Sussex Partnership NHS
NHS Foundation Trust

Cost Effective Prescribing Tips for CAMHS Teams – version 7

Despite the current level of funding for the NHS being protected we are all aware that demands are increasing and savings are needed. It is therefore crucial for patient care that we do not waste resources. These tips have been written to help get the best from the money spent on medication by ourselves and GPs.

1. Following a successful pilot it has been decided that instead of using Matoride® XL, or Concerta XL®, **Xaggitin® XL** should now be prescribed for new patients. Xaggitin® XL is available in all the strengths that Concerta XL has; 18mg, 27mg, 36mg & 54mg tablets. This product has the same release properties and bioequivalence to Concerta® XL and is far cheaper to the trust, being 50% cheaper. Xaggitin XL has been chosen over Matoride® XL as the latter does not have a 27mg dose available. Similarly it has been decided for existing Concerta® XL patients to now switch (where appropriate) to **Xaggitin ® XL**.

2. Avoid using liquid and orodispersible preparations, unless absolutely essential, as they are often considerably more expensive than solid dose forms. Please see swallowing advice below


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3. Ramatonin® is now the melatonin formulation endorsed by the Trust and should be prescribed **first line in those areas without melatonin shared care in place.** This medication cannot be prescribed on FP10 and is supplied and delivered by post by a community pharmacy using a new prescription.
   - Ramatonin comes in 2mg, 3mg & 5mg capsules, with the maximum daily dose being 5mg for new patients (this is based on 6mg as suggested by the authors of the MENDS (2011) trial)
   - If the patient has swallowing difficulties then Ramatonin® capsules can be opened and the contents dissolved in water or onto food – this avoids the need for expensive liquid preparations
   - Circadin® 2mg M/R tablets can be trialled up to a maximum of 4mg daily as a second line option

4. Unless GPs locally refuse to prescribe the drug, after initiating a new oral medicine ask the GP to continue prescribing. If the drug is prescribed under shared care, this should be once the patient is stabilized; otherwise this can be after the initial supply has been prescribed on FP10.

5. Some families prefer that their child only takes a stimulant on school days and sometimes it is prescribed this way to improve the child's appetite at weekends and during holidays. Prescribing stimulants only on school days will half the cost of treatment.

6. The newly launched ADHD medication, guanfacine is to be prescribed on a named patient basis (please see below document). This is so pharmacy can build a database of clinical effectiveness and assess for rates of side effects. Guanfacine is the most expensive licensed ADHD medication currently available.


Final Guanfacine prescribing guidance

7. Atomoxetine should be prescribed once daily **<u>not</u>** twice daily as it is a 24 hour medication.
   - Atomoxetine has a flat pricing structure, which means each 28 pack costs the same for all strengths (£62.46) except 80mg, so prescribing once daily is usually half the price of twice daily.
   - Use the lowest number of capsules to make up a dose, and specify strengths to be used.
   - e.g. *Maintenance dose of 100mg required. Prescribe as 1x60mg + 1x40mg OD (Total 100mg dose). If not specified, could be dispensed as 4x25mg OD, or any other combination.*

8. Always prescribe medications generically as branded medications are usually far more expensive than generic versions. The exception is methylphenidate MR: prescribe by brand to avoid any confusion.

9. Prescribing methylphenidate and atomoxetine together should be avoided except when switching from methylphenidate to atomoxetine, as supported by NICE. There is very little evidence for such practice, with an increased side effect burden reported and a greatly increased cost.

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