Fferyllfa a Rheolaeth Meddyginiaethau
Bwrdd Iechyd Prifysgol Bae Abertawe

Swansea Bay University Health Board
Pharmacy & Medicines Management

Value and Sustainability Highlight Report

Health Board	Swansea Bay	REPORTING PERIOD (MONTH):	October 2024

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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

OVERALL POSITON

- Progress made against the majority of the Value and Sustainability Board recommendations.

KEY RISKS AND MITIGATION TO DELIVERY

- Staffing resource is a risk to further progress in some areas.
- 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

- None

1. Biosimilars — RAG STATUS: Amber

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. For example, around 20% of patients on etanercept receive the originator product (Enbrel), while 10% of patients prescribed adalimumab receive Humira.

	% biosimilar issues		
	Infliximab	Adalimumab	Etanercept
Last month	93.9%	92.1%	83.9%
Last 3 months	95.2%	90.2%	81.7%
Last 12 months	95.3%	88.5%	80.2%

  - 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 is being undertaken to any identify patients who are currently on the originator products who have not switched to a biosimilar in the past.

- 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 in gastroenterology will be part of the in Gastroenterology pharmacists workplan who started in post in in September 2024.

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 (now in post) and dermatology (two candidates shortlisted for interview in November 2024).
  - 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.

AREAS TO ESCALATE

- None

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 September 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	£366,287
Lanreotide	Product not adopted	£0
Terliflunomide	Not used in SBU	N/A
Fingolimod	Nov-23	£130,948
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 12 months

		Actual Cost	Potential Savings
Basket 1&2	Jun-23	£79.02/1000pts	£31.85/1000pts
Basket 1&2	Jan-24	£63/1000pts	£25.74/1000pts
Basket 1&2	Jun-24	£50.09/1000pts	£24.50/1000 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

- In October 2024, generic prescribing of apixaban and rivaroxaban accounted for 93% of DOAC prescribing

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

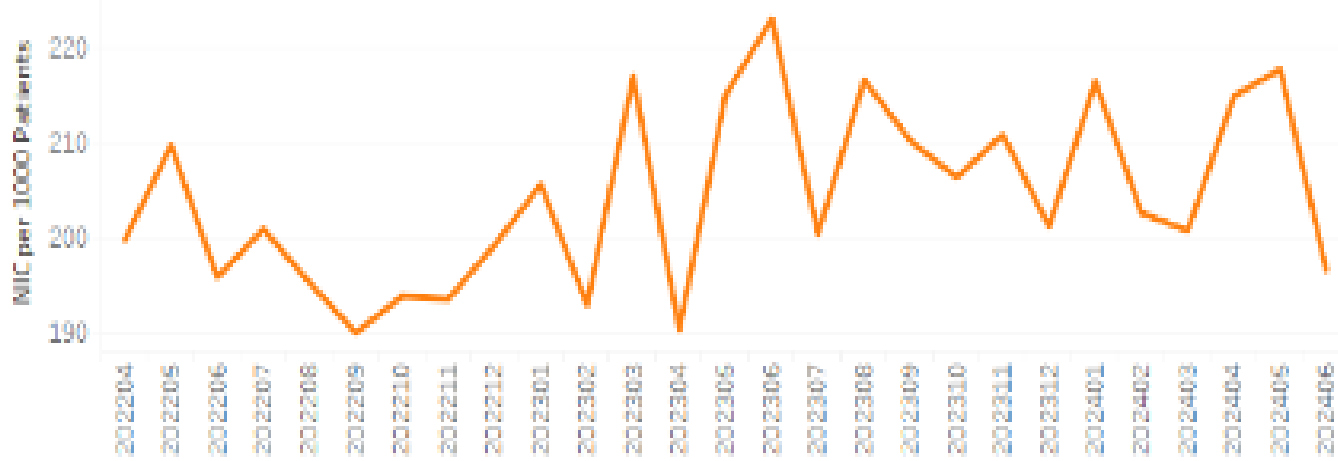
- None

6. Bath And Shower Emollients — RAG STATUS: Amber

OVERALL POSITON

- Scriptswitch already advises to limit prescribing for under 12s in line with NICE. This is in the process of being updated to cover all patients.
- Work to limit in prescribing in one practice proved successful.
- Agreement from Medical Director to roll-out this success within other practices – to be undertaken by pharmacy technician workforce.

Graph shows trend for costs in Swansea Bay



RISKS AND MITIGATION TO DELIVERY

- Will need to limit prescribing requests from acute care – engagement in progress.

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.

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: Amber

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.
- Prior to the introduction of the contract, preparations were made to enable timely uptake of the biosimilar preparations within the Health board.
  - As previously mentioned in the document, invest-to-save case were approved to staff resource to current and future manage biosimilar switches in gastroenterology and dermatology

- Full-year saving of £901K based on 90% switch

- There will be a 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.

Ustekinumab Phased Implementaton		Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	1st year
Year 1	% of Patients switched	5%	10%	20%	30%	50%	70%	90%	90%	90%	90%	90%	90%	Total
	Monthy saving	£4,755	£9,510	£19,020	£28,531	£47,551	£66,572	£75,123	£75,123	£75,123	£75,123	£75,123	£75,123	£626,675

KEY RISKS AND MITIGATION TO DELIVERY

- Supply issues have been a constant issue with many biosimilar products introduced to the market over the last year. While the companies have provided assurance that there is sufficient stock to match demand, this is a risk.
- Timely recruitment of a dermatology pharmacists to manage the switch in the speciality. Dermatology accounts for 30% of Ustekinumab prescribing in SBU

AREAS TO ESCALATE

- None

10. Compliance with hospital contract pricing | RAG STATUS: Amber

OVERALL POSITON

- While the list of medicines relating to this recommendation have not been officially circulated, AWTTC have informed us that the drugs are Tocilizumab, Dimethyl Fumarate, 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. However, as there were supply issues we did not move forward.
    - FK have issued a letter this month highlighting that supply issues will continue until at least Quarter 1 2025-6
    - Therefore, we will not consider implementing this recommendation until supply chains improve
  - **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.
  - **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 is the least costly teriparatide preparation on contract.
  - **Eculizumab**
    - Switching patients from Soliris (reference product) to Bekemv (biosimilar) already being done by renal.

KEY RISKS AND MITIGATION TO DELIVERY

- Supply chain issues with tocilizumab biosimilar will delay implementation of this recommendation

AREAS TO ESCALATE

None

Successes

- Most generic switches implemented before Value and Sustainability Board recommendations issued, providing confidence regarding cost-effective drug practice within the Health Board.
- With regard Bath and Shower emollient recommendation, data shows the impact that Medicines Management staff had changing prescribing practice in one cluster. Medical director approval to implement in all practices in SBU.
- Invest to save cases have been successful and will demonstrate both clinical and cost effectiveness

Projects locally- share experiences

Other ideas opportunities