

National Medicines Management Programme



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28th November 2013

The Medicines Management Programme

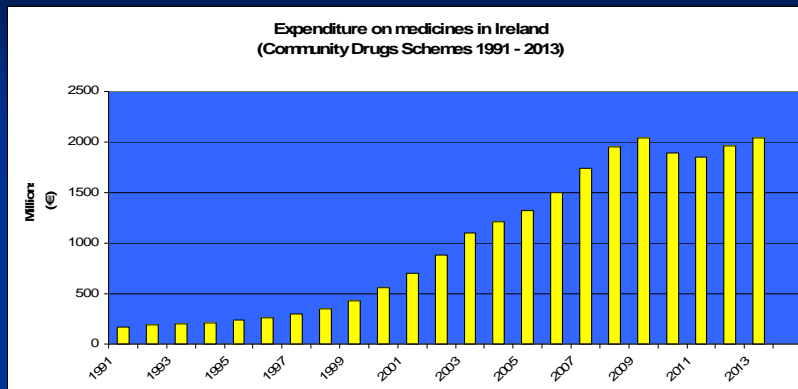


Multi-disciplinary Medicines Management Programme (MMP) headed by the National Medicines Information Centre (NMIC) and the National Centre for Pharmacoconomics (NCPE) in collaboration with the HSE-Primary Care Reimbursement Service (PCRS)

Providing **sustained** national leadership relating to

- Safe
- Effective
- Cost –effective prescribing

Drug expenditure in Ireland



Following cost containment measures drug expenditure fell to just over € 1.8 billion in 2011 but forecasts indicate that spending on drugs under the Community Drugs schemes could exceed € 2 billion in 2013.

Against this background it is essential to ensure that prescribing of medicines is safe, effective and cost-effective.

HSE - Medicines Management Programme (HSE - MMP)



Key areas of focus for the MMP

- ACE inhibitors
- ARBs
- Proton Pump Inhibitors (PPI's)
- Statins
- Generic Prescribing
- New oral anticoagulants
- Pregabalin
- Reference pricing
- New high cost drugs

The MMP 'preferred drug' initiative

Factors considered in making a recommendation for a 'preferred drug'

- range of therapeutic indication(s)
- clinical evidence base
- clinical guidelines (National & International)
- cost
- patient related factors
- current prescribing practice



The MMP 'preferred drug' initiative

ACE inhibitors & ARBs



ACE inhibitors

Over 130,000 prescription items are issued each month for ACE inhibitors and expenditure on this class of drugs exceeds € 14.7 million per annum. Prescribing trends are as follows:

ACE inhibitors (85% of all ACE items) - 53% ramipril (average cost/item = €4.80)
28% perindopril (average cost/item = €11.26)
12% lisinopril (average cost/item = € 4.78)
2.6% enalapril, 2.3% captopril, 1.5% quinapril

ACE + diuretic (11.4% of all ACE items)

ACE + Calcium antagonist (3.6% of all ACE items)

Ramipril has a wide range of therapeutic indications including the following:

1. Hypertension
2. Heart failure
3. Cardiovascular risk reduction – in patients with CHD, CVA, PVD & Diabetes Mellitus
4. Treatment of renal disease – glomerular diabetic (and non diabetic) nephropathy

We believe ramipril is the ACE inhibitor of choice

Making ramipril the ACE of choice could result in savings in excess of € 2 million/annum

ARBs

Over 115,000 prescription items are issued each month for ARBs and expenditure on this class of drugs exceeds € 24.5 million per annum. Prescribing trends are as follows:

ARBs alone (66% of all ARB items) - 27% valsartan (average cost/item = €11.90)
22% losartan (average cost/item = €13.65)
18% telmisartan (average cost/item = € 17.85)
16% olmesartan (average cost/item = € 16.86)
10% candesartan (average cost/item = € 12.51)
5% irbesartan (€ 15.27), 2% eprosartan (€ 17.89)

ARB + diuretic (32% of all ARB items)

ARB + Calcium antagonist (2% of all ARB items)

Only 3 ARBs are indicated for hypertension & heart failure i.e. candesartan, losartan & valsartan. When used for the treatment of heart failure valsartan should be administered **twice daily** with the clinical trial evidence base suggesting 160 mg twice daily. The GMS prescribing database indicates that < 1% of all patients treated with valsartan receive the twice daily dose (€ 29.86)

We believe candesartan is the ARB of choice

Making candesartan the ARB of choice could result in savings in excess of € 2.3 million/annum

The MMP 'preferred drug' initiative

So remember:

Statins : Think **SIMVASTATIN**

PPI: Think **LANSOPRAZOLE**

ACE inhibitor: Think **RAMIPRIL**

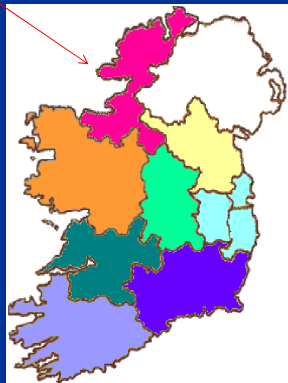
ARB: Think **CANDESARTAN**



National & Regional Prescribing Rates of Preferred Drugs – example NWHB

North Western Health Board Region

RAMIPRIL as % of all ACE inhibitors = 60%
CANDESARTAN as % of all ARBs = 8%
LANSOPRAZOLE as % of all PPIs = 30%
SIMVASTATIN as % of all Statins = 10%



National Prescribing Rates

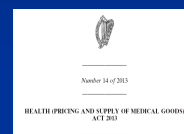
RAMIPRIL as % of all ACE inhibitors = 53%
CANDESARTAN as % of all ARBs = 10%
LANSOPRAZOLE as % of all PPIs = 23%
SIMVASTATIN as % of all Statins = 6%

Next steps for the 'preferred drug' initiative



Reference pricing and the MMP

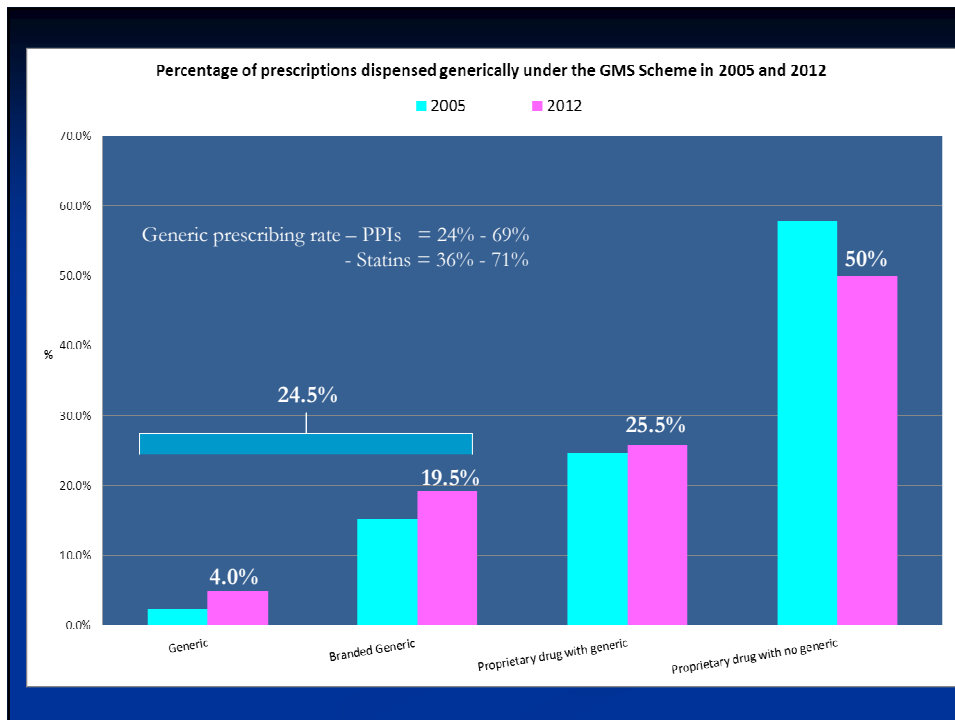
Reference pricing begins with the IMB identifying 'interchangable drugs'. Atorvastatin (Lipitor) was the first drug and will be followed by esomeprazole (Nexium), rosuvastatin (Crestor) with omeprazole (Losec Mups) and pravastatin (Lipostat) later. It is envisaged that 20 drugs will be identified as interchangeable by May 2014.



In setting the reference price the following criteria are considered:

1. The ability of suppliers to meet patient demand
2. Value for money afforded by the relevant listed items
3. Equivalent relevant prices in other Member States (EU 28).
4. **The relevant prices of therapeutically similar listed items e.g. simvastatin for atorvastatin**
5. Resources available to the Executive
6. The terms of any agreements in place with stakeholders e.g. IPHA

Generic Prescribing



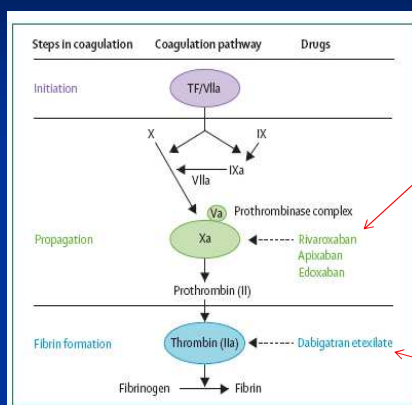
New oral anticoagulants

The new oral anticoagulants

Reimbursement approval for new Anticoagulant

Over 70% of NOAC prescribing is for patients ≥ 70 years

70-74 years = 17.53%
75 + years = 52.51%



Atrial fibrillation accounts for 86.9% of all applications for NOACs

The new Reimbursement Approval form for NOACs – enhancing safety

The new reimbursement approval form will include information in relation to the following:

CHADS² Score

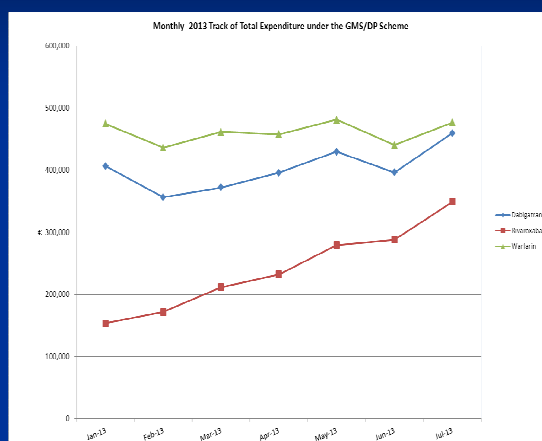
CHA²DS² - VASc Score

HAS - BLED Score

Cockcroft -Gault Eqn for GFR (ml/min)



Current prescribing of oral anticoagulants – expenditure



Growth in NOAC utilisation and expenditure is, in part, related to the issue of INR monitoring in the primary care setting.

Over 60% of NOAC prescribing takes place in the South and West of the Country.

Which NOAC for AF?

Bayesian mixed treatment comparison (MTC) underway

The Medicines Management Programme

Under the Medicines Management Programme there is an increased emphasis in obtaining utilisation and expenditure data under the Community Drugs Schemes.



HTA is considered part of MMP and may be used where there is concern in relation to value for money

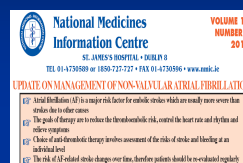
Examples of HTAs carried out under the MMP include:

- Omacor
- Pregabalin (Lyrica)

The Medicines Management Programme



An important component of the MMP is communication with our prescribing colleagues. The NMIC has a 20 year record in such communications including our publications 'NMIC Bulletin' and 'Therapeutics Today'.



Under the MMP we are now conducting a series of GP meetings around the country with the support of the ICGP and the RCPI. Meetings to date:

- Dublin x 2
 - Dun Laoghaire
 - Waterford
 - Killarney
 - Donegal
- Next meetings will be held in Kildare, Dublin, Cork and Galway

In 2014 we aim to communicate with GPs through our Pharmacy Advisors



Thank you



Preferred Drugs
THE RIGHT CHOICE, RIGHT NOW

MEDICINES MANAGEMENT PROGRAMME