THE ALL-WALES MEDICINES STRATEGY GROUP AND WELSH MEDICINES PARTNERSHIP:

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ISCHAEMIC HEART DISEASE MORTALITY IN WALES
HEALTH GAIN TARGETS FOR CORONARY HEART DISEASE (CHD) IN WALES

• to reduce deaths from coronary heart disease (as measured by the EASR) in 65-74-year-olds from 600 per 100,000 in 2002 to 400 per 100,000 by 2012.

• improve the CHD mortality in the least deprived group and at the same time narrow the gap with the most deprived groups
Prescribing cost per head 2000-2001

Gastro-intestinal system
Cardiovascular system
Respiratory system
Central nervous system
Infections
Endocrine system
Malignant disease & immunosuppression
Musculoskeletal & joint diseases
Nutrition & blood
Eye
Immunological products and vaccines
Skin
Anaesthesia
Other

Wales
England

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EXPENDITURE ON PRESCRIBED DRUGS PER PRESCRIBING UNIT (PU)

“A prescription for improvement”
London, HMSO

Economies in prescribing,
England and Wales
(£millions) 1994
PATIENT CONDEMS “PRESCRIPTION BY POSTCODE”

• BBC NEWS, Thursday August 12th 1999

• A man from South Wales who has multiple sclerosis has condemned the decision to stop his medication because it is too expensive.
• “Delay is the deadliest form of denial”
  – C Northcote Parkinson (1909-1993)
BRO TAF HIGH COST DRUGS PANEL

• Established 1999
• Chaired by Professor Norman Whitehouse
• Examined cost-effectiveness issues
• No explicit definition of “high-cost”
• Established priority for funding
TASK AND FINISH GROUP FOR PRESCRIBING IN WALES

PROPOSED THE ALL-WALES MEDICINES STRATEGY GROUP

PROPOSED SETTING UP THE WELSH MEDICINES PARTNERSHIP (WMP)

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ALL-WALES MEDICINES STRATEGY GROUP

- Develop timely, independent and authoritative advice on new drugs... (particularly high-cost)
- Advise the Assembly of future developments in healthcare...
- Advise the Assembly on the development of a prescribing strategy for Wales
- Advise the Assembly on the implementation of “Task and Finish Group” recommendations
ALL-WALES APPRAISALS BY AWMSG (2003 to present)

• High-cost medicines
  – Adalimumab (Humira®)
  – Enfuvirtide (Fuzeon®)
  – Epoetinum Alfa (Eprex®)
  – Epoetin Beta (NeoRecormon®)
  – Darbepoetin Alfa (Aranesp®)
  – Drotrecogin (Xigris®)
  – Laronidase (Aldurazyme®)
  – Teriparatide (Forsteo®)
  – Sodium Phenylbutyrate (Ammonaps®)
  – Anagrelide hydrochloride (Xagrid®)
  – Bortezomib (Velcade®)
  – Pegvisomant (Somavert®)
2002-03 CVS item comparison

- **Lipid-Regulating Drugs**: 2002-03: 999, April 02-March 03: 999, % variation: 0%
- **ACE Inhibitors**: 2002-03: 227, April 02-March 03: 227, % variation: 0%
- **Angiotensin-ii Receptor Antagonists**: 2002-03: 96, April 02-March 03: 96, % variation: 0%
- **Antiplatelet Drugs**: 2002-03: 258, April 02-March 03: 258, % variation: 0%
- **Potassium-Channel Activators**: 2002-03: 21, April 02-March 03: 21, % variation: 0%
- **Centrally-Acting Antihypertensive Drugs**: 2002-03: 5, April 02-March 03: 5, % variation: 0%

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2002-03 Lipid regulating drugs

- **Simvastatin**
  - Number of items: 193
  - % variation: 39%

- **Atovasstatin**
  - Number of items: 169
  - % variation: 44%

- **Pravastatin Sodium**
  - Number of items: 53
  - % variation: 35%

- **Fenofibrate**
  - Number of items: 5
  - % variation: 25%

- **Omega-3 Marine Triglycerides**
  - Number of items: 1
  - % variation: 15%

*Actual Variation*
- April 02-March 03
- April 01-March 02
16 – Prescribing Update – Statins & Clopidogrel

11/AWMSG/0604


Rosuvastatin - Cost per 1000 PU
ALL-WALES GUIDELINES

• Hypolipidaemic and antiplatelet therapy
  – Issues highlighted December 2003
  – WeMeReC bulletin “Prescribing clopidogrel” published February 2004
  – AWPAG tasked in 2004 to produce draft guidelines
  – Out to consultation
  – Guidelines published March 2005
  – WeMeReC bulletin “Optimising the use of statins – using statins wisely” and distance-learning module published May 2005 (500 participants across Wales)
Generic Simvastatin as a Percentage of Statins

Target 45%

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GUIDELINES AND ANTI-PLATELET PRESCRIBING

Clopidogrel Prescribing Nov 2002-Nov 2004

COST PER 1000 PU'S

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FUTURE DIRECTIONS

• Broadening the appraisal process
• Shared-care policies
• Promoting rational and cost-effective prescribing
  – Prescribing indicators
  – Prescribing incentives