**APPENDIX 6**

# Primary Care Growth of Medicines Predictions (existing and new medicines)

| Primary Care Growth Existing Medicines (all from types excluding HBP and GP14) | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Medicine/Medicine Group** | **Prediction** | **2023/2024 cost (12M estimate)** | **2024/2025 cost (12M estimate)** | **Uplift/saving** | **Impact** | **Drivers** | **How calculations have been undertaken** |
| Direct acting anticoagulant (DOAC) | Continued growth in prescribed items and associated costs. | £ 5,021,171 | £ 4,104,921 | -£ 916,249 | Moderate | Overall DOAC usage continues to grow; the addition of apixaban (2.5mg and 5mg to SDT) has resulted in a significant reduction in pricing. Calculations are based on the assumption that the price of apixaban in December 2023 will hold and that growth will continue at a rate similar to growth over the last 12 months (Q2 22/23 - Q1 23/24) | Quantity used to calculate uplifts (average of % uplift from last 4 quarters of data, Q2 22/23 - Q1 23/24). Apix 2.5mg 4%, apix 5mg 7% and all others flat. % increase applied to Q1 23/24 quantity and then extrapolated from there. |
| Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors | Continued growth in prescribed items and associated costs. | £ 2,715,171 | £ 3,975,282 | £ 1,260,111 | High | SGLT2 and GLP1 are relatively novel agents used in the management of T2 diabetes. It is anticipated that prescribing will continue to grow and that these medicines will be used earlier in the management of diabetes. As such, growth is to be expect in 2024/2025 and coming financial years. Calculations are based on the assumption that prices will remain stable and that growth will continue at a rate similar to growth over the last 12 months (Q2 22/23 - Q1 23/24). | Average % increase in GIC from last 4 quarters (Q2 22/23 - Q1 23/24) used to make 23/24 and 24/245 estimates. Taken actual GIC for Q1 23/25 and then applied 10% increase per quarter |
| Glucagon like peptide (GLP1) receptor agonists | Continued growth in prescribed items and associated costs. | £ 736,808 | £ 1,068,371 | £ 331,563 | Moderate | | Average % increase in GIC from last 4 quarters (Q2 22/23 - Q1 23/24) used to make 23/24 and 24/245 estimates. Taken actual GIC for Q1 23/25 and then applied 9% increase per quarter |

| Medicine/Medicine Group | Prediction | 2023/2024 cost (12M estimate) | 2024/2025 cost (12M estimate) | Uplift/saving | Impact | Drivers | How calculations have been undertaken |
|---|---|---|---|---|---|---|---|
| Antidepressant Medications | Continued growth in prescribed items and associated costs. | £ 3,570,304 | £ 4,679,940 | £ 1,109,636 | High | Mental health prescribing increased during COVID, and this trend has continued post-COVID, attributed mainly to the financial and cost of living crisis. Growth is challenging to predict and as such, anti-depressant prescribing should be considered an ongoing risk to Primary Care prescribing. Calculations are based on the assumption that prices will remain stable and that growth will continue at a rate similar to growth over the last 12 months (Q2 22/23 - Q1 23/24). | Average % increase in GIC from last 4 quarters (Q2 22/23 - Q1 23/24) used to make 23/24 and 24/245 estimates.<br>Taken actual GIC for Q1 23/25 and then applied 7% increase per quarter |
| ADHD medicines | Continued growth in prescribed items and associated costs. | £ 1,649,805 | £ 1,930,038 | £ 280,233 | Moderate | ADHD prescribing has increased in recent years due to increased awareness of the condition, increased diagnoses, and transfer of prescribing from private sector diagnosis and prescribing. This is particularly prevalent within the adult population. Calculations are based on the assumption that prices will remain stable and that growth will continue at a rate similar to growth over the last 12 months (Q2 22/23 - Q1 23/24). Medication shortages within this area have the potential to further impact on increasing spend (not included in calculations). | Average % increase in GIC from last 4 quarters (Q2 22/23 - Q1 23/24) used to make 23/24 and 24/245 estimates.<br>Taken actual GIC for Q1 23/25 and then applied 4% increase per quarter |

| Medicine/Medicine Group | Prediction | 2023/2024 cost (12M estimate) | 2024/2025 cost (12M estimate) | Uplift/saving | Impact | Drivers | How calculations have been undertaken |
|---|---|---|---|---|---|---|---|
| Continuous Glucose Monitors (CGM) | Continued growth in prescribed items and associated costs. | £ 2,588,089 | £ 3,653,299 | £ 1,065,210 | High | Use of CGMs in patients with Type 1 and Type 2 diabetes is expected to deliver continual growth with the MCN predicting an additional 700 patients to be using the devices in the next 18-24months. The introduction of a second CGM (Dexcom ONE) which is a two part system has allowed for greater patient choice, and an alternative for patients who are unable to use Freestyle Libre (annual costs £910 for FreeStyle Libre vs £923 for Dexcom ONE). Care should be taken when interpreting item predictions for CGMs, as FreeStyle Libre is a one-part CGM system, while Dexcom ONE is a two-part system (skewing item data) - ongoing patient count and cost will be a more reliable measure of growth in this area. | From MCN: We expect another additional 300 people with type 1 diabetes over the next 18-24 months and another 400 people with Type 2 diabetes to take up continuous glucose monitoring over the same period.<br><br>Average % increase in GIC from last 4 quarters (Q2 22/23 - Q1 23/24) used to make 23/24 and 24/245 estimates.<br>Taken actual GIC for Q1 23/25 and then applied 9% increase per quarter.<br><br>Comparator calculation undertaken using MCN prediction of 700 patients, with average cost of £916.50/annum, at a rate of 1/8th of predicted growth per quarter....£20k more in prediction than if use average growth. |

| Medicine/Medicine Group | Prediction | 2023/2024 cost (12M estimate) | 2024/2025 cost (12M estimate) | Uplift/saving | Impact | Drivers | How calculations have been undertaken |
|---|---|---|---|---|---|---|---|
| Hormone Replacement Therapies (HRT) | Continued growth in prescribed items and associated costs. | £ 1,479,235 | £ 2,012,483 | £ 533,248 | High | Prescribing medications to support with menopause management has increased in recent years due to increased awareness of the condition (government policy and media attention as well as increased diagnoses and transfer of prescribing from private sector diagnosis and prescribing). Calculations are based on the assumption that prices will remain stable and that growth will continue at a rate similar to growth over the last 12 months (Q2 22/23 - Q1 23/24). Medication shortages within this area have the potential to further impact on increasing spend (not included in calculations). | Average % increase in GIC from last 4 quarters (Q2 22/23 - Q1 23/24) used to make 23/24 and 24/245 estimates. Taken actual GIC for Q1 23/25 and then applied 8% increase per quarter |
| Testosterone in women | Continued growth in prescribed items and associated costs. | £ 16,910 | £ 18,304 | £ 1,394 | Low | Testosterone prescribing in post-menopausal women with low libido has received notable media attention, which has resulted in increased requests for primary care prescribing. This coupled with increased awareness related to menopause management and increase private diagnoses/prescribing has seen an increase in Primary Care expenditure for this indication. While the spend in this particular area is small, it is included as it forms part of the wider HRT risk. Calculations are based on the assumption that prices will remain stable and that growth will continue at a rate similar to growth over the last 12 months (Q2 22/23 - Q1 23/24). Medication shortages within this area have the potential to further impact on increasing spend (not included in calculations). | Average % increase in GIC from last 4 quarters (Q2 22/23 - Q1 23/24) used to make 23/24 and 24/245 estimates. Taken actual GIC for Q1 23/25 and then applied 2% increase per quarter |

| Primary Care and Hosted Service Growth Existing Medicines | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Medicine/Medicine Group** | **Prediction** | **2023/2024 cost (12M estimate)** | **2024/2025 cost (12M estimate)** | **Uplift/saving** | **Impact** | **Drivers** | **How calculations have been undertaken** |
| Buvidal* | Continued growth in prescribed items and associated costs. | £ 922,879 | £ 1,386,665 | £ 618,379 | High | Scottish Government focus. Within NHS Grampian, work is underway to resolve logistical challenges in prescribing and administration through work with primary care and community pharmacy. It is anticipated that this will drive patient numbers and subsequent cost | 2023/2024 estimate based on 5M spend. 2024/2025 estimate based on specialist service predictions. Uplift based on variance between 23/24 and 24/25 total spend prediction. |

*It should be noted that Buvidal spend is split across a variety of services, including GP10 and hosted service prescribing. While out with the scope of this paper it is imperative that monies are allocated within the correct service line.

| Primary Care Growth New Medicines | | | | | |
|---|---|---|---|---|---|
| **Medicine/Medicine Group** | **Prediction** | **Uplift** | **Impact** | **Drivers** | **How calculations have been undertaken** |
| Daridorexant (Quviviq) | New medicine indicated for insomnia (SMC Forward Look 19) | £ 15,405 | Moderate | Product launched. Impact from April 2024. Potential for growth following Y1. To be used in Primary Care setting. | Information taken from SMC Forward Look 19 |
| Fezolinetant (Veozah) | New medicine indicated for vasomotor symptoms associated with menopause (SMC Forward Look 19) | £ 6,682 | Moderate | Impacted predicted Oct 2024. Potential for growth following Y1. To be initiated in secondary care. | |
| Ruxolitinib topical (Opzelura) | New indication and formulation indicated for vitiligo (SMC Forward Look 19) | £ 26,240 | Moderate | Impacted predicted Oct 2024. Potential for growth following Y1. To be initiated in secondary care. | |