

Expensive Drugs and Feeds for 2022-23

The prescribing of expensive drugs and feeds can skew GP practice performance against budget and increase the variation in spend between practices. This is particularly significant for smaller practices. The prescribing of expensive drugs and feeds is therefore monitored at practice level to:

- 1.1 Explain some of the variance in prescribing spend and performance against allocated budget
- 1.2 Ensure that practices can prescribe expensive drugs with confidence (providing this is in line with local policy)
- 1.3 Minimise the potential for practices “cherry picking” patients
- 1.4 Minimise the financial risk for the smaller practices/localities

Prescribing expenditure on the agreed list of expensive drugs is top-sliced from the ICB level prescribing budget prior to calculating practice level budgetary allowances. The top-slice is then re-attributed to individual practices based on their previous year’s spend on these drugs.

Individual practice spend on these drugs is then monitored on a monthly basis throughout the year to determine whether an upward or downward adjustment needs to be made. This is dependent on whether the practice has seen an increase or decrease in spend on these expensive drugs compared to their allocation for expensive drugs and feeds.

These adjustments are particularly pertinent where there is an incentive scheme in place that is based on achievement of financial targets (not applicable for 2022-23).

The expensive drugs that are approved for a funding adjustment in 2022-23 have been split into several categories to enable easier monitoring and are listed in the tables below.

Practices may also be eligible for a prescribing adjustment for a drug or drugs that fall outside of this agreed list if their Place has such a process in place.

There are a small number of patients whose medical /prescribing needs are exceptional and as a result, have a significant cost impact on the practice prescribing expenditure. An adjustment may be considered where the prescribing is deemed appropriate for primary care, exceeds £2,500 per patient per year, alternative treatments have been tried or are not available and the drug(s) have been agreed as having a place in therapy (e.g. included within local or national guidelines). Practices should inform their Medicines Management Team if they care for a patient with exceptional prescribing needs and the drugs are not already included within the tables below.

Table 1 - Expensive drugs

Note: GPs should be aware that the initiation of the majority of these drugs will normally be to patients under specialist care, and should ensure that adequate monitoring / follow-up arrangements are in place before taking clinical responsibility in prescribing these drugs

Prescribers are advised to refer to the Prescribing Advisory Database (PAD) <https://surreyccg.res-systems.net/pad/> or clarify with the Medicines Management team if they are asked to prescribe less familiar drugs.

The annual cost of prescribing the drugs in table 1 is usually £2,500 per annum¹ or more for each patient and therefore considered “expensive”. There is usually an on-going requirement to prescribe these drugs.

Table 2 - Expensive Feeds

The annual costs of prescribing the feeds in table 2 is usually £2,500 per annum or more for each patient and are therefore considered “expensive”. The use of such feeds must be in line with the ACBS requirements for prescribing on the NHS.

Table 3 - “One-off” expensive items

The drugs in table 3 tend not to be prescribed on a regular basis, but are expensive for the short period of time that they are prescribed. As prescribing is unpredictable an advance is not made in the budget. Expenditure should be monitored in-year.

¹ *The £2,500 per annum threshold was subject to discussion by members of the Medicines Commissioning Group (MCG) in March 2020. Whilst this figure is arbitrary, it was agreed that it still provided a reasonable value at which to set the threshold. A lower figure would result in the expensive drug list becoming considerably larger and potentially allow financial adjustments where seemingly high-cost scripts are actually only high-cost because of the quantity prescribed on an individual script rather than the actual cost of the drug. It would take a more detailed level of analysis to determine where this is the case.

A higher threshold would exclude some of the drugs that create a significant cost pressure, especially in the smaller practices.

Table 1 – Expensive Drugs BNF Name / section	Traffic Light Status	Indications and comments
Antipsychotic depot injections (aripiprazole, paliperidone, flupentixol, zuclopenthixol, haloperidol, risperidone)	Amber	Schizophrenia / psychosis – for patients managed under the LCS arrangements with SABP Risperidone – historic patients – no longer initiated by SABP
Budesonide oro-dispersible tablets	Blue	Oesophagitis
Colistimethate Sodium	RED AMBER*	Cystic fibrosis - only prescribe for pre-existing patients. New patients (post April 2013) via NHS England. Bronchiectasis
Demeclocycline 150mg caps	-	Hyponatraemia (SIADH)
Dicycloverine	-	GI disorders characterised by smooth muscle spasm
Dornase Alfa (Pulmozyme)	RED	Cystic fibrosis - only prescribe for pre-existing patients. New patients (post April 2013) via NHS England.
Doxepin	-	Tricyclic antidepressant
Hydrocortisone (oral)	AMBER*	Hydrocortisone MR (Plenadren) for adrenal insufficiency Hydrocortisone capsules (Alkindi) for adrenal insufficiency (NOTE – the 5mg capsules are not included and should be prescribed as half of a 10mg tablet)
Epilepsy	Amber / Blue	Epilepsy drugs (excluding gabapentinoids) – in line with guidance on <u>PAD</u>
Glycopyrronium bromide (oral)	Blue	Hypersalivation
Olsalazine	-	Not in local pathway. Prescribing is historic and much of originated from out of area
Parkinson's disease	Amber / Blue	Parkinson's disease drugs – in line with guidance on <u>PAD</u>
Rifaximin 550mg tablets	AMBER	Hepatic encephalopathy
Somatropin (Norditropin, Omnitrope, Nutropin, Saizen, Genotropin, Zomacton, Humatrope)	AMBER	Growth failure
Tacrolimus (oral) (Adoport, Prograf, Capexion, Tacni, Modigraf, Advagraf)	RED	Transplant - only prescribe for pre-existing patients. New patients (post April 2013) via NHS England.
Tranylcypromine	-	Depressive illness – existing patients only. No longer initiated by mental health trust.
Trimipramine tabs / caps	Non-formulary	Depressive illness – existing patients only. Not for new initiations. Review and switch in existing patients should still be considered

Table 2 - Expensive Feeds				
Elemental 028	Emsogen powder	Galactomin 17 / 19	Glutaric Acid (GA1) products	Glycosade oral powder
HCU express powder	Infatrini	Ketocal products	Lophlex powder	Maxamaid
Maxamum	Minaphlex	Modulen IBD	MSUD products	Neocate (Junior, Spoon and Syneo)
Nutramigen purAmino	Pepdite 1+	Phlexy 10	PKU products	
Similac High Energy	SMA High Energy and Pro High energy	UCD Amino5 powder		

Table 3 – “one-off” expensive items BNF Name	Traffic Light Status	Indications and comments
Ertapenem	undefined	Appropriateness of IV antibiotic prescribing in primary care to be explored
Meropenem	undefined	Appropriateness of IV antibiotic prescribing in primary care to be explored
Tobramycin	RED	Cystic fibrosis - only prescribe for pre-existing patients. New patients (post April 2013) via NHS England.
Fidaxomicin	Blue	Clostridioides difficile infection

Tube feeds and Appliances

Tube / PEG feeds and some appliances are also costly. Where there is considerable variation in tube feed / appliance spend between practices within a Place, it may be deemed appropriate for these areas to be adjusted for (in the same manner as the agreed list of expensive drugs / feeds) when setting / monitoring the prescribing budgets. The requirement to adjust for these areas will be considered as part of the annual budget setting methodology and determined on an individual Place basis.