

Annex

	Recommendation	Rationale	Estimated saving (annual)	Supporting information
1	Where a biological medicine is indicated, health boards and trusts should ensure treatment is only initiated with the lowest acquisition cost biosimilar medicine.	Biosimilars offer the same clinical effectiveness and safety as their reference products, but at substantially lower cost.	£7.5m	<p>A national biosimilar strategy for Wales was published in January 2023</p> <p>Information on biosimilar use by health board is available at SPIRA – Biosimilar Efficiencies (NHS users only).</p> <p>Pharmacy procurement leads can provide details of the relative acquisition cost for biosimilar medicines</p>
2	Health boards and trusts should ensure all patients currently treated with a reference product or higher cost biosimilar medicines are prescribed the lowest acquisition cost biosimilar medicine.	<p>Biosimilars offer the same clinical effectiveness and safety as their reference products, but at substantially lower cost.</p> <p>Biosimilars are interchangeable with the original biological product and with other biosimilars when approved.</p>	£2.5m	<p>The European Medicines Agency (EMA) consider that once a biosimilar is approved in the EU it is interchangeable, which means the biosimilar can be used instead of its reference product (or vice versa) or one biosimilar can be replaced with another biosimilar of the same reference product (link).</p> <p>The MHRA has produced guidance on the licensing of biosimilar products including their interchangeability</p>

Annex to Alex Slade and Suzanne Rankin letter to health boards on 6 Oct 2023 re: NHS Value and Sustainability - Medicines

3	Health boards and trusts should ensure a complete switch to generic use for abiraterone, apixaban, lanreotide, lenalidomide, teriflunomide, and sugammadex in secondary care.	Updated national contracts mean the six products are available now or will soon be available at substantially lower cost.	£4.5m	The NHS Wales Shared Services Partnership Procurement Service can provide details of national contracts and prices
4	Health boards should ensure GPs stop prescribing medicines by brand where significantly lower cost generics are available.	Whilst generic prescribing rates in primary care are generally high small volumes of branded prescribing continue across a range of 60 medicines where generic versions are available at substantially lower cost.	£1.7m	The All Wales Therapeutics and Toxicology Centre has provided health board chief pharmacists with a list of GP practices in their respective areas, ranked by the savings opportunity.
5	Health boards and trusts must stop outsourcing of the preparation of nivolumab, atezolizumab and rituximab to the commercial sector and should purchase all future supplies from the NHS Wales Shared Services Partnership.	<p>The Central Intravenous Additives Service operated by the NHS Wales Shared Services Partnership produces ready to administer preparations of these medicines at substantially lower cost than the price paid to commercial suppliers.</p> <p>Ready to administer medicines reduce risks associated with preparation in clinical areas and release nursing time to provide care.</p>	£1.2m	Information about ordering ready to administer medicines from the Central Intravenous Additives Service has been shared with health board pharmacy procurement leads.

6	Health boards and trusts must reviewing all off-contract procurement, stop all unjustified purchasing and put systems in place to recover any excess costs	Significant costs are incurred when medicines are procured “off-contract” where contracts are in place for medicines to be supplied at the NHS discounted price.	Up to £1.2m	The NHS Wales Shared Services Partnership Procurement Service has developed a dashboard to identify off-contract spend by health boards and trusts. Details of how to access the dashboard and how to nominate procurement and finance representatives to lead this work will be shared with health board and trust chief pharmacists shortly.
7	Health boards and trusts must identify an individual from their procurement and finance teams to work with NHS Wales Procurement to ensure all recoverable costs associated with off-contract purchasing are recovered	Some off-contract purchasing may be necessary for example when a contract line is out of stock, however arrangements are in place to be able to recover excess costs when certain conditions are met.		
8	Health boards should revisit the areas previously identified as low priority for prescribing in Wales	<p>There have been previous consultations on reducing the prescribing of medicines considered to have no or only limited clinical value and which should be considered low priority for prescribing in Wales.</p> <p>Despite reductions, spend in some areas remains high when compared to other UK regions.</p>	To be quantified	Information on low value prescribing by health board is available at SPIRA - Low Value for Prescribing (NHS users only).