Monthly Prescribing Recommendation
April 2016

Urinary Incontinence

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.

In HRW CCG the spend for urinary frequency, enuresis and incontinence for the most recent 12 months (Feb 15- Jan 16) was over £465k, over half of this (£235,152) was spent on Solifenacin. If 50% of the patients who are currently on solifenacin had been prescribed tolterodine 2mg bd, this would have saved £107k per annum. The table overleaf shows the annual spend on these drugs in HRW CCG.

Action

- **If a patient has been prescribed one of the more expensive agents first line and treatment is not effective it may be worth considering a trial of tolterodine (plain).**
- **HRW CCG is not recommending a switch in patients' medication if they are currently well controlled.**

Background

Towards the end of 2014, HRW CCG, South Tees Hospital Trust and Tees Medicines Governance Group agreed the recommendations below to facilitate cost effective prescribing in this area.

Recommendations

The list and order of preferred treatment options is as follows:

1. Tolterodine (plain)
2. Darifenacin
3. Solifenacin or fesoterodine
4. Mirabegron

N.B. Oxybutynin has not been included due to the high incidence of side effects and intolerance, however this agent can be used if preferred by the clinician.

In 2013 NICE guidance on the management of urinary incontinence in women (CG171, September 2013) recommended oxybutynin (immediate release), tolterodine (immediate release) or darifenacin as first line options. If the first agent is not effective or well tolerated, the guidance recommends offering another treatment with the lowest acquisition cost.

Since both these recommendations were made the drug tariff price for darifenacin has increased so it is now similar to Tolteridine MR, fesoteridine and Solifenacin 5mg (although solifenacin 10mg remains considerably higher). See graph overleaf for price comparisons.

It is recognised that solifenacin is often started first line by secondary care but there are also many examples of this drug being initiated first line in primary care.

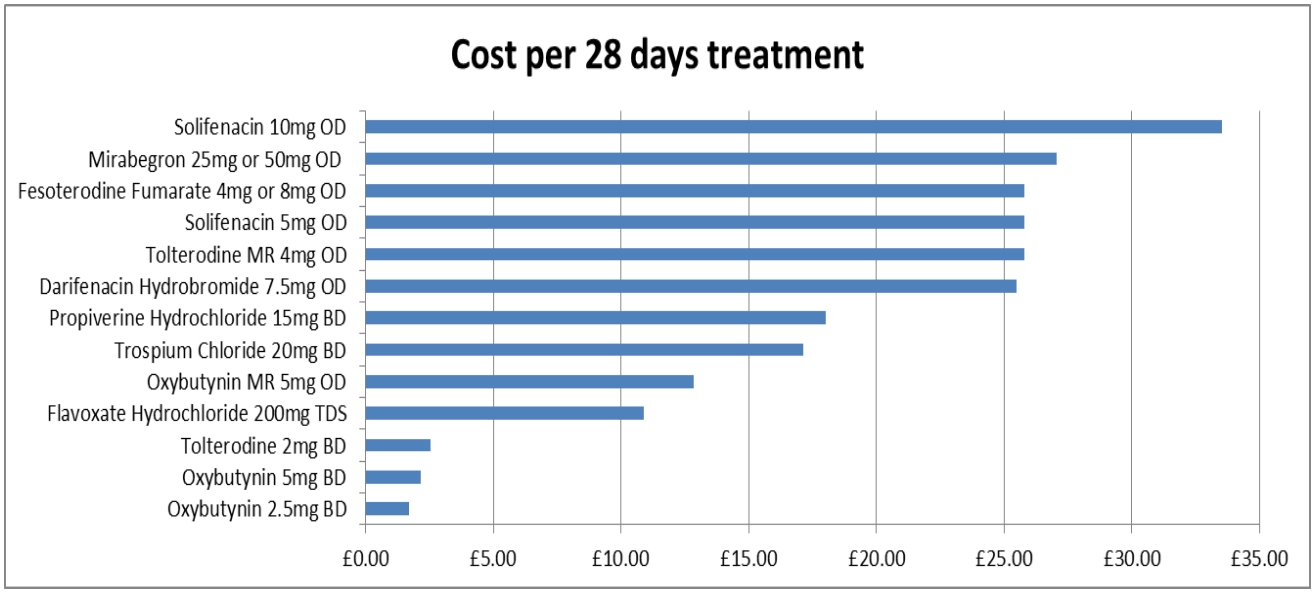
Points to note

- Tolterodine MR is significantly more expensive than the plain preparation; an additional £300 per patient per year (£25.78 vs £2.54 per month). Please ensure that plain tolterodine is used first line and the MR preparation is reserved for those unable to use the plain.
- Oxybutynin 3mg tablets are significantly more expensive than the 2.5mg and 5mg plain tablets. (2.5 mg £1.71, 5mg £2.14, 3mg £16.80 for 56 tablets)

- The MHRA released a safety alert regarding mirabegron in October 2015 regarding the **risk of severe hypertension and associated cerebrovascular and cardiac events**. Advice about regular monitoring is being introduced because of cases of severe hypertension.
- The patent for darifenacin expired in March 2015 so the cost of this drug would be expected to fall once generic preparations become available.
- The SPC for Vesicare (solifenacin) reports that "an interval of approximately one week should be allowed after stopping treatment with Vesicare, before commencing other anticholinergic therapy.

HRW CCG Total Items & Total Actual Cost - 12 months to Jan 16

BNF Name	Total Items	Total Act Cost
Flavoxate Hydrochloride	146	£1,392
Propiverine Hydrochloride	364	£7,325
Trospium Chloride	339	£7,361
Darifenacin Hydrobromide	293	£7,394
Fesoterodine Fumarate	836	£19,753
Duloxetine Hydrochloride	854	£22,107
Oxybutynin	3,963	£36,579
Mirabegron	1,783	£46,029
Tolterodine	5,075	£73,126
Solifenacin	8,360	£235,152
	22,013	£456,221



The prescribing support team is available to help practices implement this change. HRW versions of OptimiseRx and SystmOne and EMIS formularies will be amended to incorporate this recommendation.

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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