

DEFINITIVE

DEFINE DEVELOPMENTS – FEBRUARY 2017

WELCOME TO 2017

This year will see the fifth anniversary of [Define](#) being used by hospitals across the country to help them analyse their medicines expenditure.

It will also see [Rx-info](#)'s 14th birthday, and we're looking forward to continuing to innovate, inspire and support the NHS – and to meeting, speaking with and supporting you too! We will be at CPC on 12th and 13th May so hope to see you there.

ADMISSIONS DATA INCORPORATING DAY CASES

Our antimicrobial colleagues have been on the ball and noted that there was variance in the [PHE Fingertips data](#) and [Define](#) reports for antimicrobials use. This issue came about due to the source of the admission denominator used.

PHE have used the HES (Health Episodes Statistics) dataset which calculates the number of admissions as discharges of patients including elective, non-elective and day case. The admission is counted in the month and year when discharge takes place. Data is usually available eight months in arrears.

[Rx-info](#) has used the [publicly available Monthly Activity Return \(MAR\) dataset](#) which counts admission as the First Finished Consultant Episode (FFCE) in the month and year in which the admission takes place. Data is submitted by Trusts and is available within six weeks of the end of the relevant month.

[Rx-info](#) now includes day cases into the admissions data, following clarification at the last English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) meeting. All [antimicrobial reports use the 1,000 admissions \(including day case\)](#) denominator now, and will closely match the PHE data. All the [scatter plots](#) are also updated to use this denominator.

The inclusion of day case admissions will affect corresponding values seen in any previously printed antimicrobials-per-admission report, as before January 2017 the denominator included only elective and non-elective patients. All retrospective data now uses the day case inclusive denominator.

There is an [antimicrobial consumption report](#) in the CQUIN node which can be used to confirm antimicrobial usage used in the PHE submission.

	<i>From Jan 2017</i>	<i>Rx-info</i>	<i>PHE</i>
<i>Denominator source</i>		MAR	HES
<i>Inclusions</i>		Elective, non-elective, day case	Elective, non-elective, day case
<i>Data lag</i>		1.5 months	8 months
<i>Counted at</i>		Admissions (month & year)	Discharge (month & year)

NEW AND UPDATED ATC CODES

The annual revision of the Anatomical Therapeutic Chemical (ATC) code was released in December 2016 and the changes incorporated into the data the same month.

New codes were added for a number of drugs in the New Cancer Drugs Fund or on the National Tariff high-cost drugs list, including alirocumab, osimertinib, talimogene laherparepvec and venetoclax. A new ATC code for the combination of inhaled salbutamol and beclomethasone has also been added to the ATC index.

New fourth-level codes have been added for glucagon-like peptide analogues (for example exenatide) and [sodium glucose co transporter 2 inhibitors](#) (such as canagliflozin) with consequential changes to the drugs in these groups.

Similarly, new codes have been created for opioid analgesics in combination with other specialised analgesics, for example codeine and aspirin, dihydrocodeine and paracetamol.

There have also been some new Defined Daily Doses created, one significant change to a DDD and several minor changes. The significant change is for [posaconazole](#) from 0.8g to 0.3g – this will be rolled out to retrospective data so will no longer match existing physical copies of data.

HOPMOP – HOSPITAL PHARMACY AND MEDICINES OPTIMISATION PROJECT

A new node and suite of reports [Benchmark > HoPMOp Indicators] has been created for the reports that are anticipated to be the most widely used by trusts demonstrating compliance with HoPMOp – the Hospital Pharmacy and Medicines Optimisation Project.

Specifically, among others, we have created reports to monitor:

- Use of soluble prednisolone versus total prednisolone
- Use of biosimilars of infliximab and etanercept
- Total spend on etanercept
- Total antibiotics consumption in defined daily doses (DDD) per 1,000 admissions.

Further reports will be created and added to this node as HoPMOp develops.

FREE SUBSCRIPTION TO VEND TRIAL

[Vend](#) is our new simple-to-use online marketplace for drugs nearing their expiry dates. Now [Vend](#) can [email you daily and weekly updates](#) letting you know about the availability of items which you use.

Hospital pharmacies with drugs nearing their expiry dates which would otherwise be thrown away list them on [Vend](#). Then pharmacists requiring those drugs for patient need can get in touch with the vendor, and, pharmacy-to-pharmacy, agree a fee and carriage method.

In addition to the email updates, purchasers can log on to [Vend](#) when they need to buy in drugs, or can ask for specific alerts when drugs are listed.

We are now running a national trial for [Vend](#), so start your trial. Please [see more about Vend here](#), and [contact us](#) to receive your free subscription.

NEW PRODUCTS ADDED TO MONOPLOY GENERICS TAG

The newsletters in [June](#) and [November](#) highlighted the cost of monopoly generics for a defined list of products. Since publication of the November newsletter, two further products have been added to the 'monopoly generics' Tag in [Define](#) and [Refine](#) so that Trusts can continue to monitor their spending in this area. The additional products are [alimemazine 10mg tablets](#) and [lithium carbonate 250mg tablets](#).

IMPACT OF MONOPOLY GENERICS ON NHS DRUGS BILL

In October, the Court of Appeal ruled against Pfizer's claim to patent protection on pregabalin (Lyrica) for pain relief, upholding the decision of a lower court. This decision means that generic manufacturers may supply generic forms of pregabalin provided they take 'all reasonable steps within their power' to ensure prescribing is not for the patent-protected indication. Pfizer announced that it intended to appeal to the UK Supreme Court.

We calculate a total additional cost of more than £60 million was incurred by secondary care in England due to the patent-protected indication – the overall impact of six monopoly generic drugs has been equivalent to 12 months' drug spend of the 10th biggest hospital in the country!

NEW TAGS REFLECT CHANGES TO NATIONAL CANCER DRUGS LIST

As of January 12th, the National Cancer Drugs List is at version 1.19. In December, NICE approved or partially approved baseline funding for six new chemotherapy/disease combinations which will move from the Cancer Drugs Fund to baseline funding by March 2017.

New [Define](#) Tags are created for each version of the Fund where drugs are added or removed to baseline funding but only the two most recent versions are viewable. A NICE Tag is created for each new Technology Appraisal that NICE approves so items that have moved from the National Cancer Drugs Fund to NICE approval can be monitored by this route.

IMATINIB GENERIC UPTAKE

Trusts appear to have been well prepared for the availability of generic imatinib. We can see that even though [use has been within trend](#), [costs](#) have almost halved in January.

IDENTIFYING COSTS ASSOCIATED WITH PARENTERAL NUTRITION

While there are some commercially manufactured standard products such as Intralipid and Vamin for patients requiring parenteral nutrition, more than 80% of the total spend in this area is on patient-specific products.

Patient-specific products are not represented on dm+d and as they are not mapped to dm+d, they also do not have the associated BNF or ATC codes.

In order for Trusts to be able to monitor spend on parenteral nutrition products, all identified commercial products used as ingredients in parenteral nutrition (including supplements such as Additrac) and all patient-specific products have been assigned a Flag 'Parenteral Nutrition'. Selecting this Flag in the search dialogue box will ensure that the [costs associated with parenteral nutrition products](#) (N.B. but not associated compounding, delivery or set up fees) are correctly identified. This will be important in understanding complete PbR-excluded spends.

DEFINE SUPPORT TAB UPDATED

Under the [Support Tab in Define](#) the 'Reference Data' section has included a single spreadsheet that lists all of the available Tags for drugs groups that underpin many of the Benchmark reports and that can also be used to create custom reports.

In view of the frequent changes to the Cancer Drugs Fund and to reflect the greater new number of NICE Technology Appraisals (many of which rely on companies providing the approved drugs at a discount), three individual spreadsheets have been created for the groups Cancer Drugs Fund, NICE TA and HST, and NICE Patient Access Scheme drugs.

The creation of separate spreadsheets will permit more rapid updates so that users can see immediately the Tags and reports available. The information for the remaining groups of Tags (such as the Antibacterial group) have been updated and grouped to assist users.

FORMULATION OF IVACAFTOR AND PIRFENIDONE NOT MAPPED TO DM+D

A reminder that within [Define](#), formulations of Ivacaftor (single ingredient formulations) and Pirfenidone are not currently mapped to dm+d. The price of these drugs is currently subject to negotiation and have not been mapped following a request from the government to maintain confidentiality.

In [Refine](#), it is still possible for Trusts to monitor their use of these drugs, but not to compare the usage with other Trusts.

AND FINALLY ... HANS ROSLING

It is with sadness that we read about one of [Rx-info's](#) favourite data gurus [passing away](#). Professor Hans Rosling developed the Gapminder foundation and a method of presenting narrative data by use of animated scatter plots. As imitation is a fine form of flattery we used this approach in our own motion charts.

For those of you that would like to be inspired, educated and entertained I would direct you towards his excellent, bite sized presentations at [TED](#).

DID YOU MISS THE LAST NEWSLETTER?

In the last newsletter, we looked [at Define reports for the new cancer drugs fund](#) and a new safety report for idarucizumab and dabigatran as well as further information on CQUIN for antimicrobials and monopoly generics.

You can find these items, and many more, on our website in the [news section](#). Clinical topics covered in previous newsletters also include comparison of costs for prednisolone 5mg tablets, 5mg soluble tablets and 5mg gastro-resistant tablets, advice on discounted price for bendamustine as well as advice on helping your Trust get the most out of [Define](#).

OTHER PRODUCTS AVAILABLE FROM RX-INFO

[ADIoS](#)

ADIoS, the Abusable Drugs Investigational Software, has been updated and improved to make it simpler to identify and follow up potential drug diversions. If you have any questions about your current use of **ADIoS** or would be interested in a demonstration, please contact [Rx-info](#) as shown below.

EmBox

EmBox is an internet-based audit and tracking tool for identifying the location and expiry dates of each drug in the various Emergency Drug Boxes within a hospital. The system saves time in the paperwork associated with filling and checking Emergency Drug Boxes and is already in use in several Trusts.

Yours faithfully,

Colin Richman – Company Director **Rx-info Ltd and the **Rx-info** team**

If you want to know more, please contact us at www.rx-info.co.uk or call **01392 460263**