

**Pharmaceutical Clinical Effectiveness Plan 24/25**

| <b>PCE Area</b>                             | <b>Aim</b>   | <b>Objectives</b>  |
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| <b>Chapter 1:<br/>GI System</b>             | Reduce expenditure on esomeprazole.  | Reduce expenditure on esomeprazole by use of more cost effective formulation.  |
|   | <b>NEW</b> - Reduce expenditure on peppermint oil.   | Reduce expenditure on peppermint oil by promoting cost effective choices.  |
|   | <b>NEW</b> - Reduce expenditure on PPI suspensions/solutions.  | Reduce expenditure on PPI suspensions/solutions.   |
|   | <b>NEW</b> - Reduce expenditure on sucralfate.   | Reduce expenditure on unlicensed sucralfate tablets.   |
|   | <b>NEW</b> - Reduce expenditure on bisacodyl enema.  | Reduce expenditure on bisacodyl enema by repatriation to secondary care.   |
|   | <b>NEW</b> - Reduce expenditure on Invertase.  | Reduce expenditure on Invertase by repatriation of unlicensed specials to secondary care.  |
| <b>Chapter 2:<br/>Cardiovascular System</b> | <b>NEW</b> - Reduce expenditure on nebivolol.  | Reduce expenditure on Nebivolol by promoting cost effective choices.   |
|   | <b>NEW</b> - Reduce expenditure on DOACs.  | Reduce expenditure on DOACs by switching all DOACs to apixaban.  |
| <b>Chapter 3:<br/>Respiratory System</b>    | Reduce expenditure on respiratory medicines.   | Reduce expenditure on inhaled antimuscarinics by promoting use of cost-effective LAMA inhalers.  |
|   | 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.              |
|   | Reduce expenditure on SABA inhalers.   | Reduce expenditure on SABA inhalers by review of asthma patients using 12+ inhalers per year.  |
|   | Reduce expenditure on carbocisteine.   | Reduce expenditure on carbocisteine by encouraging prescribers to only initiate when appropriate and review and discontinue as appropriate.            |
|   | 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.                             |
|   | 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>NEW</b> - Reduction in expenditure on adrenaline AAI prescribing on HS21.   | Reduce the volume of adrenaline auto injector prescribing on HS21 scripts.   |
| <b>Chapter 4:<br/>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 gabapentin.  | Reduce expenditure on gabapentin 600mg and 800mg tablets by encouraging use of more cost effective products.   |
|   | 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.   |
|   | Reduce expenditure on antiepileptics.  | Reduce expenditure on Lamictal by promoting dose optimisation.   |
|   | Reduce expenditure on antidepressants.   | Reduce expenditure on antidepressants for mild/moderate depression by review and stepping down where appropriate.                                      |
|   | Reduce expenditure on lacosamide.  | Reduce expenditure on lacosamide by switching to the more cost effective generic formulations.   |
|   | Reduce expenditure on melatonin.   | Reduce expenditure on melatonin through a range of reductions and switches to more cost effective products.  |
|   | 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. |
|   | Reduce expenditure on ondansetron.   | Reduce expenditure on ondansetron by encouraging use of more cost effective formulations.  |
| <b>Chapter 5:<br/>Infection</b>             | Reduce expenditure on antibiotics.   | Reduce expenditure on all antibiotics.   |
| <b>Chapter 6:<br/>Endocrine</b>             | Reduce expenditure on drugs for osteoporosis.  | Reduce expenditure on bisphosphonates by promoting review.   |
|   | Reduce expenditure on liothyronine.  | Reduce expenditure on liothyronine by use of more cost effective formulation.  |
|   | Reduce expenditure on carbimazole tablets.   | Reduce expenditure of carbimazole tablets by promoting the switching of doses to multiples of 5mg tablets.   |
|   | Reduce expenditure on propylthiouracil tablets.  | Reduce expenditure of propylthiouracil tablets by promoting the switching of doses to multiples of 50 mg tablets.                                      |

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| <b>Chapter 6:<br/>Endocrine</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.   |
|   | Reduce expenditure on levothyroxine liquid.  | Reduce expenditure on levothyroxine liquid formulations by reducing prescribing to patients who do not have swallowing difficulties.                                   |
|   | Reduce expenditure on Metformin  | Reduce expenditure on Metformin by switching 1g tablets to 2 x 500mg tablets   |
|   | Reduce expenditure on branded Metformin SR   | Reduce expenditure on branded Metformin SR by switching from branded metformin SR to generic   |
|   | <b>NEW</b> - Reduce expenditure on gliptins.   | Reduce expenditure on gliptins by switching to sitagliptin.  |
|   | <b>NEW</b> - Reduce expenditure on metformin liquid.   | To reduce expenditure on metformin liquid by switching to powder sachets.  |
| <b>Chapter 7:<br/>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.   |
|   | Reduce expenditure on Oral Contraceptives.   | Reduce expenditure on Oral Contraceptives by use of formulary choices.   |
|   | 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. |
|   | Reduce expenditure on Estriol vaginal cream.   | Reduce expenditure on Estriol vaginal cream by implementing a switch from Estriol 0.01% cream with applicator to Estriol 0.1% cream.                                   |
| <b>Chapter 8:<br/>Malignant Disease</b>                       | Reduce expenditure on immunosuppressants. (Western only)                                       | Reduce expenditure on immunosuppressants by promoting the use of generic mycophenolate.  |
| <b>Chapter 9:<br/>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>NEW</b> - Reduce expenditure on magnesium products.   | Reduce expenditure on magnesium products by promoting cost effective choices.  |
| <b>Chapter 10:<br/>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-Is.  |
|   | 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:<br/>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>NEW</b> - Reduce expenditure on Ganfort 0.3mg/ml / 5mg/ml eye drops x 3ml.                  | Reduce expenditure on branded drops (Ganfort) by increasing prescribing of generic Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops x 3ml.                      |
| <b>Chapter 12:<br/>Ear, Nose and Oropharynx</b>               | Reduce expenditure on corticosteroid nasal sprays.   | Reduce expenditure on corticosteroid nasal sprays by encouraging the use of cost-effective products.   |
|   | 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:<br/>Skin</b>                                   | Reduce expenditure on bath and shower emollients.  | Reduce expenditure on bath and shower emollients.  |
|   | <b>NEW</b> - Reduce expenditure on emollients.   | Reduce expenditure on emollients by encouraging use of cost-effective formulary options.   |
| <b>Chapter 20:<br/>Dressings</b>                              | Reduce expenditure on silk garments.   | Reduce expenditure on silk garments through deprescribing.   |
|   | Reduce expenditure on scar treatment preparations.   | Reduce expenditure on silicone sheets and gels for treatment of scars through deprescribing.   |
| <b>Chapter 23:<br/>Stoma Appliances</b>                       | <b>NEW</b> - Reduce expenditure on stoma accessories.  | Reduce expenditure on stoma accessories by reducing prescribing of deodorants.   |
| <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.  |