

Health Board	Swansea Bay	REPORTING PERIOD (MONTH):	November 2025
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RAG ANALYSIS	
RAG Status (assessment of progress against last month's report)	
Green	Progressing as planned and no escalation required
Amber	Not progressing as planned/ to original timelines, however this is manageable and mitigating actions are in place
Red	There are significant issues which require escalating

Risks & Issues:	Risk Register Entry Required?	N	RAG STATUS:	Green
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UPDATE FROM LAST PAPER

- The existing NHS V&S priorities around medicines are currently being reviewed, with an updated set of recommendations for 26/27 are expected to be published in November/December.
 - The "Other Ideas Opportunities" section of this paper includes a review, progress and barriers of other schemes to deliver better value which are likely to be included in the new set of V&S priorities.
- At end of October 2025
 - SBU continues to be the best performing Health Board in Wales with respect to prescribing of Bath and shower emollient
 - Over 90% of patients on Stelara now registered to receive Uzpruvo (biosimilar Ustekinumab) on next prescription (Recommendation 9), with in-month of issues of biosimilar ustekinumab exceeding 90% in each of the last 3 months
 - The supply issues with Tyenne (tocilizumab biosimilar) have resolved and we started switching patients to this preparation (Recommendation 10).
 - Most patients receive this treatment via homecare, and therefore it requires a fully staffed pharmacy homecare team to implement this change.
 - There are currently two A&C vacancies in the homecare team, with VCFs that have been up to 4 months in the system and still awaiting approval.
 - The homecare team cannot take on any new initiatives while these posts remain vacant.
 - This also impacts on the progress of other cost saving initiatives that are linked with homecare.

OVERALL POSITON

- Progress made against all the Value and Sustainability Board recommendations, and current self-assessed RAG status outlined below

List of NHS Wales V&S priorities October 24 - Oct 25 SBU progress		RAG status
1	Maximise the use of biosimilar medicines, including where possible preferential use of lowest acquisition cost biosimilars	Green
2	Ensure compliance with hospital contract pricing for abiraterone, apixaban, lanreotide, lenalidomide, teriflunomide, and sugammadex	Green
3	Minimise prescribing of medicines by brand where lower cost generics are available in primary care	Green
4	Increase the use of apixaban and rivaroxaban as a proportion of all direct acting oral anticoagulants in primary care	Green
5	Stop the prescribing of medicines on a low value list including some over the counter medicines	Green
6	Reduce prescribing of bath and shower emollients	Green
7	Ensure use of lowest acquisition cost equivalent liothyronine preparations	Green
8	Ensure the prescribing of dry eye preparations in primary care is in accordance with local or national formularies	Green
9	Maximise adoption of biosimilar ustekinumab	Green
10	Ensure compliance with hospital contract pricing for specified medicines with contracts awarded in 2024/25	Green



KEY RISKS AND MITIGATION TO DELIVERY

- Staffing resource is a risk to further progress in some areas, especially vacancies in the homecare team.
- The work involved for all patients to receive the lowest acquisition cost biosimilar product (as outlined by the V&S board) is not considered the most efficient use of resources in practice, and some degree of pragmatism is recommended around this.

AREAS TO ESCALATE

- Vacancies in homecare team – now Rated at 20 on PMM Risk Register

1. Biosimilars

RAG STATUS: Green

OVERALL POSITON

- Where a biological medicine is indicated, all new patients in SBU are initiated on a biosimilar medicine where one is available.
- There is some prescribing of reference products (where a biosimilar is available), and these are mainly rheumatology patients.
 - The majority of these patients were switched to a biosimilar when one became available, but switched back to the originator due to treatment failure or failure to tolerate.
 - Work has been undertaken in the last few months in the etanercept group of patients to identify those who have not been switched to a biosimilar in the past, which has seen an increase in biosimilar issue percentage.
 - Work has started in biosimilar to biosimilar switching of adalimumab patients to the most cost effective product following the release of the new All Wales biosimilar drugs contract. However, rate of progress will depend on homecare staffing

	% biosimilar issues		
	Infliximab	Adalimumab	Etanercept
Last month	94.40%	90.40%	86.80%
Last 3 months	95.30%	88.50%	85.30%
Last 12 months	94.90%	90.30%	83.70%

- We are actively undertaking infliximab biosimilar to biosimilar switches to the least costly product (Flixabi) in Paediatrics and Rheumatology, with Flixabi now the highest prescribed infliximab preparation in these specialities.
 - This switch to Flixabi in gastroenterology was part of the Gastroenterology pharmacists workplan who started in post in September 2024. This work was completed in February 2025; and is delivering savings of around £15k per month.

KEY RISKS AND MITIGATION TO DELIVERY

- Switching between biologic/biosimilar medicines requires patient monitoring for all patients with additional training in some instances. Lack of staff resource to manage the switch within divisions and within the homecare team is a key risk to delivery.
 - To mitigate this, an invest-to-save case have been submitted and approved to staff resource to current and future manage biosimilar switches in gastroenterology, neurology and dermatology.
 - With supply issues, contract price changes and work involved in undertaking switches, ensuring the lowest acquisition cost product is prescribed is impractical.
 - There needs to be a degree of pragmatism in the ability to prescribe the lowest acquisition cost biosimilar product, as this may not be the most efficient use of resources in time. A balance needs to be struck between biosimilar cost and reliability of supply, and this approach has been endorsed by SBU Medicines Management Strategy Board.
 - A new SBU Biosimilar Policy outlining the Organisations approach to biosimilar has been written and was approved by the Medicine Management Strategy Board for ratification in September 2025

AREAS TO ESCALATE

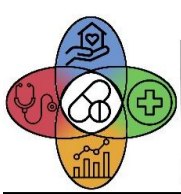
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2. Generic Switch for Six Priority Area

RAG STATUS: Green

OVERALL POSITON

- SBU performance with regard the generic use of the six priority products in secondary care (and two which are subsequently being monitored by the Financial Delivery Unit) are shown below.



Drug	Date switch implemented in SBU	Saving achieved to December 2024 (capped at 12 months from implementation)
Abiraterone	Nov-22	£505,429
Lenalidomide	Dec-22	£703,180
Apixaban	Oct-23	£285,087
Sugammadex	Dec-23	£469,730
Lanreotide	Product not adopted	£0
Terliflunomide	Not used on SBU	N/A
Fingolimod	Nov-23	£155,890
Pirfenidone	Apr-23	£43,769

- Many of these switches were implemented prior to the Value and Sustainability Board recommendations being circulated.
- Apixaban and sugammadex switches were implemented as soon as the generic product became available to purchase.

KEY RISKS AND MITIGATION TO DELIVERY

- Revisit potential of Lanreotide switch – however reports have indicated that the new device has issues leading to administration failure.

AREAS TO ESCALATE

- None

3. Branded prescribing Primary Care

RAG STATUS: Green

OVERALL POSITON

- AWTTC has produced a Brand to Generic efficiencies dashboard, updated monthly.
- SBU Primary care pharmacy teams review and identify opportunities on a monthly basis within this dashboard.
- Details are also flagged to GPs at the point of prescribing via a ScriptSwitch software program.
- The table below demonstrates the progress made in this area over the last 2 years.

		Actual Cost	Potential Savings
Basket 1&2	May-23	£79.34/1000pts	£32.92/1000pts
Basket 1&2	May-24	£54.82/1000pts	£24.95/1000pts
Basket 1&2	May-25	£50.99/1000pts	£22.83/1000 pts

RISKS AND MITIGATION TO DELIVERY

- To note, not all patients are suitable for generic prescribing.

AREAS TO ESCALATE

- None

4. DOAC Prescribing Primary Care

RAG STATUS: Green

OVERALL POSITON

- Generic prescribing of apixaban and rivaroxaban accounts for 93% of DOAC prescribing (November 2025)

KEY RISKS AND MITIGATION TO DELIVERY

- In August 2024, apixaban was granted a price concession and therefore costs increased.
- Whilst this concession has been rescinded, there is a risk that it will be granted again which will increase costs.

AREAS TO ESCALATE

- None

5. Low Priority Prescribing

RAG STATUS: Green

OVERALL POSITON

- AWTTC has produced three dashboards based on three, 'Low Value for Prescribing Papers,' updated monthly.
- SB Primary care pharmacy teams review and identify opportunities on a monthly basis within this dashboard.
- Details are also flagged to GPs at the point of prescribing via a ScriptSwitch software program.



RISKS AND MITIGATION TO DELIVERY

- Prescribing cannot be eliminated for all areas of low value as the papers also identify areas where consultant initiation is appropriate.
- Some areas of prescribing would require significant staff investment to effect change e.g. blood glucose testing strips.

AREAS TO ESCALATE

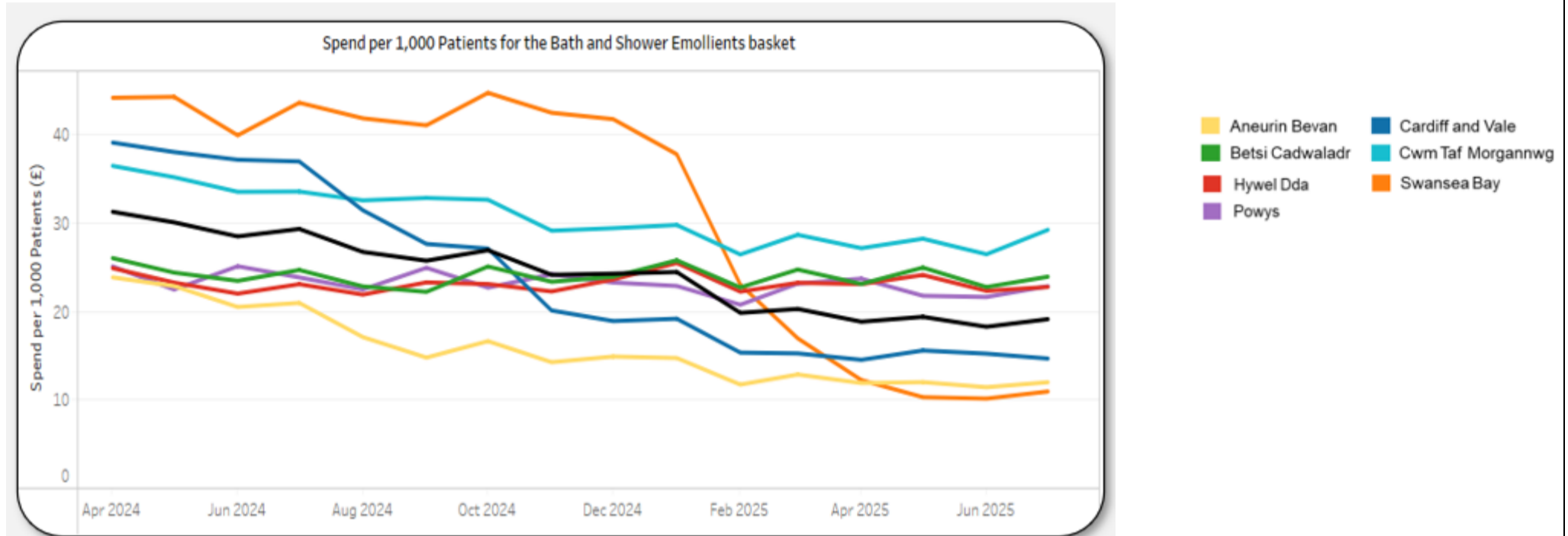
- None

6. Bath And Shower Emollients

RAG STATUS: Green

OVERALL POSITON

- Work now complete in all surgeries who engaged in the process (Following up with one remaining practice).
- Items/1000 patients reduced from the highest across Wales to the lowest, and has remained the lowest in Wales since May 2025.



RISKS AND MITIGATION TO DELIVERY

- Following up with O&G following decision by MMSB to use alternative treatment strategies.

AREAS TO ESCALATE

- None

7. Liothyronine

RAG STATUS: Green

OVERALL POSITON

- All patients have been reviewed and prescribing is in line with Consultant recommendation as per guidance.
- Lowest acquisition cost preparation used where applicable. However some patients may require additional monitoring.

KEY RISKS AND MITIGATION TO DELIVERY

- None

AREAS TO ESCALATE

- None

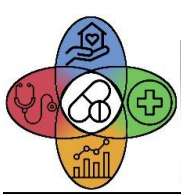
8. Dry Eye Prescribing

RAG STATUS: Green

OVERALL POSITON

- SBU formulary choices have been added to the AWMSG Dry Eye Syndrome Guidance.
- Scriptswitch directs GPs to formulary choices, however there continues to be ongoing supply issues with many products.
- Engagement with HB primary care optometry leads to promote guideline choices amongst community optometrists.
- Engagement with acute care ophthalmology colleagues to review dry eye prescribing guidelines ongoing.

KEY RISKS AND MITIGATION TO DELIVERY



- There continues to be ongoing supply issues with many products.

AREAS TO ESCALATE

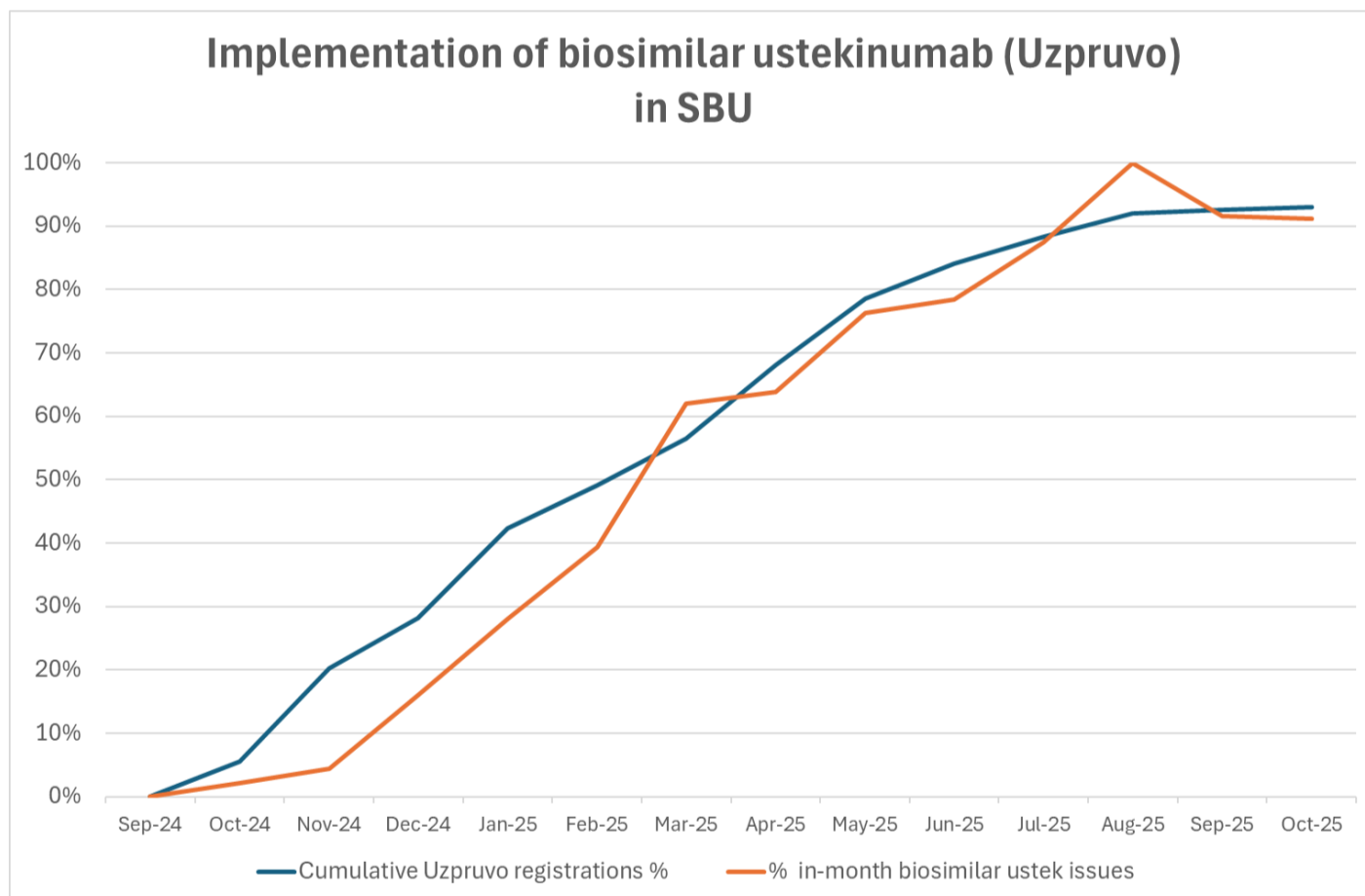
- None

9. Adoption of biosimilar ustekinumab

RAG STATUS: Green

OVERALL POSITON

- Ustekinumab is a monoclonal antibody that is mainly prescribed by gastroenterology, dermatology and rheumatology specialities.
- The Welsh contract for biosimilar Ustekinumab preparations started on October 1st 2024.
- Full-year saving of over £1M based on 90% switch
- Phased implementation in Year 1 due to:-
 - Patient counselling required.
 - Patients currently on protracted Stelara (Originator product) prescriptions.
 - Time taken for a Dermatology pharmacist to be appointed.
- The workplan aim to convert 90% of patients from the originator product to biosimilar by July 2025 was achieved.
- At the end of October 2025, 92% of patients (151 of 163) have been registered to receive the biosimilar on their next prescription with in-month of issues of biosimilar ustekinumab exceeding 90% in each of the last 3 months



KEY RISKS AND MITIGATION TO DELIVERY

- None

AREAS TO ESCALATE

- None

10. Compliance with hospital contract pricing

RAG STATUS: Green

OVERALL POSITON

- While the list of medicines relating to this recommendation have not been officially circulated, AWTTTC have informed us that the drugs are Tocilizumab, Dimethyl Fumarate, Bevacizumab, Icatibant, Natalizumab, Teriparatide and Eculizumab
- The Health Board current position with regard these drugs is outlined below:
 - **Tocilizumab**
 - We identified this as a potential biosimilar switch in March 2024, and presented the case to the rheumatology team who were supportive of the initiative.



- However, shortly after this approval was given, FK (manufacturer) issued a letter to highlighting that there would be supply issues will continue until at least Quarter 1 2025-6. Therefore, we did not consider implementing this recommendation until supply chains improve.
 - In July 2025, FK provided assurances that supply chains are now resilient.
 - Switching started to the biosimilar in September 2025
 - In October 2025, 20% of tocilizumab homecare issues were biosimilar
- **Dimethyl Fumarate**
 - Funding has been secured for a full time Neurology pharmacist to work as part of the multidisciplinary team from November 2024.
 - The first item on the workplan will be to enable to switch to dimethyl fumarate in patients currently prescribed Tecfidera. This will result in a cost saving of over £300,000 per annum.
 - At end of May 2025, all of patients on Tecfidera were registered to receive generic product via homecare. However, one patient has been switched back the branded product due to poor tolerance of generic.
 - This remains the situation in October 2025
- **Bevacizumab**
 - Moved to biosimilar bevacizumab (Oyavas) in October 2024. Considerable work in undertaking switch as Chemocare prescriptions and worksheets needed to be changed to reflect the biosimilar product.
 - Oyavas stock shortage issues in February 2025 necessitating a switch back to the originator product (Avastin).
 - Assurances provided in August 2025 that supply of Oyavas is now resilient, and a plan to switch back the biosimilar product underway.
 - Switch was undertaken in September 2025, with all issues in October being the biosimilar preparation.
- **Icatibant**
 - Product already purchased at the new contract price.
- **Natilizumab**
 - Product already purchased at new contract price.
- **Teriparatide**
 - Preparation of choice within SBU is Movymia which was least costly teriparatide preparation on contract.
 - Following the release of the All-Wales biosimilar contract in July 2025, there is a lower cost preparation now available.
 - Considerable work will be required to undertake and manage this switch, and consideration will be given to an invest-to-save case via the NICE High-Cost Drugs group for osteoporosis nursing.
- **Eculizumab**
 - 100% switching from Soliris (reference product) to Bekemv (biosimilar) achieved by renal.

KEY RISKS AND MITIGATION TO DELIVERY

- Pace of change of tocilizumab patients will be affected by homecare team staffing

AREAS TO ESCALATE

- Homecare vacancies

Successes

- Most generic switches implemented before Value and Sustainability Board recommendations issued, providing confidence regarding cost-effective drug practice within the Health Board.
- Invest to save cases have been successful and will demonstrate both clinical and cost effectiveness
- Significant improvement in bath and shower emollient recommendation, with SBU now the best performing Health Boards.

Other ideas opportunities

The following additional opportunities have been identified.

Homecare s.c. nivolumab

- Currently nivolumab is delivered through hospital infusion units as an intravenous infusion.
- New national V&S Medicines measure will focus on sub-cutaneous (sc) delivery as a proportion of overall nivolumab use. This is a value measure in terms of reduced burden on infusion unit as the sc administration allows a shorter time slot (administered over 3-5 minutes, vs iv infusion requiring venflon insertion and minimum 30-minute infusion).
- Local V&S medicines initiative looks at homecare delivery and administration of sc nivolumab, which reduces attendances at infusion unit and reduces drug procurement costs (removing compounding and VAT fees).
 - At 80% uptake with full year effect a potential saving of approx. £175,000.
- Implementation of this initiative requires a fully staffed pharmacy homecare team and clinical pharmacy cancer team to implement change and provide sustainable homecare service



- Currently homecare team has lost 2 band 3 wte posts to process.
- Cancer pharmacy team is one pharmacist down and additional pharmacist due for maternity leave and cannot progress until October when pharmacist return from maternity leave and sufficient clinical cover to manage blood results and safe prescribing related to immunotoxicity.
 - To mitigate this, administration posts within homecare team need to be expedited through Vacancy Control Panel.

Homecare sc vedolizumab

- Currently vedolizumab is delivered through Medical day unit at Singleton as an intravenous infusion for adults IBD patients. Local V&S Medicines initiative would focus on switch to homecare provision of sc vedolizumab.
- A 50% patient switch to sc vedolizumab would result in a potential saving of £110,000 pa
- Implementation would require a fully staffed pharmacy homecare team.
 - To mitigate this, administration posts within homecare team need to be expedited through Vacancy Control Panel.

Switch of adalimumab biosimilar

- SBU was an early adopter of biosimilar adalimumab when the patent for the reference product (Humira) expired in 2018.
- The two biosimilar preparations that we use on SBU are Imraldi and Amgevita, as there were the first to market.
 - Significant savings were achieved with these initial switches
- Subsequently, newer adalimumab biosimilar products have been launched (such as Yuflyma) with contract prices that are more favourable than our current drugs of choice
 - There are currently 154 patients receiving Imraldi and 562 patients receiving Amgevita via homecare in SBU
 - An 80% switch would yield a saving of £150,000pa for Imraldi patients and £140,000pa for Amgevita patients.
- Implementation would require a fully staffed pharmacy homecare team.
 - To mitigate this, administration posts within homecare team need to be expedited through Vacancy Control Panel.