is more clarification required regarding the treatment pathway, implementation details or the financial impact across the area, the decision is deferred to the APC until all parties are satisfied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

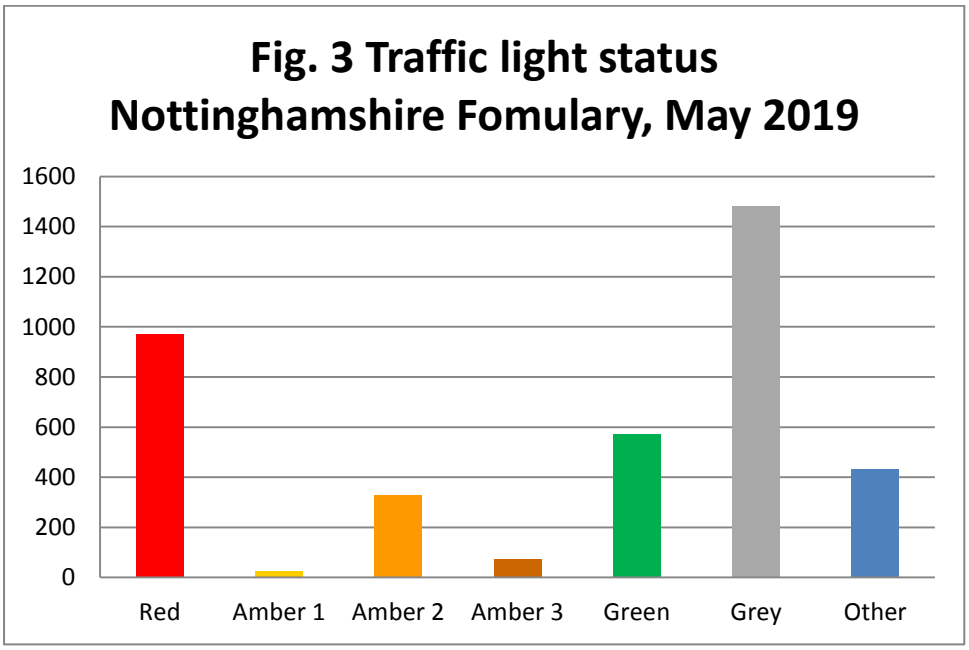
It is worth noting that the JFG amended the approach to horizon scanning, with the interface pharmacists screening the medicines before they are discussed in the meeting. This means fewer medications are added to the formulary as GREY items per month, giving the group more time to focus on other items.

A review of 43 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:



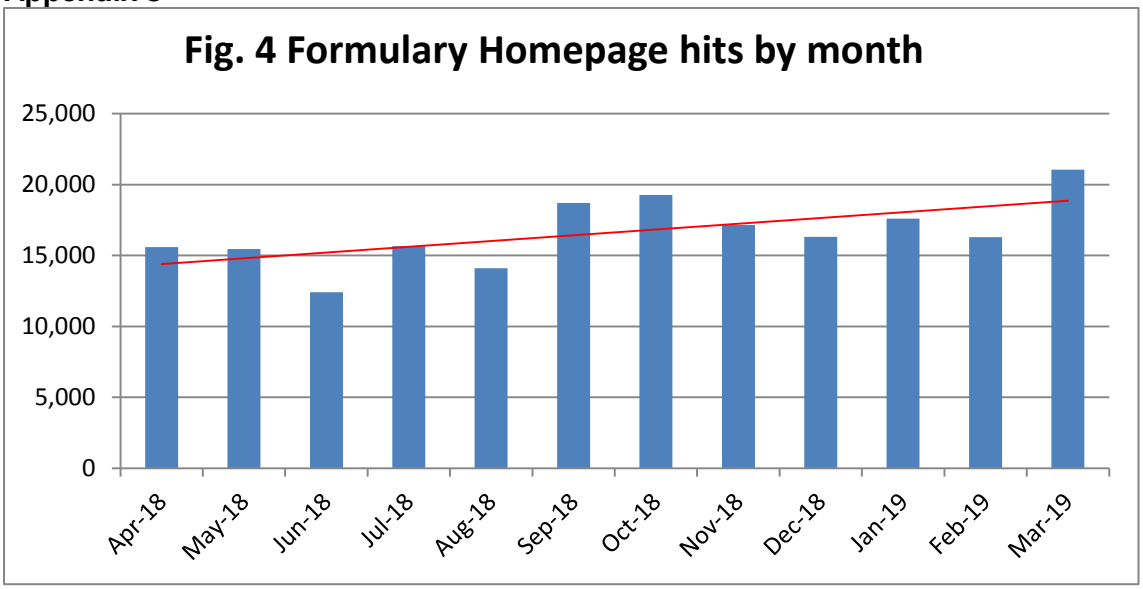
Formulary search information

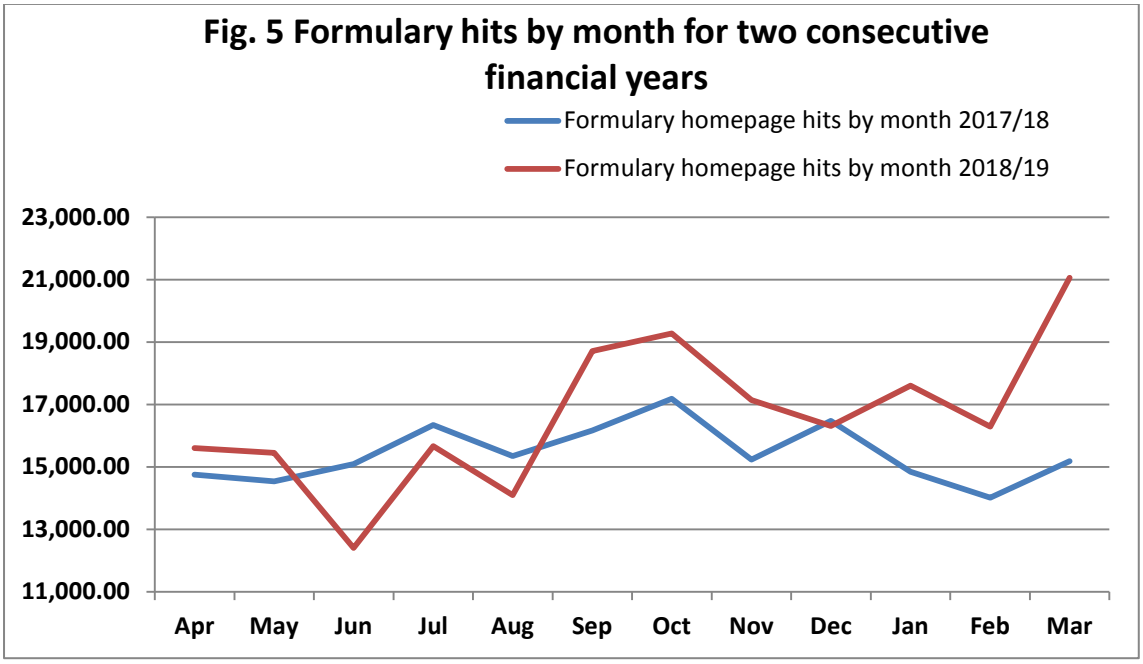
The data in Table 1 was collected on 8th May 2019. It is a representation of the top 10 searches (from the previous 10,000) on the Nottinghamshire Formulary. For interest, the medications with a * have been the topic of conversation during at least one meeting over the previous year.

Table 1 Top 10 searches on the NJF

#	Drug	Searches /10,000
1	Phosphate Polyfusor	880
2	Melatonin*	463
3	Antacid with Oxetacaine	424
4	Apixaban*	405
5	Colecalciferol*	398
6	Rivaroxaban*	363
7	Enoxaparin*	360
8	Potassium Chloride and Glucose Intravenous Infusion	305
9	Probenecid	304
10	Prednisolone	295

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 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 **second part of the financial year**, an **average increase** in the number of monthly searches of **2500hits/month** compared to last year, reaching a peak in **March 2019 with 5882** more searches than last year.

Appendix 3

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%)
May-18	Insulin Glargine 300units/ml (Toujeo®)	Diabetes, additional patient cohort	Amber 2	additional patient cohort requested	no	cost neutral		compared to other available options, patient specific	£0	£0	£0	£0	£0	£0
May-18	Rivaroxaban 10mg	Secondary prophylaxis of DVT/ PE	Amber 3	Licence extension	no	cost neutral		atients would currently continue on 20mg which is cost equivelent	£0	£0	£0	£0	£0	£0
May-18	Janumet® (Metformin/Sitagliptin)	Diabetes	Green	cost effective product	no	cost saving	cannot be quantified, depends on update and current prescribing of dseparate components							
May-18	Ciprofloxacin ear drops 2mg/ml	Ear infection	Green	To replace an unlicensed product	no	cost pressure	approx £2 more than the eye drops which were used off lable.	Cannot be quantified, depends on update						
May-18	Eslicarbazine	Epilepsy	Amber 2	reclasification from red in line with other products	no	cost pressure	£16,320	10 patients per year	£2,987	£2,073	£2,366	£1,501	£1,958	£5,451
May-18	Lithium	Cluster headache	deferred	New submission, deferred to trust DTCs	no	cost avoidance	£384.12	9 patients on high dose for 1 year	£70	£49	£56	£35	£46	£128
May-18	licensed liquids and solubles	various	various	database developped and licenced alternatives added for patients with swallowing difficulties	no	to be assessed separately								

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					
May-18	Tapentadol	Post stroke pain	Grey	new indication requested	no	cost avoidance	£15,000	mid dose cost for predicted 20 patients in place of tramadol	£2,745	£1,905	£2,175	£1,380	£1,800	£5,010
Jul-18	Trimbow and Trelegy inhalers	COPD	Amber 2	new submissions	no	cost saving	£6,000	based on approx 100 patients initially. No blanket switches encouraged at this time	£1,098	£762	£870	£552	£720	£2,004
Jul-18	Kyleena IUD	contraception	Green	new submissions	no	cost neutral		increased cost of the device but longer duration compared to alternative	£0	£0	£0	£0	£0	£0
Jul-18	Levosert IUD	contraception	Green	new submissions	no	cost saving	£3,600	based on approx 300 patients per year, compared to Mirena	£659	£457	£522	£331	£432	£1,202
Jul-18	Prasugrel	neurology	RED	new submission	no	cost neutral		classified as red so no cost implication to primary care	£0	£0	£0	£0	£0	£0
Jul-18	Tresiba insulin degludec	diabetes	Amber 2	re submission	no	cost pressure	£49,000	approx 135 patients per year	£8,967	£6,223	£7,105	£4,508	£5,880	£16,366
Jul-18	carbocistiene sachets	respiratory	Amber 2	formulary amendment for alternative formulation	no	cost saving	£15,000	from 100% switch from liquids	£2,745	£1,905	£2,175	£1,380	£1,800	£5,010

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					
Jul-18	trimovate cream	dermatology	Grey	de-commissioned due to anticipated price rise	no	cost avoidance		difficult to predict	£0	£0	£0	£0	£0	£0
Sep-18	Sialanar glycopyrronium liquid	peadiatrics	Amber 2	licenced formulation for the indication	no	cost pressure	£1,500	approx 60 patients to be switched	£275	£191	£218	£138	£180	£501
Sep-18	Mycophenolate	neurology	RED	new submission	no	cost neutral		classified as red so no cost implication to primary care	£0	£0	£0	£0	£0	£0
Sep-18	Azathioprine	neurology	Amber 1	new submission	no	cost saving	£2,000	approx 20 patients, compared to using steroids plus bone and GI protection	£366	£254	£290	£184	£240	£668
Sep-18	Melatonin	over 75s with risk of falls	unchanged from grey	re submission	no	cost neutral		no change	£0	£0	£0	£0	£0	£0
Sep-18	Lactose free formula milk	peadiatrics	removed from guideline	de-commissioned	no	cost saving	£10,000	based on spend on lactose free milks in 2017	£1,830	£1,270	£1,450	£920	£1,200	£3,340
Nov-18	Liraglutide 1.8mg dose	diabetes	Grey	new submission	no	cost avoidance	£34,845	compared to 1.2mg dose, estimated 74 patients per year	£6,377	£4,425	£5,053	£3,206	£4,181	£11,638
Nov-18	Cannabis based medicinal products	epilepsy and pain	grey	horizon scanning	no	cost avoidance		Cannot be quantified, depends on update	£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					
Jan-19	Semglee Biosimilar insulin glargine	Diabetes	Amber 2	new submission	no	cost saving	£185,000	this is dependent on 100% switch however ROI work incorporating rebate schemes suggest active switching is not appropriate	£33,855	£23,495	£26,825	£17,020	£22,200	£61,790
Jan-19	Sodium chloride 7% & Sodium chloride 3% solution for inhalation	Peadiatric respiratory	Amber 2	new submission	no	cost pressure	£11,000	approx up to 100 patients requiring courses per year	£2,013	£1,397	£1,595	£1,012	£1,320	£3,674
Jan-19	Alkindi Hydrocortisone granules in capsules	Paediatric adrenal insuficiency	Amber 2	new submission	no	cost pressure	£5,000	approx 5 patients per year compared to using tablets.	£915	£635	£725	£460	£600	£1,670
Jan-19	DEKAs and Paravit CF vitamins	CF	Amber 2	new submission	no	cost saving	impossible to predict	based on switches from patients on individual components which are variable in price						
Mar-19	Clonidine	spasticity	RED	new submission	no	cost neutral	reflecting current practice		£0	£0	£0	£0	£0	£0
Mar-19	Glycopyrronium bromide oral	hypersalivation in parkinsons	Amber 2	new submission	no	cost neutral	reflecting current practice		£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						
Mar-19	Inhixa enoxaparin biosimilar	LMWH	Amber 2	change of preferred brand	no	cost saving	120,000	savings to NUH estimated at £170K per year, similar for SFH	£21,960	£15,240	£17,400	£11,040	£14,400	£40,080	
Mar-19	Theolox Duo eye drops	Ophthalmology	Grey	new submission	no	cost avoidance	£5,000	estimate of 100 patients having this preparation in place of the alternative	£915	£635	£725	£460	£600	£1,670	
Mar-19	Semaglutide (ozempic)	diabetes	Amber 2	new submission	no	cost neutral	0	same cost as alternative agents.	£0	£0	£0	£0	£0	£0	
Mar-19	Fixapost eye drops	Glaucoma	Amber 2	formulary amendment	no	cost saving	£4,525	if 100% switch from Taptiqom and Ganfort	£828	£575	£656	£416	£543	£1,511	
Mar-19	ketotifen eye drops	allergic conjunctivitis	green	formulary amendment	no	cost saving	£111,000	100% switch from sodium cromoglycate	£20,313	£14,097	£16,095	£10,212	£13,320	£37,074	
Mar-19	Calfovit D3	supplement	green	formulary amendment	no	cost saving	£8,537	100% switch from BD Adcal d3 dissolve	£1,562	£1,084	£1,238	£785	£1,024	£2,851	
															total
						savings			£85,216	£59,139	£67,521	£42,841	£55,879	£155,531	£466,128
						pressure			£15,156	£10,518	£12,009	£7,619	£9,938	£27,662	£82,903
						avoidance			£10,107	£7,014	£8,008	£5,081	£6,627	£18,447	£55,284
						net implication			£70,060	£48,621	£55,512	£35,221	£45,941	£127,869	