**Green Cost Savings 2014/15**

1. **Compound/Strong compound vitamin B:**

**Rationale:** Strong Compound Vitamin B has been removed from the North of Tyne Formulary apart from 10 days use in refeeding syndrome in line with NICE Clinical Guideline CG32. Prescribing will be undertaken by secondary care and there should be no requirement for ongoing supply in primary care.

**Action:** *Review prescribing of Compound and strong compound vitamin B in the practice. Commence thiamine, if not already prescribed, in patients known to be at risk of deficiency; dependent or harmful drinkers who are malnourished, at risk of malnourishment or have decompensated liver disease.*

**Background:** Deficiency of the B vitamins, other than vitamin B12, is rare in the UK and is usually treated by preparations containing thiamine (B1), riboflavin (B2), and nicotinamide, which is used in preference to nicotinic acid, as it does not cause vasodilatation. Other members (or substances traditionally classified as members) of the vitamin B complex such as aminobenzoic acid, biotin, choline, inositol, and pantothenic acid or panthenol may be included in vitamin B preparations but there is no evidence of their value.

The severe deficiency states Wernicke's encephalopathy and Korsakoff's psychosis, especially as seen in chronic alcoholism, are best treated initially by the parenteral administration of B vitamins (Pabrinex®), followed by oral administration of thiamine in the longer term.[[1]](#footnote-1)

NICE clinical guideline 100[[2]](#footnote-2) states:

Offer thiamine to people at high risk of developing, or with suspected, Wernicke's encephalopathy. Thiamine should be given in doses toward the upper end of the 'British national formulary' range. It should be given orally or parenterally.

Offer prophylactic oral thiamine to harmful or dependent drinkers:

* if they are malnourished or at risk of malnourishment or
* if they have decompensated liver disease or
* if they are in acute withdrawal or
* before and during a planned medically assisted alcohol withdrawal.

Offer prophylactic parenteral thiamine followed by oral thiamine to harmful or dependent drinkers:

* if they are malnourished or at risk of malnourishment or
* if they have decompensated liver disease

and in addition

* they attend an emergency department or
* are admitted to hospital with an acute illness or injury.

Suggested patient letter template for stopping vitamin B compound strong tablets

**Patient letter 1**

Dear Mr/Mrs \_\_\_\_\_\_\_\_\_\_

A change to one of your medicines – Vitamin B Compound Strong Tablets and/or Multivitamins [Delete as appropriate]

As a practice we always try to use medicines with the best evidence of effectively treating a condition as well as being cost-effective medicines for all our patients.

Recently we have been reviewing our prescribing of Vitamin B Compound Strong tablets and multivitamins.

It is no longer recommended that these are routinely prescribed as there is no evidence that they are of any benefit except in certain conditions.

The evidence shows that the most effective Vitamin supplement for you is Thiamine.

Therefore we will stop prescribing the Vitamin B Compound Strong tablets and/or multivitamins and will continue/start [Delete as appropriate]

Thiamine [INSERT strength and dose] tablets [INSERT] times a day.

If you have any queries, please do not hesitate to contact the Surgery on the number above.

Yours sincerely,

Practice Medicines Manger

On behalf of the GPs

**Patient letter 2**

Dear Mr/Mrs \_\_\_\_\_\_\_\_\_\_

A change to some of your medicines – Vitamin B Compound Strong Tablets, multivitamins and Thiamine

Recently we have been reviewing our prescribing of Vitamin B Compound Strong tablets, multivitamins and Thiamine.

Your GP has confirmed that your treatment with these is now finished. Vitamin B Co strong and/or thiamine (delete as appropriate) has been removed from you repeat medication list.

Should you have any queries, please do not hesitate to contact the Surgery on the number above.

Yours sincerely,

Practice Medicines Manger

On behalf of the GPs

1. **Doublebase Gel to ZeroDouble Gel**:

**Rationale:** ZeroDouble Gel is the ‘zero’ range equivalent to Doublebase Gel.

**Action**: *Review all those prescribed doublebase gel for suitability to switch to Zerodouble Gel.*

**Background**: Please note ‘doublebase dayleve gel’ is a different formulation and is not interchangeable with zerodouble. Table below provides a comparison between doublebase and zerodouble gels.

|  |  |  |
| --- | --- | --- |
|  | **Zerodouble** | **Doublebase** |
| **Active Ingredient** |  |  |
| Emollient | Isopropyl myristate 15%  Liquid paraffin 15% | Isopropyl myristate 15%  Liquid paraffin 15% |
| **Other Ingredients** |  |  |
| Preservative | Phenoxyethanol | Phenoxyethanol |
| Humectant | Glycerin | Glycerol |
| Emulsifier | Acrylates | Carbomer |
| Emulsifier/Surface Wetting Agent | Sorbitan Laurate | Sorbitan Laurate |
| pH modifier | Triethanolamine | Triethanolamine |
| Water base | Purified Water | Purified Water |
| pH | 6.8 | 6.8 |
| Common sensitisers & irritants | None | None |
| Produced by | T&R Derma | Dermal Laboratories |
| Legal Category | Class I Medical Device | Licensed Medicine |
| **Trade Price** | **£4.71** 475g | **£5.83 500g** |

1. **Olanzapine oral lyophilisate to olanzapine orodispersible.**

**Rationale:** Therapeutic and formulation equivalents but by prescribing as ‘olanzapine orodispersible’ there is a significant cost saving.

**Action:** *Review and switch patients to be prescribed as olanzapine orodispersible.*

**Background:**Olanzapine oral lyophilisate and olanazpaine orodispersible are both orodispersible formulations however the price associated depends on the way in which the preparation is prescribed.

* “Olanzapine lyophilisates” is the generic name for Zyprexa Velotabs orodispersible tablets. These are the most expensive orodispersible formuation.
* “Olanzapine orodispersible tablets” is the generic name for *generic* versions of olanzapine orodispersible tablets. These are available as sugar free and standard orodispersible tablets. Both formulations are cheaper than the lyophilisates although the normal orodispersible tablet is the most cost effective.

The SPCs available on the eMC ([www.medicines.org.uk/emc](http://www.medicines.org.uk/emc)) for both Zyprexa Velotabs and the generic olanzapine orodispersible all state that they are bioequivalent to ordinary olanzapine tablets.

The current North of Tyne APC formulary (5.4) does not differentiate between the two.

|  |  |
| --- | --- |
| **B**Olanzapine | 2.5mg, 5mg, 7.5mg & 10mg, 15mg & 20mg tablets 5mg, 10mg & 15mg orodispersible tablets **r**  **N.B. The orodispersible tablets should only be used in situations where the plain tablets are unsuitable.** |

**Drug Tariff Prices August 2014**

|  |  |  |  |
| --- | --- | --- | --- |
| Preparation | Quantity | Cost (p) |  |
| Olanzapine 10mg oral lyophilisates sugar free | 28 | 8740 | Zyprexa Velotab |
| Olanzapine 10mg orodispersible tablets | 28 | 343 |  |
| Olanzapine 10mg orodispersible tablets sugar free | 28 | 662 |  |
| Olanzapine 10mg tablets | 28 | 145 |  |
| Olanzapine 15mg oral lyophilisates sugar free | 28 | 13110 | Zyprexa Velotab |
| Olanzapine 15mg orodispersible tablets | 28 | 404 |  |
| Olanzapine 15mg orodispersible tablets sugar free | 28 | 900 |  |
| Olanzapine 15mg tablets | 28 | 192 |  |
| Olanzapine 2.5mg tablets | 28 | 96 |  |
| Olanzapine 20mg oral lyophilisates sugar free | 28 | 17479 | Zyprexa Velotab |
| Olanzapine 20mg orodispersible tablets | 28 | 566 |  |
| Olanzapine 20mg orodispersible tablets sugar free | 28 | 1220 |  |
| Olanzapine 20mg tablets | 28 | 209 |  |
| Olanzapine 5mg oral lyophilisates sugar free | 28 | 4807 | Zyprexa Velotab |
| Olanzapine 5mg orodispersible tablets | 28 | 273 |  |
| Olanzapine 5mg orodispersible tablets sugar free | 28 | 441 |  |
| Olanzapine 5mg tablets | 28 | 112 |  |
| Olanzapine 7.5mg tablets | 28 | 131 |  |

Suggested letter template for Olanzapine oral lyophilisate tablet to olanzapine orodispersible tablet switch

Dear <<insert patient name>>,

You are currently receiving a prescription for **olanzapine lyophilisate tablets** *INSERT DOSE*

We are going to change this to **olanzapine orodispersible tablets** *INSERT DOSE*

These tablets contain exactly the same active ingredient, and the same amount of active ingredient. They also dissolve in the mouth to release the active ingredient so you can take them in the same way as before. However, they are available at a much lower cost to the NHS and it is important that we make the best use of the limited resources available to the NHS.

The tablets may taste slightly different, but please be reassured that they work in exactly the same way as before and you should not notice any difference in effect or have any different side effects.

Your next prescription will be changed to **olanzapine orodispersible tablets *insert dose****.* If you notice any changes or side effects once you start taking these then please contact the practice to discuss this.

Please continue to take the olanzapine tablets that you have now until you get your next supply of medicines. If you do not wish to have your prescription altered, or if you have any other questions concerning this change, please contact the practice for further advice.

Yours sincerely,

Practice Medicines Manger

On behalf of the GPs

1. **Macrogol/Movicol to Laxido (or CosmoCol):**

**Rationale:** Laxido endorsed by the formulary as the preferred marcogol product based on cost.

**Action:** *Review all patients prescribed macrogol products for suitability to switch to Laxido, or CosmoCol*.

**Background:** Equivalent products include; cosmocol (all flavours), movicol (all flavours) and molaxole sachets.Do NOT include patients prescribed movicol paediatric, movicol half or bowel cleansing preparations (e.g. moviprep, klean prep etc) Laxido is currently the lowest priced macrogol, £4.27 for 30 sachets.

**Drug Tariff Prices August 2014**

|  |  |
| --- | --- |
| **Product** | **Price for 30 sachets** |
| Laxido orange sachets SF | £4.27 |
| Cosmocol Orange sachets | £3.99 |
| Cosmocol Lemon & Lime sachets | £5.34 |
| Molaxole oral powder | £5.68 |
| Movicol sachets | £6.68 |
| Marcogol oral powder SF | £7.81 |

Suggested letter template for macrogols/movicol to laxido switch

Dear Patient,

**Minor change to your medicine**

 As a practice, our priority is always to strive to provide our patients with the best possible healthcare and, at the same time, support the NHS in ensuring that prescribing is cost effective. This allows us to ensure that funds are available to treat as many patients as possible.

We are writing to you because our records show that you are currently prescribed:

**Macrogol 13.125g Oral Powder / Movicol Oral Powder / Macrogol liquid concentrate for oral solution** / **Movicol liquid orange flavour, concentrate for oral solution** **(*DELETE AS APPROPRIATE),* XXXX to be taken xxxxx.**

After careful consideration and discussion with your GP, we have decided to change this to:

**Laxido Oral Powder (*INSERT DOSE HERE)***

We are making this change because we can achieve the same control of symptoms with the Laxido Oral Powder and it is more cost effective for the practice and NHS.

You should continue to use up any supplies of Macrogol 13.125mg Oral Powder / Movicol Oral Powder / Macrogol liquid concentrate for oral solution / Movicol liquid orange flavour, concentrate for oral solution (*DELETE AS APPROPRIATE)* you currently have before ordering a new prescription.

If you do not wish to have your prescription altered or you think that the dose is incorrect, please contact the practice.

Yours sincerely

Practice Medicines Manger

On behalf of the GPs

1. **Tolterodine M/R and Oxybutynin M/R preparations.**

**Rationale:** Tolterodine immediate release 1mg and 2mg tablets and oxybutynin 2.5mg and 5mg tablets are now the first line options on the North of Tyne formulary to treat urinary incontinence.

**Action:***Review patients currently taking non-formulary formulations for suitability to switch to immediate release tolterodine, oxybutynin 2.5mg or oxybutynin 5mg tablets.*

**Background:** The NICE guidance (CG 171: Urinary incontinence. The management of urinary incontinence in women) recommends the oxybutynin immediate release, tolterodine immediate release or darifenacin as first line agents. If the first line agent is not effective or is not well tolerated an alternative drug with the lowest cost should be prescribed. A local pathway for the management of urinary incontinence is being finalised.

Patients currently prescribed the MR product can be cpnverted to the equivalent dose of an immediate release product as below:

|  |  |
| --- | --- |
| **Oxybutynin MR Dose** | **Equivalent Oxybutynin IR dose** |
| Oxybutynin 15mg MR | 5mg three times a day |
| Oxybutynin 10mg MR | 5mg twice a day |
| Oxybutynin 5mg MR | 2.5mg twice a day |

Those patients prescribed oxybutynin 3mg tablets should initially be converted to the 2.5mg tablets, one to be taken twice a day, and reviewed after a short trial to assess if this is the appropriate dose.

**Drug Tariff Prices August 2014**

|  |  |
| --- | --- |
| **Product** | **Price for 28 days treatment** |
| Oxybutynin 2.5mg tablets | £1.80 |
| Oxybutynin 3mg tablets | £14.00 |
| Oxybutynin 5mg tablets | £2.74 |
| Oxybutynin 5mg MR tablets | £12.85 |
| Oxybutynin 10mg MR tablets | £25.69 |
| Tolterodine 1mg tablets | £2.74 |
| Tolterodine 2mg tablets | £3.01 |
| Tolterodine 4g MR capsules | £25.78 |

Suggested letter template for patients who are being switched to the SAME dose of Oxybutynin.

**Minor change to your medicine**

Dear Patient,

I am writing to inform you of a minor change to one of your medicines.

As a practice, our priority is always to strive to provide our patients with the best possible healthcare and, at the same time, support the NHS in ensuring that prescribing is cost effective. This allows us to ensure that funds are available to treat as many patients as possible.

We are writing to you because our records show that you are currently prescribed **Oxybutynin Modified Release Tablets xmg*,* XXX to be taken daily**.

When you order your next repeat prescription this will be changed to **Oxybutynin Tablets xmg*,* XXX to be TWICE daily/THREE times a day. (delete as appropriate)**

We are making this change as it is more cost-effective for the practice. The medication itself is the same and will therefore have exactly the same effect.

Please finish your supply of current tablets before ordering a new prescription.

If you do not wish to have your prescription altered or think that the dose is incorrect, please make a routine appointment to discuss this with your usual GP.

Yours sincerely

Practice Medicines Manger

On behalf of the GPs

Suggested letter template for patients who are being switched from 3mg tablets of Oxybutynin.

**A change to your medicine**

Dear Patient,

You are currently receiving a prescription for **Oxybutunin 3mg tablets** *‘One to be taken Twice a day’*

We are going to change this to **Oxybutynin 2.5mg tablets** *‘One to be taken Twice a day’*

We are making this change because we can usually achieve the same control of symptoms with the Oxybutynin 2.5mg tablets, and it is more cost effective for the practice and NHS.

Your next prescription will be changed to **Oxybutynin 2.5mg tablets** *‘One to be taken Twice a day’.* If you notice any changes or side effects once you start taking these then please contact the practice to discuss this.

Please continue to take the oxybutynin tablets that you have now until you get your next supply of medicines. If you do not wish to have your prescription altered, or if you have any other questions concerning this change, please contact the practice for further advice.

Yours sincerely,

Practice Medicines Manger

On behalf of the GPs

Suggested letter template for patients who are being switched from Tolterodine 4mg XL

Dear Patient,

**Re: Your prescription for tolterodine (Detrusitol®) 4 mg XL capsules**

The Practice has recently been reviewing their prescribing of tolterodine capsules to treat your bladder problems.

After careful consideration, we have decided to change the treatment you receive. This means that the next time you collect your repeat prescription it will be for **tolterodine** **2 mg tablets** insteadof **tolterodine (Detrusitol®) 4mg XL capsules**

The tolterodine tablets work in exactly the same way as the XL capsules, only now you will need to take **ONE tablet TWICE a day** to achieve the same dose.

Please continue to finish off the capsules you are currently taking and this change will take place from when you next order your repeat prescription. It may take up to four weeks for the full effect of this treatment change to become apparent. We would also recommend that you have a review of this new medication once you have taken it for 8 to 12 weeks, to ensure it continues to meet your needs.

Your treatment should not be affected by this change to tablets, but if you have any queries or concerns relating to it, then please contact the Surgery to discuss it with your usual GP.

By completing this change it means the Practice will be able to provide a more cost effective service for our patients.

Yours sincerely,

Practice Medicines Manger

On behalf of the GPs

1. BNF 66 September 2013 [↑](#footnote-ref-1)
2. NICE Clinical Guideline 100: Alcohol-use disorders: Diagnosis and clinical management of alcohol related physical complications. [↑](#footnote-ref-2)