

# 7.3

Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Co-proxamol	£ 52,630.17	£25,374.32 (Average*)	£50,748.65 (Average*)	· Advise CCGs that prescribers in primary care should not initiate co-proxamol for any new patient. · Advise CCGs to support prescribers in deprescribing coproxamol in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change	No routine exceptions have been identified.	This has been non formulary and subject to considerable focus. Just a handful of patients and prescribers remain resistant.
Omega 3	£ 10,929.08		10,929	· Advise CCGs that prescribers in primary care should not initiate omega-3 Fatty Acids for any new patient. · Advise CCGs to support prescribers in deprescribing omega3 Fatty acids in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.	No routine exceptions have been identified	This has been non formulary and subject to considerable focus. Just a handful of patients and prescribers remain resistant.

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Liothyronine	£ 345,724.77	unknown	Unknown	<p>· Advise CCGs that prescribers in primary care should not initiate liothyronine for any new patient · Advise CCGs that individuals currently prescribed liothyronine should be reviewed by a consultant NHS endocrinologist with consideration given to switching to levothyroxine where clinically appropriate. · Advise CCGs that a local decision, involving the Area Prescribing Committee (or equivalent) informed by National guidance (e.g. from NICE or the Regional Medicines Optimisation Committee), should be made regarding arrangements for on-going prescribing of liothyronine. This should be for individuals who, in exceptional circumstances, have an on-going need for liothyronine as confirmed by a consultant NHS endocrinologist.</p>	The British Thyroid Association (BTA) advise that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction.	Currently Dorset policy reflects national advice. Unlikely to be significant savings due to reluctance to change

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Tadalafil once daily	£ 665,702.84	£ N/A	£ 206,746.06 *	<ul style="list-style-type: none"> <li>· Advise CCGs that prescribers in primary care should not initiate once daily tadalafil for any new patient</li> <li>· Advise CCGs to support prescribers in deprescribing once daily tadalafil in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.</li> </ul>	No routine exceptions have been identified.	<p>Non-Formulary, but patient group it is used for may be reluctant to change/stop, so some support to GPs necessary.</p> <p>If change to generic sildenafil, then considerable savings, if change to other products may be additional cost.</p> <p>Some will be simply a stop as the indication is not licensed.</p>

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Doxazosin MR	£ 170,582.99	£ 69,888.77	£ 139,777.54	· Advise CCGs that prescribers in primary care should not initiate prolonged-release doxazosin for any new patient. · Advise CCGs to support prescribers in deprescribing Prolonged-release doxazosin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.	No routine exceptions have been identified.	Non-formulary, some changes already underway

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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Lidocaine Plasters	£ 46,556.28		Unknown	<ul style="list-style-type: none"> <li>· Advise CCGs that prescribers in primary care should not initiate lidocaine plasters for any new patient (apart from exceptions below) ·</li> <li>· Advise CCGs to support prescribers in deprescribing lidocaine plasters in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ·</li> <li>· Advise CCGs that if, in exceptional circumstances, there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.</li> </ul>	No routine exceptions have been identified.	<p>Not generally initiated in primary care.</p> <p>Recommendations come from pain teams and sometimes elderly care. Most use is off label.</p> <p>May be challenges with de-prescribing</p>

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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Rubefacients	£ 46,283.34		Unknown	· Advise CCGs that prescribers in primary care should not initiate rubefacients (excluding topical NSAIDs) for any new patient. · Advise CCGs to support prescribers in deprescribing rubefacients (excluding topical NSAIDs) in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.	No routine exceptions have been identified.	Mostly non-formulary. Unlikely to be adverse impact is straight stop. May increase prescribing of NSAID gels which may cancel out savings

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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Fentanyl Instant Release	£ 75,881.43		Unknown	<p>· Advise CCGs that prescribers in primary care should not initiate immediate release fentanyl for any new patient. · Advise CCGs to support prescribers in deprescribing immediate release fentanyl in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. · Advise CCGs that if, in exceptional circumstances, there is a clinical need for immediate release fentanyl to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.</p>	<p>These recommendations do not apply to patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl in line with NICE guidance (see below), has been made by a multidisciplinary team and/or other healthcare professional with a recognised specialism in palliative care.</p>	<p>Already non formulary, fewer than 20 patients. Some will be palliative care, but some known to be addicted. No services in Dorset that have expertise in managing fentanyl addiction.</p>

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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Travel Vaccines	£ 433,080.00		unknown	<p>· Advise CCGs that prescribers in primary care should not initiate the stated vaccines exclusively for the purposes of travel for any new patient.</p> <p>N.B This is a restatement of existing regulations and no changes have been made as a result of this guidance.</p>	The vaccines in this proposal are listed below and they may continue to be administered for purposes other than travel, if clinically appropriate.	Note: Hepatitis included in this and now in use in community for renal patients as per “basket of services” so may not be able to realise full savings in Dorset as unable to distinguish travel use from renal.
Trimipramine	£ 221,868.26	£ 106,722.02	£ 213,444.03	<p>· Advise CCGs that prescribers in primary care should not initiate trimipramine for any new patient.</p> <p>· Advise CCGs to support prescribers in deprescribing trimipramine in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.</p>	No routine exceptions have been identified.	Will need support from mental health to change. Some resistance. Tends to be very long term use. Alternative treatments may/may not be cheaper.



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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Glucosamine	£ 6,406.20		6,406	<p>☑ Advise CCGs that prescribers in primary care should not initiate Glucosamine and Chondroitin for any new patient. ☑ Advise CCGs to support prescribers in deprescribing glucosamine and chondroitin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.</p>	No routine exceptions have been identified.	Non-formulary, should be able to safely stop all current prescribing

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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Homeopathy	£ 1,078.46		1078	· Advise CCGs that prescribers in primary care should not initiate homeopathic items for any new patient · Advise CCGs to support prescribers in deprescribing homeopathic items in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.	No routine exceptions have been identified.	Should be safe to stop
Herbal Treatments	£ 699.66		699	· Advise CCGs that prescribers in primary care should not initiate herbal items for any new patient · Advise CCGs to support prescribers in deprescribing herbal items in all patients and where appropriate, ensure the availability of relevant services to facilitate this change.	No routine exceptions have been identified	Should be safe to stop
Perindopril arginine	£5,555.70	£2,117.65	£ 4,235.29	· Advise CCGs that prescribers in primary care should not initiate perindopril arginine for any new patient. · Advise CCGs to support prescribers in deprescribing perindopril arginine in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.	No routine exceptions have been identified.	Should be safe to make direct switch to ordinary perindopril

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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Dosulepin	£ 50,236.27		50,000	<p>? Advise CCGs that prescribers in primary care should not initiate dosulepin for any new patient. ? Advise CCGs to support prescribers in deprescribing dosulepin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ? Advise CCGs that if, in exceptional circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional</p>	No routine exceptions have been identified.	Audits undertaken in 2015/16 so all practices should be aware of the patients on this drug and reasons. Some issues with new initiations coming from palliative care, which is unlicensed and instructions given to stop.
Paracetamol and Tramadol Combinations	£18,633.69	£ 6,413.02	£ 12,826.04	<p>· Advise CCGs that prescribers in primary care should not initiate paracetamol and tramadol combination product for any new patient. · Advise CCGs to support prescribers in deprescribing paracetamol and tramadol combination product in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.</p>	No routine exceptions have been identified.	All can be changed safely to constituent products.

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Item	Total Spend 2016/17	50% saving after switch to alternative	Reasonable savings expectations	National recommendation and Commissioning implications	exceptions	current position in Dorset
Oxycodone and Naloxone Combinations	£ 17,917.18	£ 3,593.98	£ 7,187.96	<p>· Advise CCGs that prescribers in primary care should not initiate oxycodone and naloxone combination product for any new patient. · Advise CCGs to support prescribers in deprescribing oxycodone and naloxone combination product in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. · Advise CCGs that if, in exceptional circumstances, there is a clinical need for oxycodone and naloxone combination product to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multidisciplinary team and/or other healthcare professional</p>	No routine exceptions have been identified.	Unlikely to be initiated for exceptional clinical reasons. Will deal with on case by case basis.
Leutin and antioxidants	£ 16,336.89		16,336	<p>· Advise CCGs that prescribers in primary care should not initiate lutein and antioxidants for any new patient · Advise CCGs to support prescribers in deprescribing lutein and antioxidants in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.</p>	No routine exceptions have been identified.	Most use comes at recommendation from Ophthalmologists. Will ensure they are made aware of change. Should be no adverse effects to stopping.

# 7.3

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	£ 2,186,103.2 1		402,511			