

Pharmaceutical Clinical Effectiveness Plan 23/24

PCE Area	Aim	Objectives
<b>Chapter 1: GI System</b>	Reduce expenditure on Dicycloverine.	Reduce expenditure on dicycloverine by review and switching to more cost effective option where appropriate.
	<b>NEW</b> - Reduce expenditure on esomeprazole.	Reduce expenditure on esomeprazole by use of more cost effective formulation.
	Reduce expenditure on Dispersible PPIs.	Reduce expenditure on dispersible PPIs by review and switching to more cost effective option where appropriate.
	Reduce expenditure on Lansoprazole suspension/solutions.	Reduce expenditure on Lansoprazole suspension/solutions.
	Reduce expenditure on antidiarrhoeals.	Reduce expenditure on loperamide by promoting review with view to stop or switch to more cost effective loperamide capsules.
	<b>NEW</b> - Reduce expenditure on Naloxegol 12.5mg and 25mg tablets.	Reduce expenditure on Naloxegol for opioid induced constipation (OIC) by review and deprescribing.
	<b>NEW</b> - Reduce expenditure on Sucralfate enema.	Reduce expenditure on Sucralfate enema by repatriating supply to Trusts.
<b>Chapter 2: Cardiovascular System</b>	<b>NEW</b> - Reduce expenditure on branded tadalafil (Adcirca).	Reduce expenditure on branded tadalafil (Adcirca) by use of more cost effective generic formulation.
<b>Chapter 3: Respiratory System</b>	Reduce expenditure on respiratory medicines.	Reduce expenditure on inhaled antimuscarinics by promoting use of cost-effective LAMA inhalers.
	<b>NEW</b> - Reduce expenditure on inhaled fluticasone/salmeterol combination inhalers.	Reduce expenditure on inhaled fluticasone/salmeterol combination inhalers by promoting use of cost-effective Avenor or Combisal inhalers.
	<b>NEW</b> - Reduce expenditure on SABA inhalers.	Reduce expenditure on SABA inhalers by review of asthma patients using 12+ inhalers per year.
	<b>NEW</b> - Reduce expenditure on carbocisteine.	Reduce expenditure on carbocisteine by encouraging prescribers to only initiate when appropriate and review and discontinue as appropriate.
	<b>NEW</b> - Reduce expenditure on adrenaline auto injectors (AAIs) on stock scripts.	Reduce expenditure on AAIs on stock scripts by promoting the use of adrenaline ampoules for the management of anaphylaxis.
	<b>NEW</b> - Reduce spending on non-sedating antihistamines.	Reduce spend on non-sedating antihistamines by promoting a switch to more cost effective cetirizine and loratadine 10mg tablets.
<b>Chapter 4: Nervous System</b>	Reduce expenditure on drugs used as anxiolytics and/or hypnotics (Z drugs, benzodiazepines and antihistamines) Note methocarbamol included in Stop list project.	Reduce expenditure on drugs used as anxiolytics and/or hypnotics.
	Reduce expenditure on levetiracetam.	Reduce expenditure on levetiracetam.
	Reduce expenditure on gabapentinoids.	Reduce expenditure on gabapentinoids.
	Reduce expenditure on lidocaine patches.	Reduce expenditure on lidocaine patches through reduction of inappropriate use.
	Reduce expenditure on opiates.	Reduce expenditure on opiates by promoting review.
	<b>NEW</b> - Reduce expenditure on co-codamol.	Reduce expenditure on co-codamol by encouraging use of more cost effective formulations.
	Reduce expenditure on antiepileptics.	Reduce expenditure on Lamictal by promoting dose optimisation.
	<b>NEW</b> - Reduce expenditure on antidepressants.	Reduce expenditure on antidepressants for mild/moderate depression by review and stepping down where appropriate.
	<b>NEW</b> - Reduce expenditure on lacosamide.	Reduce expenditure on lacosamide by switching to the more cost effective generic formulations.
	<b>NEW</b> - Reduce expenditure on melatonin.	Reduce expenditure on melatonin through a range of reductions and switches to more cost effective products.
	<b>NEW</b> - Reduce expenditure on venlafaxine 225mg.	Reduce expenditure on venlafaxine by switching all patients from 225mg capsules and tablets to 75mg and 150mg tablets.
	<b>NEW</b> - Reduce expenditure on venlafaxine.	Reduce expenditure on venlafaxine by switching all patients from 75mg and 150mg capsules to the equivalent tablets.
	<b>NEW</b> - Reduce expenditure on buprenorphine sublingual tablets.	Reduce expenditure on buprenorphine sublingual tablets by encouraging prescribers to choose more cost effective generics over subutex branded tablets.
<b>Chapter 5: Infection</b>	Reduce expenditure on antibiotics.	Reduce expenditure on all antibiotics.
	Reduce expenditure on drugs for osteoporosis.	Reduce expenditure on bisphosphonates by promoting review.
	<b>(Introduced October 22)</b> : Reduce expenditure on liothyronine.	Reduce expenditure on liothyronine by use of more cost effective formulation.
	<b>NEW</b> - Reduce expenditure on carbimazole tablets.	Reduce expenditure of carbimazole tablets by promoting the switching of doses to multiples of 5mg tablets.
	<b>NEW</b> - Reduce expenditure on propylthiouracil tablets.	Reduce expenditure of propylthiouracil tablets by promoting the switching of doses to multiples of 50 mg tablets.

<b>Chapter 6: Endocrine</b>	<b>NEW</b> - Reduce expenditure on glucose 40% gels (3x25g).	Reduce expenditure on glucose 40% gels (3x25g) by promoting a switch to the cost effective RapiLOSE brand.
	<b>NEW</b> - Reduce expenditure on levothyroxine liquid.	Reduce expenditure on levothyroxine liquid formulations by reducing prescribing to patients who do not have swallowing difficulties.
	<b>NEW</b> - Reduce expenditure on Metformin 1g tablets	Reduce expenditure on Metformin by switching 1g tablets to 2 x 500mg tablets
	<b>NEW</b> - Reduce expenditure on branded Metformin SR	Reduce expenditure on branded Metformin SR by switching from branded metformin SR to generic
<b>Chapter 7: Gynaecology and Urinary-tract Disorders</b>	Reduce expenditure on drugs used to reduce symptoms of urgency and urge incontinence.	Reduce expenditure on antimuscarinics by promoting review.
	<b>NEW</b> - Reduce expenditure on fesoterodine modified-release tablets.	Reduce expenditure on fesoterodine modified-release tablets by increasing generic prescribing.
	Reduce expenditure on LHRH agonists.	Reduce expenditure on LHRH agonists by using Trust agreed Decapeptyl® 3 and 6 monthly injections.
	Reduce expenditure on Oral Contraceptives.	Reduce expenditure on Oral Contraceptives by use of formulary choices.
	<b>NEW</b> - Reduce expenditure on Estradiol 10 microgram pessaries.	Reduce expenditure on Estradiol 10 microgram pessaries by implementing a generic switch from Vagifem 10 microgram vaginal tablets to Estradiol 10 microgram pessaries.
	<b>NEW</b> - Reduce expenditure on Estriol vaginal cream.	Reduce expenditure on Estriol vaginal cream by implementing a switch from Estriol 0.01% cream with applicator to 0.1% cream (Ovestin 1mg cream).
<b>Chapter 8: Malignant Disease</b>	Reduce expenditure on immunosuppressants. (Western only)	Reduce expenditure on immunosuppressants by promoting the use of generic mycophenolate.
<b>Chapter 9: Nutrition</b>	Reduce expenditure on Paediatric Formula.	Reduce expenditure on extensively hydrolysed and amino acid (AA) formula for Cows Milk Allergy.
	Reduce expenditure on Adult oral nutritional supplements.	Reduce expenditure on ONS overall by ensuring appropriate use of Oral Nutritional Supplements.
	Reduce expenditure on Modular Products.	Reduce expenditure on Modular Products by ensuring appropriate reduction.
	Reduce expenditure on Calcium and Vitamin D products used in the treatment of osteoporosis.	Reduce expenditure on Calcium and Vitamin D products used in the treatment of osteoporosis by switching to the NI formulary choices.
	Reduce expenditure on specific vitamins. (excludes vitamin D products – see separate projects)	Reduce expenditure on specific vitamins by ensuring appropriate prescribing.
<b>Chapter 10: Musculoskeletal System</b>	Reduce expenditure on drugs used in rheumatic disease.	Reduce expenditure on drugs used in rheumatic disease by promoting review of NSAIDs/COX-2s.
	Reduce expenditure on Naproxen.	Reduce expenditure on Naproxen EC formulations by switching to the more cost effective non EC generic naproxen.
	Reduce expenditure on Mefenamic Acid.	Reduce expenditure on Mefenamic Acid by promoting review.
	Reduce expenditure on NSAID gels.	Reduce expenditure on NSAID gels by switching to first line formulary choice.
<b>Chapter 11: Eye</b>	Reduce expenditure on eye drops for dry eye conditions.	Reduce expenditure on HYLO Forte and HYLO Tear by encouraging use of equivalent cost-effective Eyeaze product.
	Reduce expenditure on antimuscarinic eye drops.	Reduce expenditure on atropine 1% eye drops by use of UDVs.
<b>Chapter 12: Ear, Nose and Oropharynx</b>	<b>NEW</b> - Reduce expenditure on corticosteroid nasal sprays.	Reduce expenditure on corticosteroid nasal sprays by encouraging the use of cost-effective products.
	<b>NEW</b> - Reduce expenditure on Dymista nasal spray.	Reduce expenditure on Dymista nasal spray by encouraging prescribers to retain it for 3rd line treatment.
<b>Chapter 13: Skin</b>	Reduce expenditure on bath and shower emollients.	Reduce expenditure on bath and shower emollients.
<b>Chapter 20: Dressings</b>	<b>NEW</b> - Reduce expenditure on silk garments.	Reduce expenditure on silk garments through deprescribing.
	<b>NEW</b> - Reduce expenditure on scar treatment preparations.	Reduce expenditure on silicone sheets and gels for treatment of scars through deprescribing.
<b>No or Limited Evidence Based Products</b>	Reduce expenditure on no or limited evidence based products.	Reduce expenditure on products listed in SPPG 'Limited List' and 'Stop List'.
<b>OTC</b>	Reduce expenditure on named OTC products for treatment of minor self-limiting illnesses.	Reduce expenditure on named OTC products.