



To: Chief Executives, Local Health Boards and Velindre University NHS Trust

Cc: Directors of Finance, Medical Directors, Chief Operating Officers, Directors of Primary Care and Chief Pharmacists, Local Health Boards and Velindre University NHS Trust

2 October 2024

Dear Colleague,

### **NHS Value and Sustainability – Priorities for reducing medicines expenditure**

We wrote to you in March setting out the initial national priorities for reducing medicines expenditure and supporting improvements in value and sustainability in 2024/25. This letter updates those priorities and provides a consolidated list of the ten areas for action by health boards and NHS trusts in Wales in the remainder of this financial year.

The consolidated list is as follows:

1. Maximise the use of biosimilar medicines, including where possible preferential use of lowest acquisition cost biosimilars (carried over from 2023/24);
2. Ensure compliance with hospital contract pricing for abiraterone, apixaban, lanreotide, lenalidomide, teriflunomide, and sugammadex (carried over from 2023/24);
3. Minimise prescribing of medicines by brand where lower cost generics are available in primary care (carried over from 2023/24);
4. Increase the use of apixaban and rivaroxaban as a proportion of all direct acting oral anticoagulants in primary care (amended from 2023/24 to include rivaroxaban);
5. Stop the prescribing of medicines on a low value list including some over the counter medicines (carried over from 2023/24);
6. Reduce prescribing of bath and shower emollients (new for 2024/25);
7. Ensure use of lowest acquisition cost equivalent liothyronine preparations (new for 2024/25);
8. Ensure the prescribing of dry eye preparations in primary care is in accordance with local or national formularies (new for 2024/25);
9. Maximise adoption of biosimilar ustekinumab (new for 2024/25); and
10. Ensure compliance with hospital contract pricing for specified medicines with contracts awarded in 2024/25 – further details to follow (new for 2024/25)



The size of the opportunity presented by each priority will depend on each health board's use of the medicines in each priority area and current prescribing practice. Health boards should therefore determine the relative priority of these opportunities also taking account of the size of locally determined opportunities not included in this list.

Detailed information about each of these priorities is being made available to your Director of Pharmacy and NHS Chief Executives are asked to ensure delivery arrangements are in place to assure themselves new opportunities are realised as quickly as possible and to ensure continued progress against the previous recommendations.

A monthly summary performance report will be made available to support health boards to monitor progress against these priorities.

Further information and links to tools and resources which support health boards with implementation are provided in the attached annex.

If you have any queries relating to the content of this letter, please email [Stephanie.Andrews002@gov.wales](mailto:Stephanie.Andrews002@gov.wales).

Yours sincerely



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