

## Monthly Prescribing Recommendation October 2014

### Venlafaxine MR

Your CCG supported the principle of asking GP practices to focus on monthly prescribing topics to deliver further prescribing cost efficiencies. Prescribing is a major contributor to the CCG's overall QIPP plan and the realistic ambition of financial balance. Achieving the latter is essential to qualify for the quality premium payment that can bring significant financial benefits to the CCG, and allow re-investment in primary care in subsequent years. Practices, therefore, are being asked to complete the relative actions before the end of the stated period.

**During October, we ask that practices review their prescribing of venlafaxine MR/XL capsules (generic and branded) and switch to venlafaxine MR tablets where appropriate**

#### Background

Venlafaxine MR/XL formulations (once daily) are considerably more expensive than the generic 'standard release' tablets (twice daily), and practices have been encouraged to switch MR to plain where possible. For those patients who can't be switched to the generic standard release tablets, the most cost effective modified release preparation is MR tablets.

Based on the Q1 2014-15 prescribing data the estimated annual savings based on 90% switch are £28,811.

Prices from Drug Tariff September 2014:

Venlafaxine MR/XL capsules	75mg	£22.08 for 28	150mg	£36.81 for 28
Venlafaxine MR tablets	75mg	£11.20 for 30	150mg	£18.70 for 30

#### Recommendations & Action

HRW CCG recommends practices review patients who remain on venlafaxine MR/XL capsules for depression and switch to the MR tablet formulation where appropriate.

***Exclusions:** As the majority of the venlafaxine MR tablets are only licensed for depression we are advising this switch only for patients prescribed venlafaxine for depression and not for other indications such as anxiety disorders. Patients with swallowing difficulties whereby the capsules are being opened and sprinkled on food should also be excluded from the switch.*

The prescribing support team are available to help practices implement this change. A protocol for this switch including sample patient letters is available on request.

Please also notify your local pharmacies in advance to enable effective management of stocks.

Please find a summary of previous monthly topics overleaf.

Should you have any queries, recommendations or ideas about these or future initiatives then we would be pleased to hear from you.

Yours sincerely,

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## Summary of Monthly Prescribing Recommendations

Drug	Recommendation	Month
<b>Yasmin</b>	Yasmin to <b>Lucette</b>	Sept 14
<b>Macrogol</b>	Switch from Movicol/macrogol to <b>Laxido</b>	Aug 14
<b>Generics</b>	Review of potential generic savings list	July 14
<b>Gluten free</b>	Issue of CCG prescribing guidelines and review of patients	June 14
<b>Formulary</b>	Launch and implementation of Systm1 and EMIS formulary	May 14
<b>Incentive Scheme</b>	Introduction of 14/15 prescribing incentive scheme	April 14
<b>Hayfever</b>	Overview of preferred treatment options	Mar 14
<b>Analgesics</b>	Reminder of HRW CCG recommendations	Feb 14
<b>Incentive Scheme</b>	Introduction of incentive scheme	Dec13/Jan14
<b>Co-proxamol</b>	Continue to review and stop where possible	Nov 13
<b>Fentanyl Patch</b>	If needed, use low cost brand such as <b>Mezolar</b>	Oct 13
<b>Cerazette</b>	Cerezette to <b>Cerelle</b> (or generic desogestrel)	Sept 13