

8th July 2013

To: All Independent Hospital Providers

Dear Colleague(s)

Following feedback from a number of GP practices, it is apparent that a number of recommendations for drugs to be prescribed, written by privately practising clinicians, apparently run contrary to current HSCB NI prescribing guidance.

HSCB Pharmacy and Medicines Management Team have developed a number of pieces of guidance in relation to prescribing, with the NI Formulary being central to prescribing recommendations.

Extant medicines management guidance is available at:
<http://www.hscboard.hscni.net/our-work/integrated-care/pharmacy-and-medicines-management/>

and:

The NI Formulary at:
<http://niformulary.hscni.net/Pages/default.aspx>

In addition, HSCB have a rolling Pharmaceutical Clinical Effectiveness (PCE) programme which is in place in order to generate significant financial savings within the drugs budget. There are a number of key therapeutic areas which are highlighted in the Appendix

In some cases, the recommended drug may have been justified.

However, it is apparent that GPs had misgivings in respect to the recommendations. In such cases, clearer information may have helped the GP accept the recommendations.

In other cases, GPs have objected to the recommendations being made by private clinics as they run contrary to accepted practice for the health service.

As part of all HSC contracts with independent medical providers there is a requirement for prescribing to be aligned with HSCB prescribing guidance such as the NI formulary and the PCE programme.

The Health and Social Care (HSC) Board would welcome a review of prescribing practice by your organisation and provide the HSC Board with an assurance that clinicians working for you:

- Acknowledge and adhere to relevant clinical guidance
- Understand and consider carefully the implications of their prescribing recommendations
- Provide a full explanation as to their recommendations to primary care clinicians if there is an expectation that the health service will pick up on these recommendations

Please can you forward a response to veranne.lynch@hscni.net.

This communication has been copied to further for information.

Yours sincerely



Joe Brogan
Assistant Director – Integrated Care
Head of Pharmacy and Medicines Management

cc Glenn Houston, Chief Executive, RQIA
Dean Sullivan, Director of Commissioning, HSC Board
Dr Sloan Harper, Director of Integrated Care, HSC Board
Dr Margaret O'Brien, Head of GMS, HSC Board
Heads of Pharmacy, HSC Trusts
Dr Tom Black, General Practitioner Committee, BMA

Appendix

Priority Therapeutic Areas 2013/14

Therapeutic area	Examples of suggested actions (this is not exhaustive)
PPIs	Increase the % of PPIs issued as omeprazole and lansoprazole Increase % of esomeprazole issued as capsules (not tablets)
Generics	Promote switches from branded to generic drugs as soon as, or before, they are available on the market.
Respiratory	Reduce expenditure on combination inhalers in asthmatic patients by encouraging review of asthma patients and stepping down when appropriate. Reduce expenditure on leukotriene receptor antagonists by reviewing patients to ensure continued appropriateness and their compliance with their prescribed preventer inhalers
Statin therapy	Promoting of switch to generic simvastatin and generic atorvastatin from other statins
Ezetimibe	Reduction in prescribing of ezetimibe and Inegy [®]
CNS – antidepressants	Reduce prescribing of escitalopram (increase use of cost-effective choice fluoxetine, sertraline or citalopram). Patients on venlafaxine modified release 75mg and 150mg should be prescribed Vensir [®]
CNS-Specialist analgesics: Pregabalin	Aiming to reduce the volume of pregabalin. This can be achieved via: <ul style="list-style-type: none">– Dose optimisation– Review patients on pregabalin for ongoing effectiveness...possible dose reduction or discontinuation.– For GAD, pregabalin is a third-line drug option- beware of addiction/abuse/misuse potential

CNS- opioid patches- Mezolar [®] (brand of choice)	Fentanyl patches should not be prescribed generically- Mezolar [®] is the HSCB brand of choice (not for patients with peanut/soy allergy)
CNS-specialist analgesics-Morphine sulphate- first choice oral opiate	Morphine sulphate to be considered first-choice oral <u>opiate</u> (before oxycodone) for management of severe pain
Blood glucose monitoring strips	Reduce volume of blood glucose testing strips by reducing inappropriate prescribing of blood glucose testing strips.
NSAIDs: Reduce COX-II's prescribing Increase prescribing of ibuprofen & naproxen Topical NSAID	Reduce DDD/1000 NIPUs by reviewing for continued appropriateness; review choice of NSAID based on evidence of cardiovascular risk of Cox II inhibitors Promotion of HSCB recommended first-line NSAIDs – ibuprofen and naproxen- which are associated with lower cardiovascular risk Reduce spend on topical NSAIDs by promoting piroxicam which is the most cost-effective choice
Metformin modified release (MR)	Reduce expenditure on metformin MR by promoting switch to immediate release (IR) for those patients who have never previously tried IR
Lidocaine patches	Review patients on lidocaine patches for appropriateness of indication, effectiveness and need for ongoing treatment
Cost-effective switches	Implementing cost effective formulations to specific branded drugs from other branded and generic versions. Full list available from HSCB Pharmacy and Medicines Management Team on request.