



# Prescriptions Dispensed in the Community

England 2004-14

Published 7 July 2015



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This product is relevant to members of the public and other stakeholders to support the understanding of prescribing trends and costs over the last 10 years. It will allow them to see which medicines are being used, how much they are being used and how much they cost.

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# This is a National Statistics publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.



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# Contents

<b>Index of BNF Sections discussed in detail, listed by section number</b>	<b>5</b>
<b>Executive Summary</b>	<b>7</b>
<b>1 Introduction and Background</b>	<b>8</b>
<b>2 Key Facts: Changes</b>	<b>11</b>
<b>3 Factors Influencing Prescribing</b>	<b>17</b>
<b>4 Prescribing Trends: 2004 to 2014, by BNF Section</b>	<b>22</b>
<b>5 Special Order Products (Specials)</b>	<b>96</b>
<b>6 Generic Prescribing</b>	<b>98</b>
<b>7 Free and Charged Prescriptions</b>	<b>101</b>
<b>8 Prescribers</b>	<b>106</b>
<b>9 Sources and Definitions</b>	<b>107</b>
<b>10 Equivalent statistical publications in other UK countries</b>	<b>112</b>
<b>Appendices</b>	<b>116</b>
<b>Appendix 1</b>	<b>117</b>
<b>Appendix 2</b>	<b>130</b>

# Index of BNF Sections discussed in detail, listed by section number

Section number and name	Page
1.2 Antispasmodics and other drugs altering gut motility	59
1.3 Antisecretory drugs and mucosal protectants	56
1.5 Chronic bowel disorders	72
1.6 Laxatives	66
2.4 Beta-adrenoceptor blocking drugs	64
2.5 Hypertension and heart failure	44
2.6 Nitrates, calcium-channel blockers, and other antianginal drugs	42
2.8 Anticoagulants and protamine	50 & 141
2.12 Lipid-regulating drugs	37 & 132
3.1 Bronchodilators	33
3.2 Corticosteroids (Respiratory)	25
3.3 Cromoglicate and related therapy	75
4.1 Hypnotics and anxiolytics	78 & 133
4.2 Drugs used in psychoses and related disorders	46
4.3 Antidepressant drugs	35 & 130
4.4 CNS stimulants and drugs used for attention deficit hyperactivity disorder	139
4.5 Drugs used in the treatment of obesity	90
4.6 Drugs used in nausea and vertigo	88
4.7 Analgesics	27
4.8 Antiepileptics	29 & 142
4.10 Drugs used in substance dependence	76
4.11 Drugs for dementia	79 & 137
5.1 Antibacterial drugs	40 & 135
5.2 Antifungal drugs	90
5.3 Antiviral drugs	94
6.1 Drugs used in diabetes	23
6.2 Thyroid and antithyroid drugs	52
6.3 Corticosteroids (endocrine)	62
6.6 Drugs affecting bone metabolism	86
7.4 Drugs for genito-urinary disorders	38

**Prescriptions Dispensed in the Community: England 2004-14**

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8.2	Drugs affecting the immune response	83
8.3	Sex hormones and antagonists in malignant disease	54
9.4	Oral nutrition	32
9.5	Minerals	70
9.6	Vitamins	68
9.9	Foods	145
10.1	Drugs used in rheumatic diseases and gout	48
10.2	Drugs used in neuromuscular disorders	74
13.2	Emollient and barrier preparations	85
13.5	Preparations for eczema and psoriasis	92
13.8	Sunscreens and camouflagers	144
13.9	Shampoos and other preparations for scalp and hair conditions	145
14.4	Vaccines and antisera	58
19.2	Selective preparations	81
20.3	Wound management and other dressings	50

## Executive Summary

This bulletin presents a summary of prescriptions dispensed in the community in England, by community pharmacists, appliance contractors, dispensing doctors and prescriptions for items personally administered in general practices. The statistics are derived from the system for reimbursing contractors for dispensing medicines and dressings and appliances, run by NHS Prescription Services - part of the NHS Business Services Authority (NHS BSA). The specific source for these statistics is the Prescription Cost Analysis system (PCA), figures for which are published annually as a National Statistic, by the Health and Social Care Information Centre, in April.

The bulletin highlights changes between 2013 and 2014 and presents the main trends between 2004 and 2014 and within therapeutic areas, based on British National Formulary (BNF) classifications.

### Findings in 2014:

- 1,064.6 million prescription items were dispensed overall, a 3.3 per cent increase (34.5 million items) on the previous year and a 55.2 per cent increase (378.4 million items) on 2004. The average number of prescription items per head of the population in 2014 is 19.6, compared to 19.1 items in the previous year and 13.7 in 2004.
- The total net ingredient cost of prescriptions dispensed in 2014 increased to £8.9 billion, from £8.6 billion in 2013, an increase of 2.6 per cent (£227.5 million). This is a 9.6 per cent increase (£773.0 million) on 2004, when the total cost was £8.1 billion. The average cost per head of the population has risen to £162.98, from £160.18 in 2013. In 2004 the average cost per head was £161.24. The average net ingredient cost per prescription item has fallen to £8.32 in 2014 from £8.37 in 2013. In 2004 this figure was £11.78.
- The leading BNF Section in terms of net ingredient cost, for the eighth year in succession, is BNF 6.1 Drugs used in diabetes. Costs have increased for this section by £55.3 million (7.0 per cent) since 2013, to £849.1 million in 2014. The number of prescription items dispensed has risen by 2.4 million (4.8 per cent) since 2013 to 46.7 million in 2014.
- Other BNF Sections with large increases in cost between 2013 and 2014 include BNF Section 4.8 Antiepileptics, where costs rose by £46.6 million (10.6 per cent) to £486.5 million, and BNF Chapter 2.8 Anticoagulants and protamine, where costs rose by £44.8 million (47.8 per cent) to £138.6 million.
- In terms of therapeutic area, the greatest increase in the volume of prescribing in 2014 is of BNF Section 4.3, Antidepressant drugs, (3.8 million items) and BNF Section 1.3 Antisecretory drugs and mucosal protectants (3.3 million items).
- 89.9 per cent of all prescription items were dispensed free of charge, with 60.0 per cent dispensed free to patients claiming age exemption (aged 60 and over) and 4.7 per cent dispensed free to patients claiming age exemption (aged under 16 or 16-18 and in full-time education). Prescriptions dispensed for patients claiming age exemption (aged 60 and over) accounted for 51.2 per cent of the total net ingredient cost for all prescriptions and 6.9 per cent of the cost was for patients claiming age exemption (aged under 16 or 16-18 and in full-time education).

# 1 Introduction and Background

1. The specific source for these statistics is the Prescription Cost Analysis (PCA) data, produced by NHS Prescription Services, part of the NHS Business Services Authority (NHS BSA). The Health and Social Care Information Centre (HSCIC) publishes the Prescription Cost Analysis National Statistic, based on PCA figures for the most recent calendar year, annually, in April.

2. The most recent PCA publication, covering 2014, is available at:

<http://www.hscic.gov.uk/pubs/prescostanalysiseng2014>

The publication reports on the number of items prescribed and dispensed, net ingredient cost and quantity, by BNF classification down to presentation level.

3. This National Statistic publication, Prescriptions Dispensed in the Community, provides commentary and trend analysis on the latest PCA publication and those from the previous ten years.
  4. The data are derived from a system primarily designed for the reimbursement of the costs of medicines supplied to patients and are based on numbers of prescriptions, volumes of medicines and preparations, and the associated costs. The profession of the prescriber is recorded, and the site of prescribing and dispensing but no clinical or patient information is included (see Chapter 9 Source and Definitions for further information).
  5. The Data Quality Statement accompanying this report is available at:
6. NHS Prescription Services also release national PCA data on a monthly basis. It is available at:

<http://www.hscic.gov.uk/pubs/presdisp0414>

<http://www.nhsbsa.nhs.uk/PrescriptionServices/3494.aspx>

## Users and Uses of this Report

7. This publication is used by many stakeholders as the main nationally comparable and complete source of information about prescriptions dispensed in the community in England, over the last 10 years. Known users of this publication include academics, central government, charities, clinical groups, commercial organisations, commissioners, health and social care providers, media, and members of the public. The information is used to support decision making, inform policy, for analysing medicine use, providing advice to ministers, answering a wide range of Parliamentary Questions, for national and local press articles and for international comparison.



## Feedback

8. Feedback on this publication can be provided via our website:

<http://www.hscic.gov.uk/haveyoursay>

(‘Have your say - give us your comments on this publication’).

Alternatively, feedback can be provided to the Health and Social Care Information Centre via [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) or 0300 303 5678.

9. The Health and Social Care Information Centre welcomes all feedback relating to any aspect of this publication. In particular we would welcome feedback on the usefulness of the information to different users, the ways in which the information is used and what further information would be useful. Any additional information you can provide us with about your use of prescribing data will help us to improve the information we publish about known users and uses of the data.

## British National Formulary (BNF)

10. The British National Formulary (BNF) is a joint publication of the British Medical Association and the Royal Pharmaceutical Society which aims to provide prescribers, pharmacists and other healthcare professionals with information on the use of medicines. It includes information on how to select, prescribe, dispense and administer medicines.
11. Medicines are listed within the BNF by therapeutic groupings. The Prescription Cost Analysis system uses the therapeutic classifications defined in the British National Formulary (BNF) September 2013 (edition 66); this report is structured to follow the same classifications. Note that some medicines may have indications in addition to those under their BNF classification (see paragraph 309).

## Pharmaceutical Price Regulation Scheme (PPRS)

12. The Pharmaceutical Price Regulation Scheme (PPRS) is a voluntary agreement to control the prices of branded drugs sold to the NHS. It is negotiated between the Department of Health, acting on behalf of the UK government and Northern Ireland, and the branded pharmaceutical industry, represented by the ABPI. There was a new agreement reached in 2014 covering almost all branded medicines for the NHS.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/282523/Pharmaceutical\\_Price\\_Regulation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/282523/Pharmaceutical_Price_Regulation.pdf)

## Category M

13. The category M scheme is an arrangement where the net ingredient cost for selected generic formulations is controlled by the Department of Health, with the aim of reducing costs overall. Medicines subject to these arrangements are classified as category M in Part VIII of the Drug Tariff (see The Drug Tariff). The majority of these formulations have fallen in price, although some formulations have increased in price. These price adjustments, made on a quarterly basis, have contributed to shifts in the relative positions of BNF chapters and sections in the tables of this bulletin and affect overall cost per item.

## Terminology

14. Information within this bulletin is based on the number and net ingredient cost of prescription items dispensed in the community in England. Within the text commentary the terms 'prescribing' and 'dispensing', and 'prescribed' and 'dispensed' are interchangeable, meaning 'the number of items' dispensed. However, in some circumstances there is a distinct difference between these terms, as in Section 6, Generic prescribing, where 'prescribed' refers to how the prescription was written, and 'dispensed' refers to whether a branded or generic product was dispensed.
15. The term 'use' or 'volume' within the commentary also refers to 'the number of items dispensed'. The term 'cost' refers to 'net ingredient cost'. Figures for cost and items are given in millions and, for example, £1 million is shown as £1.0m and 1 million items is shown as 1.0m.

## Other Prescribing Information available from the HSCIC

16. A separate report on prescribing by dentists from Prescription Cost Analysis (PCA) data is published by the HSCIC.
17. In addition to the National Statistics from the annual PCA publication, the HSCIC also releases other prescribing information. This information is also derived from the system for reimbursing contractors, run by the NHS BSA. However, the specific source for this additional information is the ePACT system, which includes only prescriptions written in England and excludes prescriptions written by dentists and hospitals. The system also allows the information to be made available at a sub-national level.
18. The HSCIC releases information from ePACT in two separate formats:
  - Prescribing information at BNF Section level, for Clinical Commissioning Groups or Primary Care Trusts (prior to April 2013) in England, by quarter.
  - Prescribing information at BNF presentation level, for general practices in England, by month.
19. Other prescribing information available includes a separate report on 'Prescribing for Diabetes in England'.

These are available at:

<http://www.hscic.gov.uk/prescribing>

## 2 Key Facts: Changes

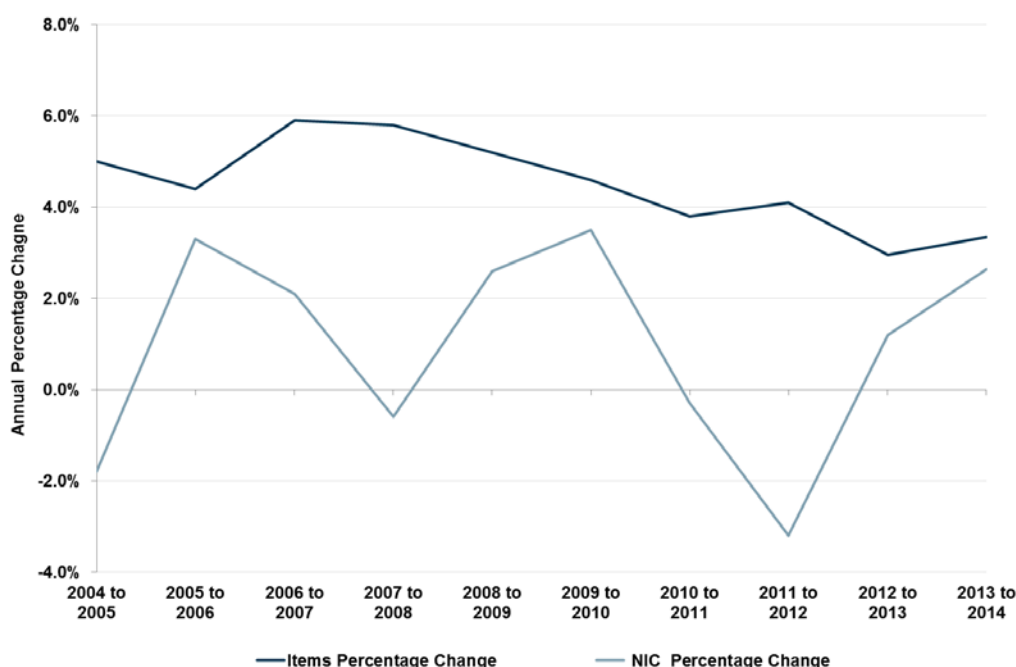
### The number of items dispensed - Overall

20. The total number of items dispensed in 2014 was 1,064.6 million, an increase of 3.3 per cent, (34.5m items) on the number dispensed in 2013. This is an increase of 55.2 per cent (378.4m) on the number dispensed in 2004, 686.1m items. See Appendix **Table A1**.

### The net ingredient cost of prescribing - Overall

21. The overall net ingredient cost of prescribing in 2014 was £8,852.6m, an increase of 2.6 per cent (£227.5m) on the cost in 2013. This is an increase of 9.6 per cent (£773m) on the cost in 2004. See Appendix **Table A1**.

**Figure 1 Items and Net Ingredient Cost, 2004 to 2014, annual percentage change**



22. Figure 1 compares the annual percentage changes for both items and cost since 2004. Between 2013 and 2014 growth rates for both items and cost have increased; a combination that has not occurred before, during the period shown.

## Analysis by BNF Classifications

23. Note that BNF Classifications can change and that comparisons over time may be affected by re-classifications or medicines moving between classifications.

### BNF Chapter Level

#### The number of items dispensed

See Appendix **Table A8**.

24. The top 5 chapters by number of items dispensed in 2014 are the same as in 2013 and 2004. *BNF Chapter 4, Central Nervous System* has seen the greatest increase in the number of items dispensed since 2013, 8.2m items.
25. With one exception, all BNF chapters in 2014 have seen an increase in the number of items dispensed since 2004 - items dispensed within BNF Chapter 20, Dressings, have fallen by 1.5 per cent.
26. Three chapters have seen the number of items rise in excess of 150 per cent since 2004, with the number of items for BNF Chapter 21, Appliances increasing threefold, BNF Chapter 9, Nutrition and Blood by nearly 160 per cent and BNF Chapter 23, Stoma Appliances by nearly 150 per cent.

### The net ingredient cost of prescribing

See Appendix **Table A8**

27. The top 5 chapters by cost, in 2014, are the same as in 2013 and appear in the same order; in 2004 the top 5 chapters included BNF Chapter 1, Gastro-intestinal system rather than BNF Chapter 9, Nutrition and blood, and BNF Chapter 2, Cardiovascular System had the greatest cost, £2,151.1m.
28. In 2014 BNF Chapter 4, Central Nervous System remains the chapter with the highest cost, £1,875.2m, although this is a slight decrease on the figure for 2013.
29. BNF Chapter 6, Endocrine System has seen the greatest increase in cost since 2013, with an increase of £88.1m (7.8 per cent). The cost of Dressings and Appliances (pseudo-BNF Chapters 20 to 23) has increased by 8.2 per cent (£60.2m).
30. The greatest decrease in cost since 2013 was for BNF Chapter 7, Obstetrics, gynaecology and urinary-tract infections, with a reduction of £26.6m (7.3 per cent).
31. Since 2004, six BNF Chapters have seen costs fall, led by BNF Chapter 2, Cardiovascular system, where costs have fallen by £1,147.6m.
32. In contrast, costs have increased by £1,572.0m combined for the four other BNF Chapters in the top five chapters by cost in 2014.

### BNF Section Level (Therapeutic Area)

#### The number of items dispensed

33. The number of BNF sections has altered between 2014 and 2004; 192 sections existed in 2004, 209 sections appear in 2014 - ten sections from 2004 do not appear in 2014, indicating that 27 new sections appear in 2014.
34. Of the top ten sections listed by the number of items dispensed in 2004, eight remain in the similar list for 2014. These are the following BNF Sections:
  - BNF Section 4.7 Analgesics
  - BNF Section 2.5 Hypertension and heart failure
  - BNF Section 2.2 Diuretics

- BNF Section 5.1 Antibacterial drugs
  - BNF Section 2.6 Nit, calc block & other antianginal drugs
  - BNF Section 2.12 Lipid-regulating drugs
  - BNF Section 4.3 Antidepressant drugs
  - BNF Section 2.9 Antiplatelet drugs
35. In terms of therapeutic area, the greatest increase in the volume of prescribing in 2014 (3.8m items) is of BNF Section 4.3, Antidepressant drugs; including increased use of sertraline, amitriptyline, mirtazapine and citalopram.
36. Other large increases in prescribing have occurred in 2014, similar in pattern to those seen in 2013, in the following areas:
- BNF Section 1.3 Anti-secretory drugs and mucosal protectants, with increased use of omeprazole, lansoprazole and ranitidine
  - BNF Section 6.1 Drugs used in diabetes, led by an increase in use of metformin hydrochloride, sitagliptin and linagliptin
  - BNF Section 9.6 Vitamins, with increased use of colecalciferol
  - BNF Section 4.7 Analgesics, with increased use of paracetamol, morphine, codeine and co-codamol
  - BNF Section 4.8 Antiepileptics, led by increased use of both gabapentin and pregabalin
  - BNF Section 2.12 Lipid regulating drugs, with increased use of atorvastatin
37. The therapeutic areas with the greatest decrease in the number of items dispensed in 2014 include:
- BNF Section 4.10 Drugs used in substance dependence, led by a fall in the use of nicotine
  - BNF Section 2.2 Diuretics, led by a fall in the use of bendroflumethiazide
  - BNF Section 4.6 Drugs used in nausea and vertigo, led by a fall in the use of domperidone
  - BNF Section 2.9 Antiplatelet drugs, led by a fall in the use of aspirin

### The net ingredient cost of prescribing

38. Of the top ten BNF sections listed by net ingredient cost in 2004, six remain in the similar list for 2014. These are the following BNF Sections:

- BNF Section 6.1 Drugs used in diabetes
- BNF Section 3.2 Corticosteroids (Respiratory)
- BNF Section 4.7 Analgesics
- BNF Section 3.1 Bronchodilators
- BNF Section 4.3 Antidepressant drugs
- BNF Section 2.12 Lipid-regulating drugs

Costs for BNF Section 4.3 Antidepressant drugs, and BNF Section 2.12 Lipid-regulating drugs have fallen since 2004.

39. See Appendix **Table A10**. In 2014, The top 5 therapeutic areas with the largest increases in costs were:

- BNF Section 6.1 Drugs used in diabetes, led by increased costs of metformin (under the category M scheme), linagliptin, sitagliptin and dapagliflozin

- BNF Section 4.8 Antiepileptic drugs, led by increased costs for gabapentin (under the category M scheme) and pregabalin.
  - BNF Section 2.8 Anticoagulants and protamine, led by increased costs for rivaroxaban, apixiban and dabigatran etexilate
  - BNF Section 9.4 Oral nutrition, with increased costs for enteral nutrition and 'other food for special diet preparations'
  - BNF Section 1.2 Antispasmodics and other drugs, led by increased costs for mebeverine (under the category M scheme)
40. The therapeutic area with the largest decrease in cost in 2014 was BNF Section 3.3 Cromoglicate and related therapy. The decrease in cost of £24.4m was due to price reductions for montelukast, under the category M scheme. See Appendix **Table A11**. Similar price reductions under the scheme occurred for medicines in the next three sections listed in the table.

## BNF Chemical Substance Level (excluding dressings and appliances)

### The number of items dispensed

41. The number of chemicals prescribed has altered between 2014 and 2004; 1,723 different chemicals were prescribed in 2004, 1,618 chemicals appear in 2014 – a fall of 105 chemical substances. There are 372 chemicals in 2004 which do not appear in 2014, and 267 new chemicals listed in 2014.
42. Of the top ten chemicals listed by the number of items dispensed in 2004, seven remain in the similar list for 2014. These are:
- aspirin
  - salbutamol
  - levothyroxine sodium
  - simvastatin
  - paracetamol
  - atorvastatin
  - lansoprazole.
43. Appendix **Table A3** shows the top 20 medicines in terms of the number of items dispensed in 2014. The medicines listed are the same twenty as in 2013, with some change in their order. Many of the drugs listed have seen increased use and contribute to over half of the overall increase in medicine use as a whole in 2014. Use of simvastatin, aspirin, amoxicillin and bendroflumethiazide fell by 4.7m items combined.
44. The drug with the greatest increase in the number of items dispensed in 2014 is atorvastatin, as in 2013, with 4.0m more items (see paragraph 116). Other medicines with an increase in the number of items dispensed greater than 1m and not listed in **Table A3**, are sertraline and losartan.

### The net ingredient cost of prescribing

45. Appendix **Table A2** shows the top 20 medicines by net ingredient cost in 2014. All of these have seen a rise in cost, with the exception of fluticasone propionate.

46. The leading ten medicines by increased costs, account for over £168m of additional costs; four do not appear in **Table A3**:- rivaroxaban, mebeverine hydrochloride, propranolol hydrochloride and nortriptyline.
47. Costs for some medicines have increased under the category M scheme, for example, metformin hydrochloride, by £17.9m and propranolol hydrochloride, by £14.1m. In contrast, costs for other medicines have fallen under the scheme, for example, sertraline by £36.2m and sildenafil (erectile dysfunction) by £27.4m.
48. Table 1 below shows the top 10 chemicals by net ingredient cost in 2004, and the number of items dispensed, the cost and the average net ingredient cost per item for 2004 and 2014. Four chemicals remain in the similar list by net ingredient cost for 2014; these are highlighted. They are - fluticasone propionate (Inh) and beclometasone dipropionate, (both inhaled corticosteroids), glucose blood testing reagents, and enteral nutrition.
49. All the chemicals in the table have seen increased use, with falling costs, and a lower cost per item, as suggested in paragraph 50 above. This is not the case for the four medicines listed above where the costs have risen.
50. Inhaled fluticasone propionate is the leading medicine by net ingredient cost, in 2014. In 2004 it was listed as fourth, by net ingredient cost, behind atorvastatin, simvastatin and lansoprazole. The average net ingredient cost per item for fluticasone propionate has fallen slightly between 2004 and 2014, unlike the average net ingredient cost per item for the three other medicines. Since 2004 the patents have expired for both atorvastatin and lansoprazole, leading to less costly generic alternatives becoming available, and generic alternatives were appearing for simvastatin just prior to 2004. See Table 1.

**Table 1** Items, net ingredient cost and average net ingredient cost per item in 2004 and 2014, for the top ten chemicals by net ingredient cost in 2004

	Items (millions)		NIC (£ millions)		NIC per Items	
	2004	2014	2004	2014	2004	2014
Atorvastatin	11.2	22.2	359.6	43.1	32.00	1.94
Simvastatin	12.7	37.8	250.9	50.6	19.78	1.34
Lansoprazole	10.2	21.6	228.4	40.3	22.43	1.86
<b>Fluticasone Propionate (Inh)</b>	<b>4.3</b>	<b>8.0</b>	<b>221.9</b>	<b>394.5</b>	<b>51.82</b>	<b>49.08</b>
Amlodipine	8.2	24.3	163.0	30.9	19.90	1.27
<b>Glucose Blood Testing Reagents</b>	<b>5.3</b>	<b>6.6</b>	<b>129.6</b>	<b>174.0</b>	<b>24.32</b>	<b>26.50</b>
Ramipril	9.0	26.0	125.8	40.0	14.01	1.54
<b>Beclometasone Dipropionate</b>	<b>9.2</b>	<b>10.3</b>	<b>122.4</b>	<b>122.6</b>	<b>13.37</b>	<b>11.87</b>
<b>Enteral Nutrition</b>	<b>1.7</b>	<b>5.8</b>	<b>117.2</b>	<b>259.6</b>	<b>67.54</b>	<b>45.13</b>
Olanzapine	1.4	2.2	109.9	6.6	79.85	3.06



51. With fluticasone propionate, generic alternatives have not appeared so prices have not changed and a fall in costs has not occurred. Use of inhalers containing fluticasone propionate only has fallen, as the use of compound preparations has increased. These include inhalers containing either salmeterol and fluticasone propionate, or formoterol and fluticasone propionate.
52. With beclometasone dipropionate use has increased by 12.8 per cent since 2004 and costs have fallen by 0.2 per cent. Generic, metered dose, dry powder inhalers are available but use of these is minimal in 2014; costs for these are over £70m less than in 2004. In contrast, since 2004, use of CFC-free aerosol inhalers has increased, with additional products becoming available during the following years and costs have risen.
53. Glucose blood testing reagents and enteral nutrition refer to groups of similar products rather than to specific ones. Individual products are listed under the BNF presentation in these cases. Many alternative and competing products exist for these areas and few generic products are available which may explain why average net ingredient costs have not fallen substantially. Although costs for enteral nutrition have fallen since 2004, the average cost per item is still relatively high in 2014.



## 3 Factors influencing prescribing

### Factors which may influence the number of prescription items dispensed

54. Given the current framework of NHS prescribing in both primary and secondary care, there are numerous factors which might influence the number of prescriptions dispensed within a year, including:
- the size of the population
  - the age structure of the population, notably the proportion of the those aged 60 and over, who generally receive more prescriptions than the younger age groups
  - improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
  - development of new medicines for conditions with limited treatment options
  - development of more medicines to treat common conditions
  - increased prevalence of some long term conditions, for example, diabetes
  - shifts in prescribing practice in response to national policy, and new guidance and evidence
  - increased prescribing for prevention or reducing risk of serious events, e.g. use of lipid-lowering drugs to reduce risk of stroke or heart attack.

### Factors which may influence the cost of prescription items

55. There are several influences on prescribing costs which need to be considered when comparing costs between different years. These include the controls of the PPRS agreement, the prices agreed in the Drug Tariff (see The Drug Tariff), the prices set in the category M scheme and the level of medicine use from one year to another.
56. For many individual medicines there is an expected pattern of behaviour for prices and costs:
- Prices are expected to be highest when the medicine first appears under patent.
  - Costs would be expected to rise as use of the medicine grew.
  - When the patent expires generic alternatives are likely to appear, at prices below the proprietary price. Costs fall as use switches from the dearer proprietary to the cheaper generic alternative. Prices for the proprietary may fall as well.

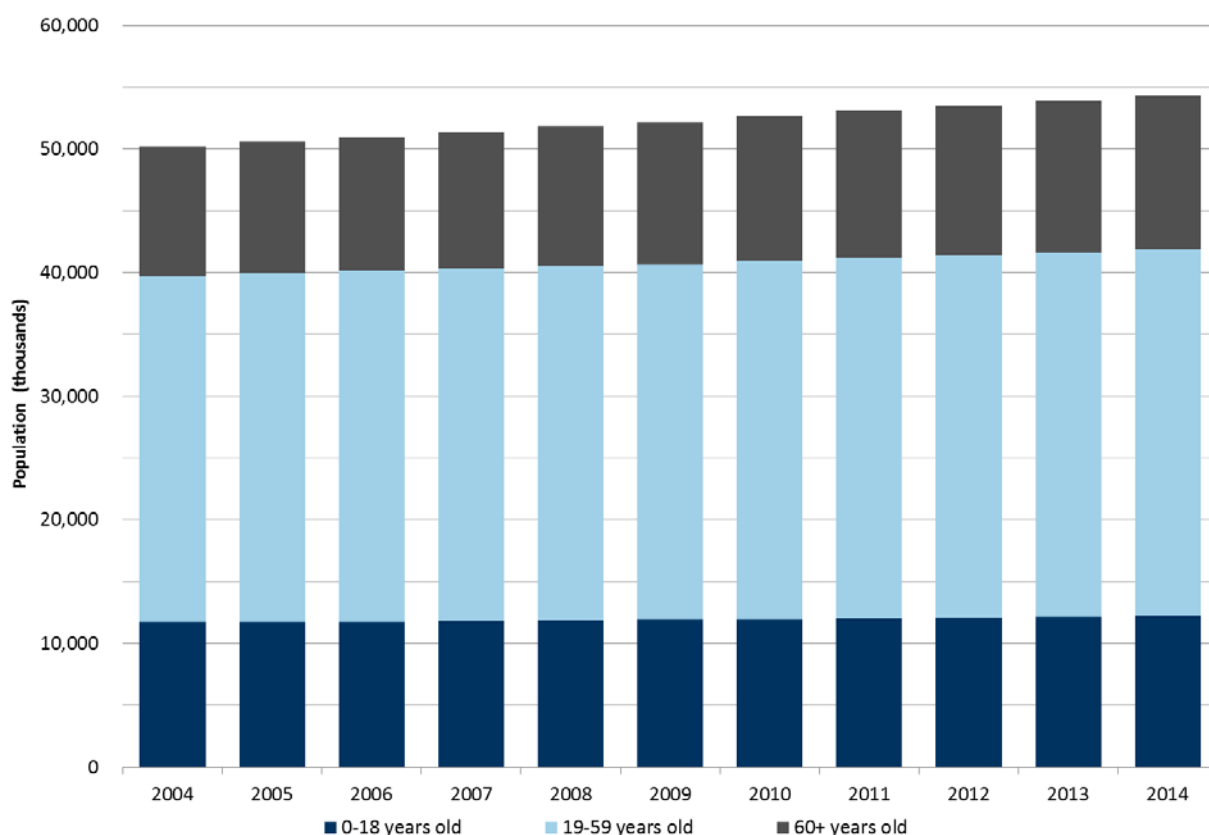
### The influence of population

57. One of the major underlying factors influencing the volume of prescription items dispensed is the age demographics of the population.
58. Although the overall size of the population is important, the demography of that population will also have an effect on the overall level of prescribing, as sections of the population may need more prescribed medical treatment than others; the older age groups are the most important section in this respect. A population with a proportionally large number of older patients is likely to receive more prescription items.
59. Information on the age and sex of patients is not collected directly in PCA. It is possible to gain some indication of the age of the patient receiving a prescription by using the information collected on charged and non-charged prescription items as three of the

exemption categories relate to age (see Chapter 7 Free and Charged Prescribing for further information).

60. Exempt prescription items represent 89.9 per cent of all prescriptions dispensed and give some indication of the proportion of items dispensed for each age group. Note that a patient can be exempt from the prescription charge for more than one reason, although age is likely to be the first exemption to be recorded. Note also that patients aged 16, 17 and 18 are exempt only if they are in full-time education. All patients aged 60 and over (60+) are exempt from prescription charges.
61. Figure 2 below shows the England population divided into the groups applied in the exemption categories, for each year from 2004; 0 to 18 years old (young), aged 60 and over (60+) and 19 to 59 years by default. Note that the two exemption categories for the young have been combined and that the England population will include all 16 -18 year-olds.
62. The overall population in England has risen, from 50.2m in 2004 to 54.3m in 2014, an increase of 4.1m (8.2%). Each of the three age groups has seen a rise in population; the young by 0.5m, the 19-59 age-group, by 1.7m, and those aged 60 and over by 2.0m.
63. Both the young and 19-59 age-group make up a smaller part of the total population in 2014 than they did in 2004: the former now make up 22.5 per cent and the latter 54.5 per cent. The 60+ proportion has increased from 20.9 per cent in 2004 to 22.9 per cent in 2014.

**Figure 2 Population of England, by age, from 2004 to 2014**



Annual Mid-year Population Estimates, 2014 (<http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/mid-2014/stb---mid-2014-uk-population-estimates.html>)

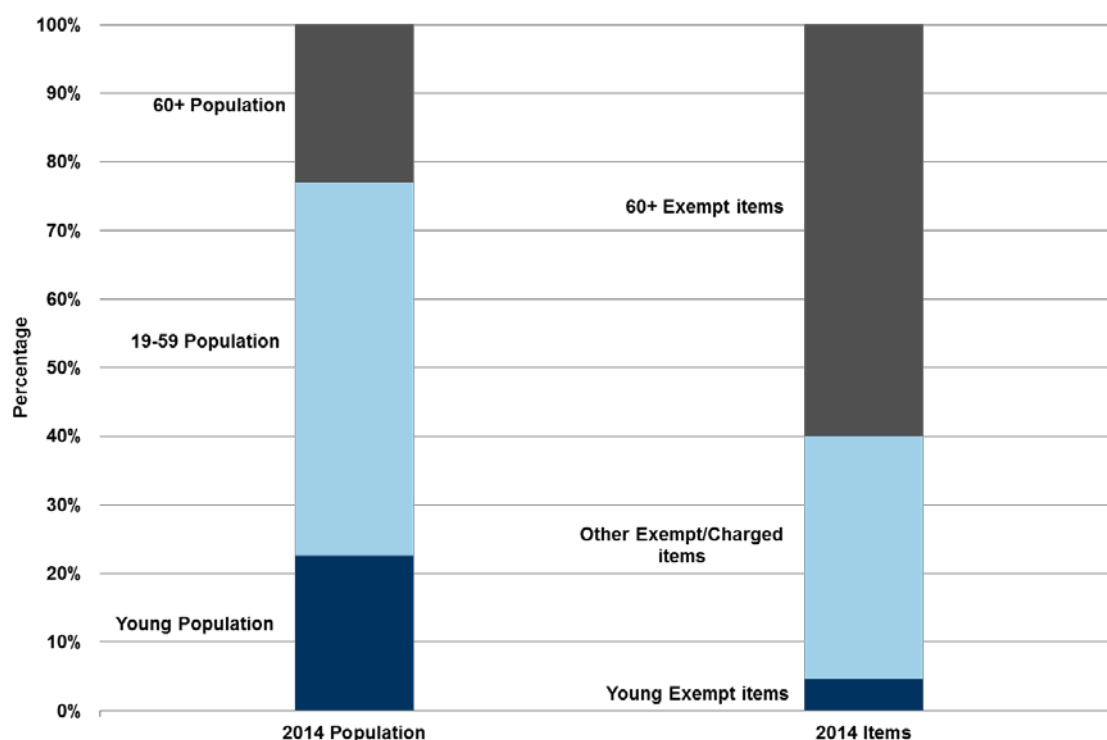
## Prescriptions Dispensed in the Community: England 2004-14

Annual Mid-year Population Estimates, 2013 (<http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/stb---mid-2013-uk-population-estimates.html>)

Annual Mid-year Population Estimates, 2011 and 2012 (<http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/mid-2011-and-mid-2012/stb---mid-2011---mid-2012-uk-population-estimates.html>)

Mid-2002 to Mid-2010 Population Estimates revised following the 2011 Census (<http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2002-to-mid-2010-revised-national/stb---mid-2002-to-mid-2010-revised-population-estimates-for-england-and-wales.html>)

64. The importance of the size of the 60+ age group, in terms of influencing the volume of prescriptions, can be illustrated by the use of information available on exempt prescription items. Figure 3 below shows, for 2014, the percentage of the population for England, in each exemption age-group alongside the percentage of all dispensed prescriptions by exemption age-group (as described above).
65. The first column shows that the 60+ and young age groups combined make up 45.4 per cent of the population. The second column shows the percentage of items dispensed to the same age groups. This illustrates that those claiming exemption from the charge due to being aged 60 or over (which make up 22.9 per cent of the population), accounted for 60.0 per cent of all the items dispensed in 2014. Those in the young age group (22.9 per cent of the population) received 4.7 per cent of the items dispensed. The remaining part of the 2014 Items column is made up of prescriptions exempt on other grounds, those that were charged, and those which were personally administered.
66. Table 2 and Table 3 give the actual percentage figures illustrated in the chart for 2014 and 2004 to show the trends. For both the population and the number of items the trend is the same; an increase in the proportion for the 60 + age group and a reduction in the other two groups.
67. More detailed information on prescriptions exempt from the prescription charge can be found in paragraph 322.

**Figure 3 Percentage of England population by exemption age groups and percentage of items dispensed by exemption age groups in 2014****Table 2 Percentage of England population by age group 2004 and 2014**

Year	Young Population	19-59 Population	60 + Population
2004	23.4%	55.7%	20.9%
2014	22.5%	54.5%	22.9%

**Table 3 Percentage of items dispensed by age group, 2004 and 2014**

Year	Charged Items	Other Exempt Items	60 + Exempt
2004	6.0%	37.0%	57.0%
2014	4.7%	35.4%	60.0%

68. Further discussion of the prevalence and use of prescribed medicines among the general population can, for the first time, be found in Chapter 5 the 2013 Health Survey for England:

<http://www.hscic.gov.uk/pubs/healthsurveyeng13>

### The number of items dispensed per head of population

69. The average number of prescription items issued per head of the population has increased steadily since 2004, from 13.7 to 19.6 per head in 2014; each patient receives 6 more items a year, on average, than in 2004.

70. This may not be solely the result of more medication being dispensed, although this is the major driver, following improved evidence of preventative interventions and for new medicines. It may also, in part, be due to changes in prescribing behaviour, especially in the duration of treatment each item is intended to cover.

#### **Net ingredient cost per head of population**

71. The average NIC per head of population has increased since 2004 from £161.24 to £162.98 in 2014. However this has not been a steady increase, with year on year decreases in the NIC per head of population noted in 2005, 2008, 2011 and 2012.

## 4 Prescribing Trends: 2004 to 2014, by BNF Section

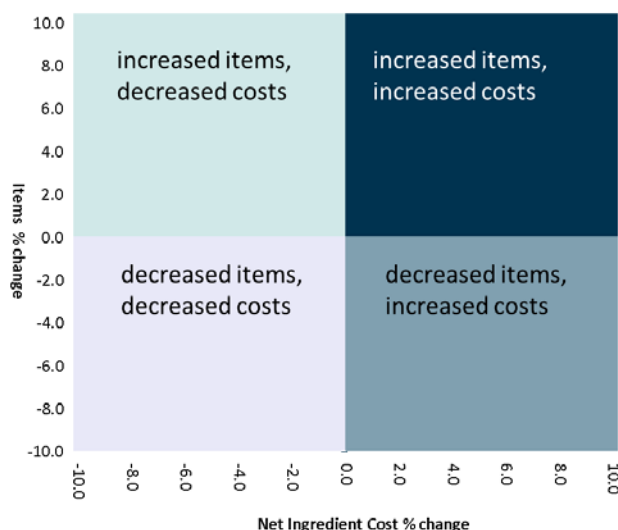
72. Appendix **Tables A9, A10** and **A11** show the top 20 BNF sections by NIC, increase in NIC and decrease in NIC for 2014.

73. In the following part of this report we look at each of the BNF sections included in those tables in detail. Note that some sections occur in more than one of these tables.

74. Additional details on therapeutic areas which have generated public and political interest are given in **Appendix 2: Additional analysis of therapeutic areas of major interest**.

75. For each section there is

- a brief description of the therapeutic area covered
- a table giving
  - the number of items dispensed and the cost for that section in 2014
  - the percentage and value of any increase or decrease in the number of items dispensed or the cost since 2013
  - the percentage and value of any increase or decrease in the number of items dispensed or the cost since 2004
  - the arrows indicate either an increase or decrease
- a list of medicines where price changes under the category M scheme have significantly affected the overall costs for these medicines – the arrows indicate whether the cost rose or fell for each medicine. Note that not all medicines with presentations listed under the category M scheme are included.
- a table listing the top 10 medicines by number of items dispensed for the medicines in that section. Details of the changes in the number of items dispensed and the cost from 2013 are given. It should be noted that not all sections contain 10 medicines. Totals at the bottom of each table are for the section as a whole, not just the medicines shown. Therefore the totals of the medicines displayed may differ from the total shown in the table.
- a chart showing the percentage change in the number of items dispensed, and the cost, between 2013 and 2014, for the top 5 medicines by cost, for that section.
  - The charts are split into four sections, which indicate the relationship between the change in the number of items dispensed and the change in cost, between 2013 and 2014.
  - For example, if a medicine appears in the top right section, use has increased and so has the cost. Similarly, if it appears in the bottom left section then use has fallen and costs have decreased. Medicines that appear in the top left section have increased use but costs have decreased, whilst those in the bottom right section will have the reverse of this (see diagram).
  - An increased rise or fall in the number of items dispensed should produce an equal reaction in the cost – where this does not occur it is likely that the price of the medicine has changed.
  - Please note that the scales on the charts may vary, and are not always equal for items and cost.
- a description of notable changes since 2004, where appropriate.



## BNF Sections with the greatest net ingredient cost in 2014, from Table A9.

### BNF 6.1 Drugs used in diabetes

Includes insulins, oral antidiabetic drugs and monitoring devices.  
(Hypodermic equipment, although listed in this BNF section is recorded in "Other appliances", an additional BNF section)

	2014		Since 2013			Since 2004	
Items dispensed	46.7m	↑	4.8%	2.1m	↑	90.8%	22.2m
Cost (NIC)	£849.1m	↑	7.0%	£55.3m	↑	88.5%	£398.5m

**Category M scheme** – metformin ↑ gliclazide ↑ pioglitazone ↓

76. Use of these medicines has increased at a rate similar to the previous year; costs have increase at twice the rate of the previous year; a 7.0 per cent increase in 2014, a 3.4 per cent increase in 2013.

**Table 4****Section 6.1 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Metformin Hydrochloride	18,839	982	5.5 %	96,182	17,916	22.9 %
Gliclazide	7,449	183	2.5 %	26,747	3,185	13.5 %
Glucose Blood Testing Reagents	6,563	179	2.8 %	173,959	3,038	1.8 %
Sitagliptin	2,098	238	12.8 %	79,513	8,134	11.4 %
Insulin Aspart	1,537	52	3.5 %	71,819	2,145	3.1 %
Insulin Glargine	1,380	21	1.5 %	78,826	606	0.8 %
Pioglitazone Hydrochloride	1,183	-135	-10.3 %	2,493	-3,203	-56.2 %
Biphasic Insulin Aspart	1,002	-38	-3.6 %	53,202	-1,993	-3.6 %
Glimepiride	798	-7	-0.9 %	2,202	274	14.2 %
Insulin Detemir	695	10	1.4 %	43,509	408	0.9 %
<b>Section 6.1 Total</b>	<b>46,711</b>	<b>2,140</b>	<b>4.8 %</b>	<b>849,112</b>	<b>55,307</b>	<b>7.0 %</b>

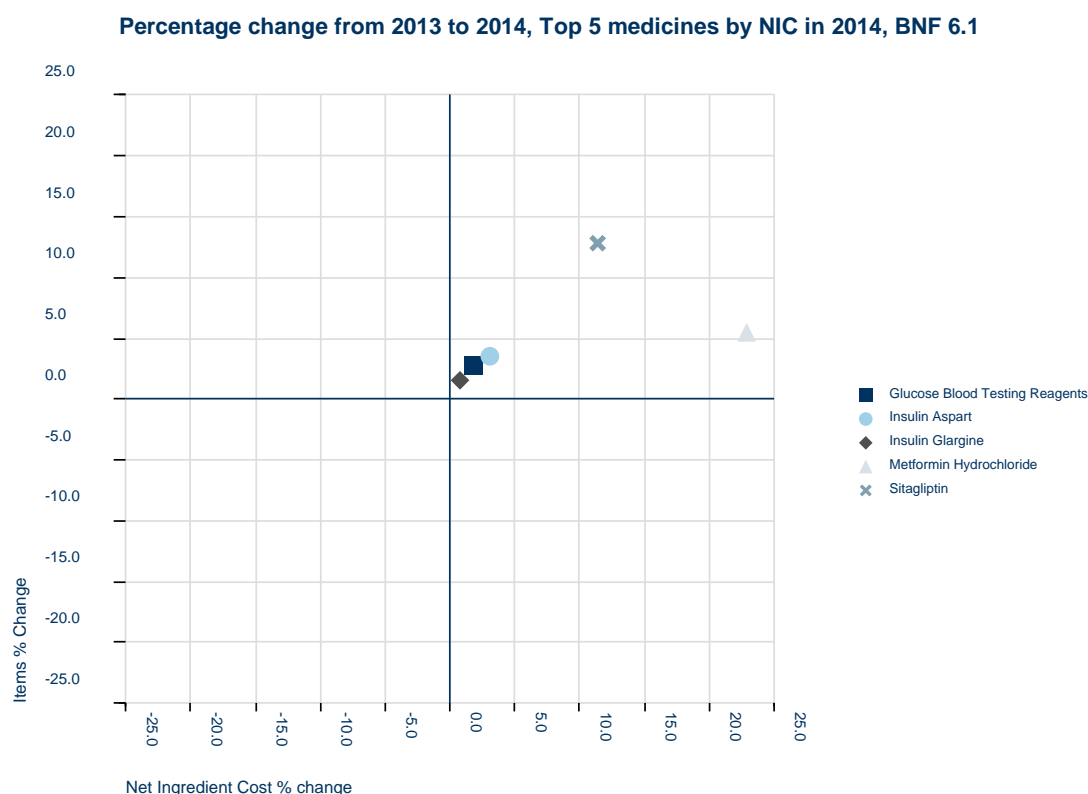
77. Table 4 shows that metformin, the leading medicine used in this section, accounts for much of the increase in cost. Use of generic modified-release tablets is still increasing as is use of the oral solution.

78. Use of

- pioglitazone hydrochloride has fallen again, at rate similar to that of the previous year
- linagliptin has doubled, with costs increasing by £9.0m
- exenatide has fallen by 9.2 per cent
- dapagliflozin has increased by 685.0 per cent with costs increasing by £6.9m



Figure 4



79. Figure 4 shows the leading medicines, by cost, all with increased costs since 2013, in line with increased use. The cost growth for metformin is far greater than the increase in use, following the price rises under the category M scheme.

80. More detailed analysis of prescribing for diabetes is given in the HSCIC publication Prescribing for Diabetes, England - 2005-06 to 2013-14. The next publication is due to be released in August 2015. The 2013/14 publication is available using the link below:

<http://www.hscic.gov.uk/pubs/presdiab0514>

### BNF 3.2 Corticosteroids (Respiratory)

Includes medicines used in the management of asthma and chronic obstructive pulmonary disease (COPD).

	2014	Since 2013		Since 2004	
Items dispensed	19.6m	↑	4.3%	0.8m	↑ 45.7%
Cost (NIC)	£700.3m	↑	3.4%	£15.9m	↑ 70.5%

81. Use of these medicines continues to increase; by 2.2 per cent in 2013 and by 4.3 per cent in 2014. There are just five medicines in this section, two of which have very low usage, see Table 5 and Figure 5.

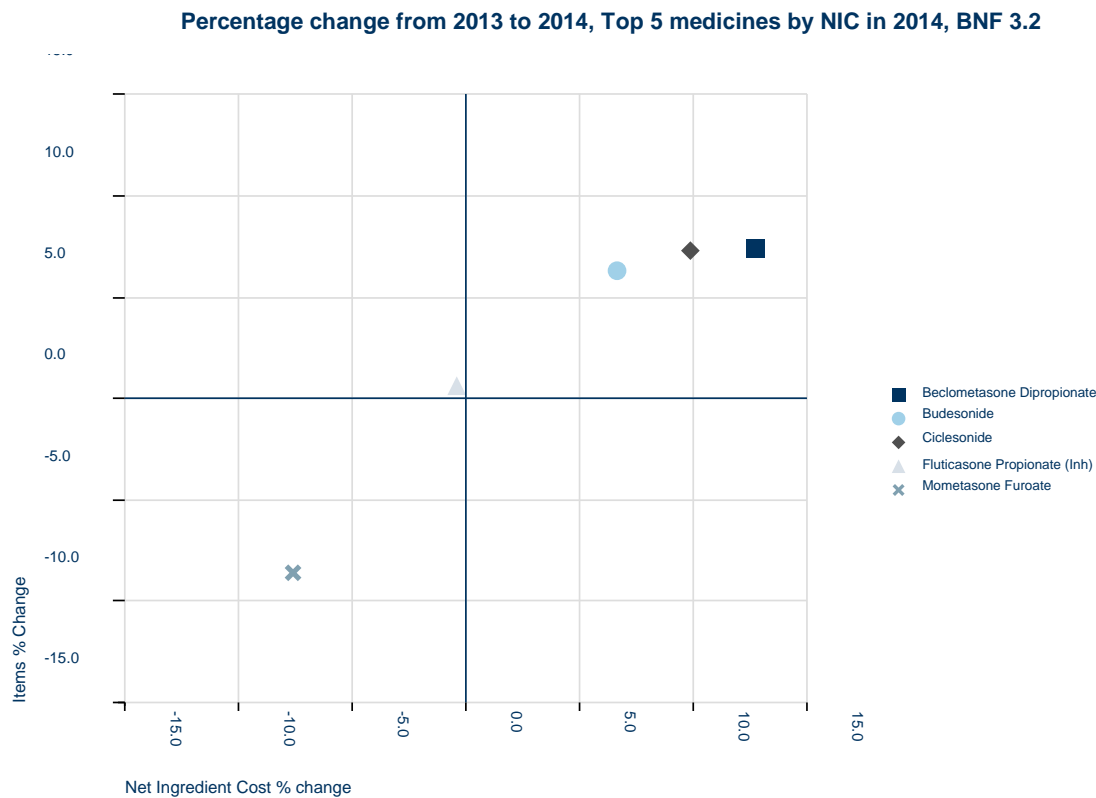
Table 5

## Section 3.2 - Top 5 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Fluticasone Propionate (Inh)	8,038	51	0.6 %	394,484	-1,613	-0.4 %
Beclometasone Dipropionate	7,522	521	7.4 %	115,434	13,048	12.7 %
Budesonide	4,038	240	6.3 %	188,764	11,764	6.6 %
Ciclesonide	41	3	7.3 %	1,371	123	9.9 %
Mometasone Furoate	7	-1	-8.6 %	198	-16	-7.6 %
<b>Section 3.2 Total</b>	<b>19,647</b>	<b>814</b>	<b>4.3 %</b>	<b>700,252</b>	<b>23,306</b>	<b>3.4 %</b>

82. With fluticasone propionate (Inh) there has been increased use of the 500mcg inhalers containing fluticasone and salmeterol, and a fall in use of other strengths. In addition, use of fluticasone and formoterol fumarate inhalers has increased. Overall, this has resulted in a fall in costs.
83. With beclometasone dipropionate there has been an increase in the use of 'Fostair' CFC-free inhalers of 43.8 per cent, with costs rising by £11.9m. MHRA guidance (see Medicines and Healthcare products Regulatory Agency (MHRA)) advises that these inhalers are not-interchangeable and should be prescribed by brand name, as the different brand formulations have different particle sizes and potency. A newly-licensed, extra-fine inhaler (beclometasone and formoterol) came onto the market in September 2014; 17,204 items were dispensed, with a cost of £0.6m.
84. Use of budesonide turbobhalers containing compound preparations is increasing, as use of the budesonide-only inhalers is falling; costs have risen in line with use.

Figure 5



BNF 4.7 Analgesics

Includes opioid analgesics and non-opioid analgesics such as paracetamol and aspirin and medicines to treat migraines

	2014		Since 2013			Since 2004	
Items dispensed	68.6m	↑	3.0%	2.0m	↑	47.3%	22.0m
Cost (NIC)	£535.4m	↑	4.1%	£21.0m	↑	80.2%	£238.3m

Category M scheme – paracetamol ↑ tramadol hydrochloride ↑

85. The growth in items and costs for this section overall is very similar to that seen in the previous year. See Table 6 below.

Table 6

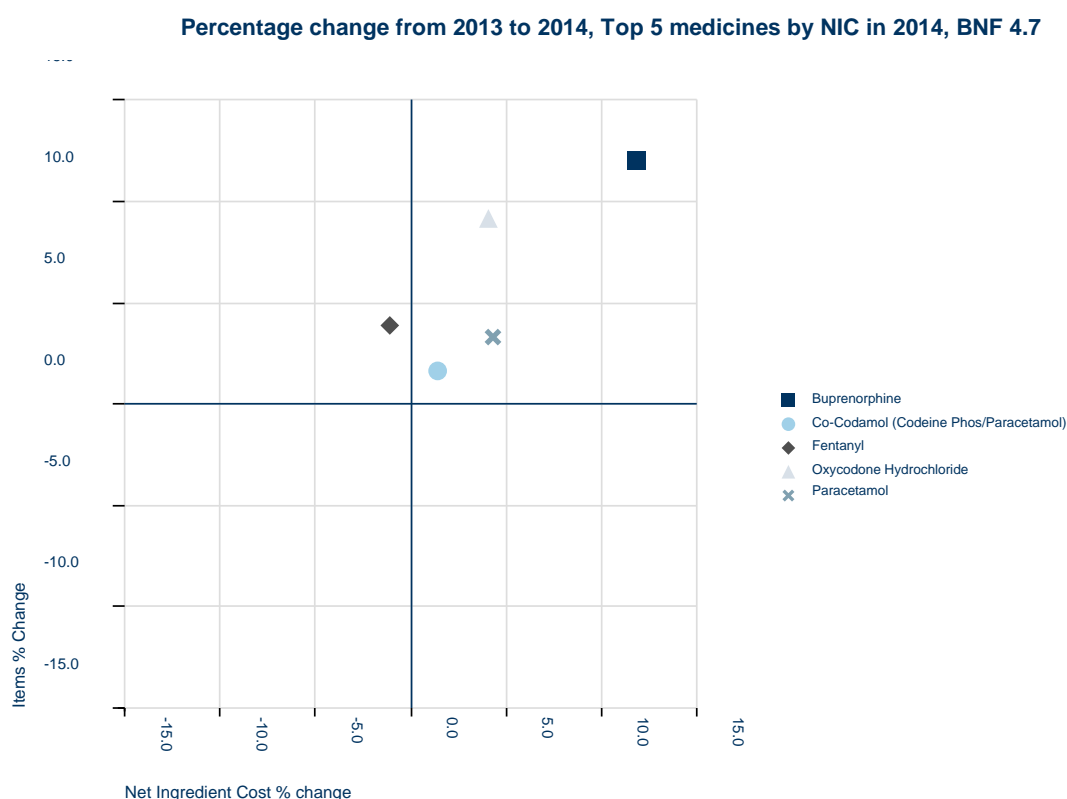
## Section 4.7 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Paracetamol	23,200	745	3.3 %	85,081	3,516	4.3 %
Co-Codamol (Codeine Phos/Paracetamol)	15,581	252	1.6 %	85,268	1,183	1.4 %
Tramadol Hydrochloride	7,909	-4	0.0 %	52,105	3,354	6.9 %
Codeine Phosphate	4,159	301	7.8 %	17,833	936	5.5 %
Morphine Sulfate	4,051	418	11.5 %	32,079	2,192	7.3 %
Co-Dydramol (Dihydrocodeine/Paracet)	2,762	-193	-6.5 %	12,044	-140	-1.1 %
Dihydrocodeine Tartrate	1,851	-33	-1.8 %	8,880	-341	-3.7 %
Buprenorphine	1,830	196	12.0 %	57,976	6,145	11.9 %
Sumatriptan Succinate	1,369	129	10.4 %	14,783	904	6.5 %
Oxycodone Hydrochloride	1,281	108	9.2 %	58,443	2,286	4.1 %
<b>Section 4.7 Total</b>	<b>68,568</b>	<b>2,026</b>	<b>3.0 %</b>	<b>535,424</b>	<b>21,040</b>	<b>4.1 %</b>

86. Paracetamol and aspirin are the only two non-opioid analgesics in this section; use of aspirin has fallen by 18.1 per cent, use of paracetamol both alone and in combination with codeine has risen; use in combination with dihydrocodeine has fallen. (Note that aspirin is also used as an antiplatelet (see BNF Section 2.9) although at a much lower dose.)
87. Use of several opioid analgesics has increased by over 10 per cent, including buprenorphine, with costs increasing by £6.1m.
88. Figure 6 shows a general picture of increased costs alongside increased use, except for fentanyl, where costs have fallen. Use of some generic fentanyl patches has fallen as the use of branded generic patches has increased, some of which are less expensive than the generic versions.
89. Use of tramadol has fallen slightly but costs have increased by 6.9 per cent, £3.4m. The increased cost is due to a combination of category M price increases for the 50mg capsules and increased use of modified release preparations.

90. Since 2004, use of analgesics has increased by 22.0m items, led by an increased use of paracetamol, by 10.8m items, co-codamol, by 5.6m items and tramadol hydrochloride, by 4.8m items. There was a fall in the use of co-proxamol of 7.1m items.
91. Costs have increased for buprenorphine, by £52.7m, oxycodone hydrochloride, by £47.0m and fentanyl, by £26.5m; these are all proprietary medicines. Costs have also risen for paracetamol, by £70.8m, co-codamol, by £28.7m, tramadol hydrochloride, by £11.8m and codeine phosphate by £10.4m after price changes. Sumatriptan succinate was a proprietary medicine in 2004 and costs have fallen by £22.9m since generic formulations became available after then.

Figure 6



### BNF 4.8 Antiepileptic drugs

See also: **Appendix 2: Additional analysis of therapeutic areas of major interest.**

Includes medicines to prevent seizures, and to assist recovery during a seizure (status epilepticus)

	2014	Since 2013		Since 2004	
Items dispensed	21.1m	↑	10.6%	2.0m	↑ 144.5%
Cost (NIC)	£486.5m	↑	10.6%	£46.6m	↑ 151.0%

**Category M scheme – levetiracetam ↓ gabapentin ↑**

92. The growth in items and costs for this section overall is very similar to that seen in the previous year. This section has seen the highest growth in cost (£46.6m) of all sections after BNF Section 6.1, Drugs for diabetes.
93. The majority of this additional spend was on pregabalin, £36.1m, and much of the remainder on gabapentin (see Table 7). The increased cost for pregabalin was the largest increase for any medicine in 2014. Costs fell for three leading medicines totalling £11.0m.

Table 7

## Section 4.8 - Top 10 medicines by Items, 2014

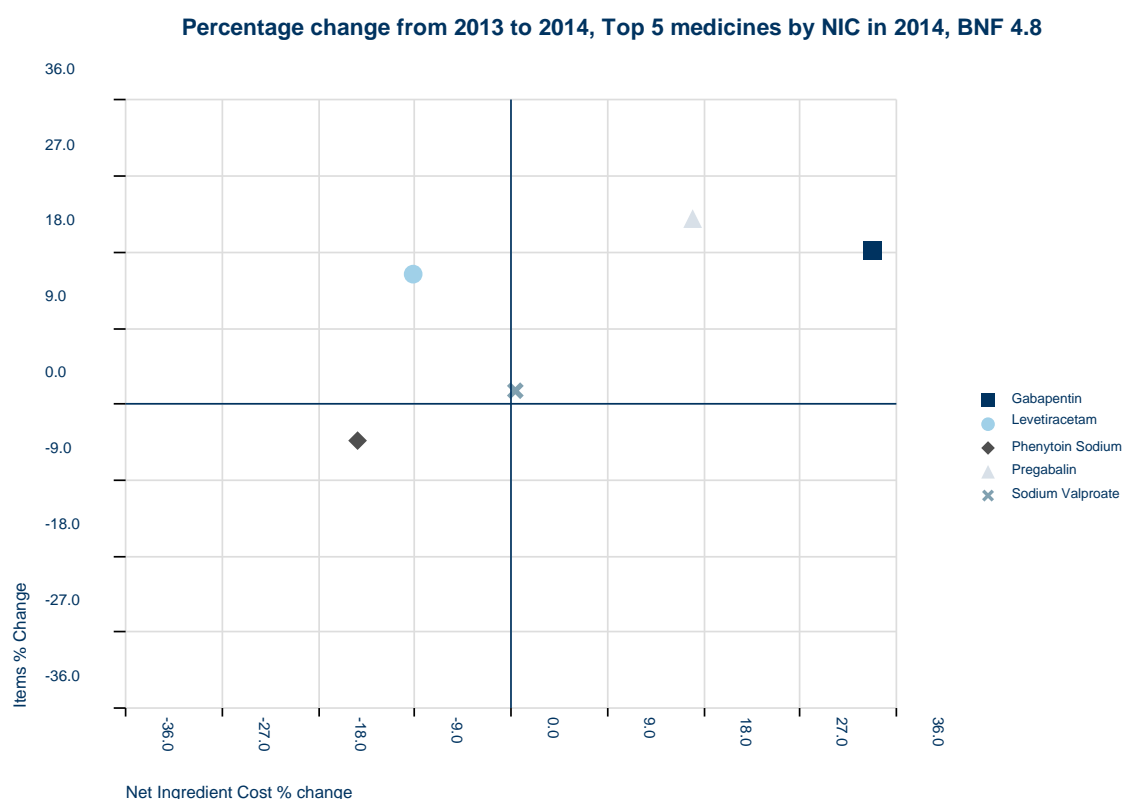
BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Gabapentin	4,979	767	18.2 %	35,826	9,049	33.8 %
Pregabalin	4,086	737	22.0 %	248,845	36,098	17.0 %
Sodium Valproate	2,624	41	1.6 %	32,511	128	0.4 %
Carbamazepine	2,419	-17	-0.7 %	22,418	-1,242	-5.2 %
Lamotrigine	2,059	171	9.1 %	16,277	1,509	10.2 %
Levetiracetam	1,390	186	15.4 %	24,694	-2,489	-9.2 %
Phenytoin Sodium	894	-40	-4.3 %	43,604	-7,306	-14.4 %
Clonazepam	847	49	6.1 %	3,399	396	13.2 %
Topiramate	663	74	12.6 %	8,800	483	5.8 %
Clobazam	250	16	6.7 %	6,601	1,662	33.6 %
<b>Section 4.8 Total</b>	<b>21,072</b>	<b>2,024</b>	<b>10.6 %</b>	<b>486,495</b>	<b>46,618</b>	<b>10.6 %</b>

94. Figure 7 shows the effect of price changes for three of the leading medicines.

## Use of

- phenytoin sodium fell by 4.3 per cent in 2014 but a large reduction in the price of capsules lowered costs by 14.4 per cent (£7.3m)
- levetiracetam increased by 15.4 per cent but prices for the oral solution were reduced, with costs falling by £2.5m
- gabapentin rose by 18.2 per cent but price rises increased costs by 33.8 per cent. Use of the oral solution doubled to 9,882 items, raising costs by £0.9m.
- perampanel has increased by 148.4 per cent raising costs by £1.5m
- retigabine has more than halved

Figure 7



95. In 2004, 8.6m items were dispensed in this section; 2.4m items were of carbamazepine and a further 2.9m were either of sodium valproate, phenytoin sodium or gabapentin. In 2014, the number of items dispensed was 21.1m, an increase of 144.5 per cent (12.5m). Of this increase, 5.0m items were of gabapentin and 4.1m items were of pregabalin. Use of carbamazepine and sodium valproate has remained at similar levels to those seen in 2004.
96. In 2004 the majority of the cost (£112.9m) was for gabapentin and lamotrigine, with £19.7m being for sodium valproate. In 2014, costs were £486.5m, an increase of £292.7m (151.0 per cent); £247.3m of this increase was for pregabalin.

**BNF 9.4 Oral nutrition**

Includes food for special diets and enteral nutrition, for patients with chronic illnesses or conditions who cannot feed normally.

Note that individual products in this section are not listed at this level in the BNF – areas such as enteral nutrition refer to groups of similar products rather than to specific ones. Individual products are listed under the BNF presentation in these cases.

Since these products are not medicines they can be supplied to patients via other routes, so use shown here is an underestimate.

	2014	Since 2013			Since 2004		
Items dispensed	8.9m	↓	-1.8%	-0.2m	↑	124.4%	4.9m
Cost (NIC)	£375.6m	↑	6.7%	£23.7m	↑	129.8%	£212.2m

97. As in the previous year use has fallen, with costs increasing, see Table 8. Much of the fall in use was in enteral nutrition, and more specifically, in a fall in use of flavoured 'Ensure Plus milkshakes' (0.3m items). In terms of costs, there were large increases for 'Fortisip Compact Liquid' (7 Flav), £1.9m following increased use and £2.6m for 'Ensure Compact Liquid' (3 Flav).

98. Within 'Other Food For Special Diet Preparations', the increased use was mainly of 'Neocate LCP Pdr', 'Nutramigen 1 LIPIL Pdr' and 'Calogen Extra Shots Emuls' (2 Flav). Costs for these rose by £5.9m combined.

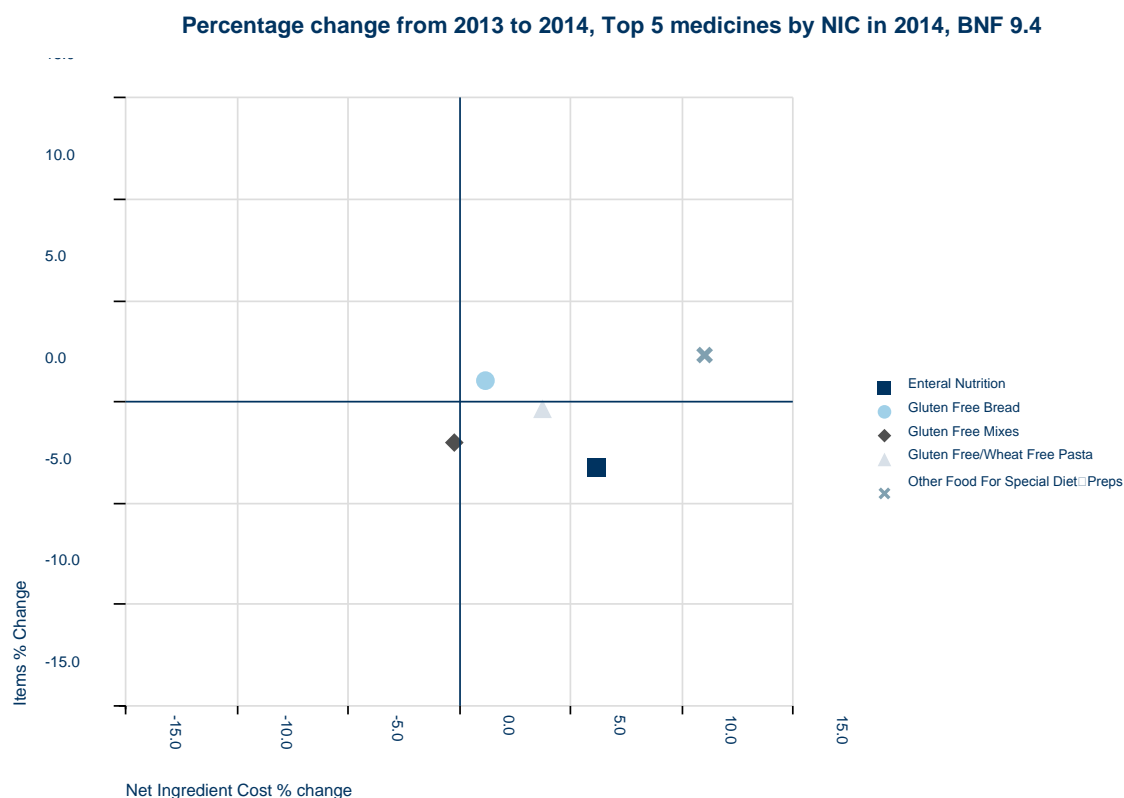
**Table 8****Section 9.4 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Enteral Nutrition	5,753	-191	-3.2 %	259,611	15,068	6.2 %
Other Food For Special Diet Preps	1,254	28	2.3 %	87,553	8,701	11.0 %
Gluten Free Bread	735	8	1.1 %	15,530	180	1.2 %
Gluten Free/Wheat Free Pasta	271	-1	-0.3 %	2,634	95	3.7 %
Gluten Free Mixes	190	-4	-2.0 %	3,991	-9	-0.2 %
Gluten Free/Wheat Free Bread	156	-31	-16.8 %	1,957	-467	-19.3 %
Gluten Free/Wheat Free Biscuits	142	-24	-14.3 %	878	-164	-15.7 %
Gluten Free/Wheat Free Cereals	128	46	57.3 %	704	287	68.9 %
Gluten Free Biscuits	55	-2	-4.2 %	414	-47	-10.3 %
Gluten Free/Wheat Free Mixes	34	1	3.5 %	525	27	5.4 %
<b>Section 9.4 Total</b>	<b>8,863</b>	<b>-160</b>	<b>-1.8 %</b>	<b>375,594</b>	<b>23,741</b>	<b>6.7 %</b>

99. Figure 8 shows increasing costs for 4 medicines with use both falling and rising.



Figure 8



### BNF 3.1 Bronchodilators

Includes medicines used in the management of asthma, bronchitis or chronic obstructive pulmonary disease (COPD)

	2014		Since 2013			Since 2004	
Items dispensed	30.6m	↑	4.6%	1.3m	↑	23.5%	5.8m
Cost (NIC)	£324.3m	↑	4.4%	£13.8m	↑	27.9%	£70.7m

100. Use of these medicines increased more in 2014 than in 2013, by 1.3m items rather than by 0.4m items; costs have risen but by £1.4m less.
101. Table 9 shows that the majority of additional items dispensed were of salbutamol and that the additional costs were mainly for tiotropium, glycopyrronium bromide and aclidinium bromide.
102. Tiotropium, used to treat COPD, is available as either a powder, in hard capsules or as a solution in inhalation. Use of the powder, provided as a refill pack or with the inhaler device has increased. Use of the solution has fallen by 12.0 per cent, with costs falling by £3.3m.
103. Use of glycopyrronium bromide and aclidinium bromide, new in 2013, has risen again with the combined cost rising by £7.3m; the former is also used in other indications.

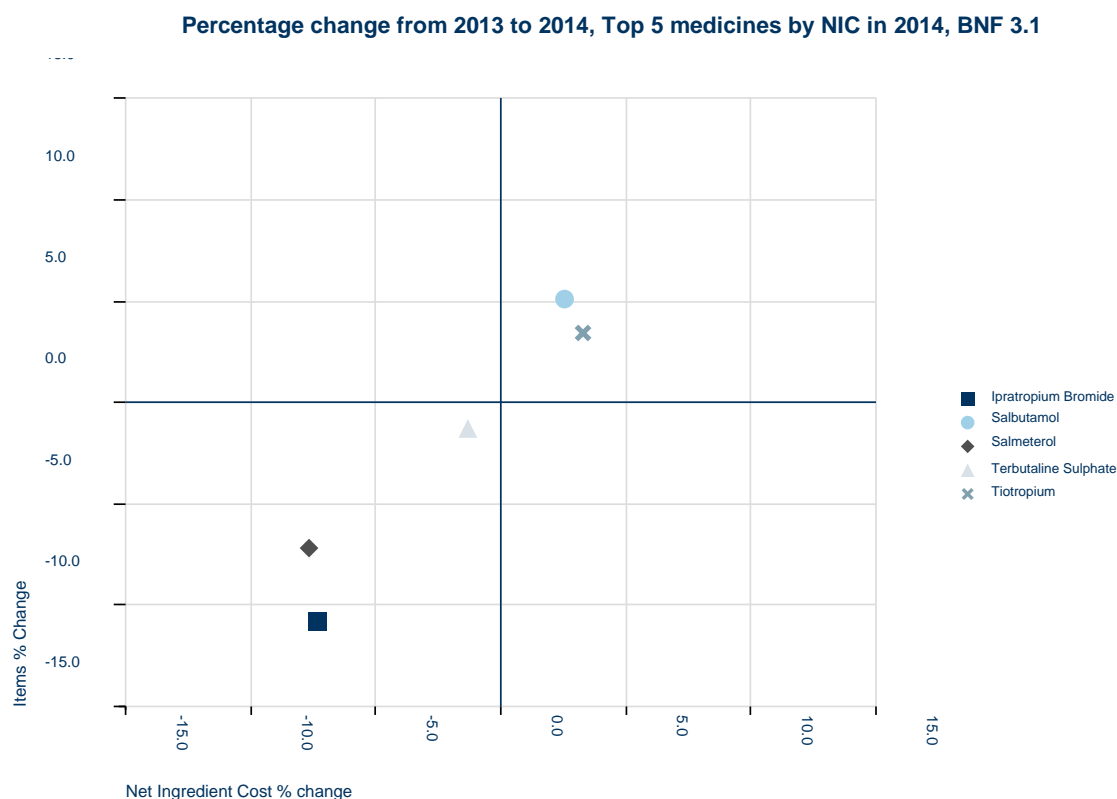
Table 9

## Section 3.1 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Salbutamol	21,759	1,058	5.1 %	63,020	1,564	2.5 %
Tiotropium	4,867	162	3.4 %	191,319	6,083	3.3 %
Salmeterol	855	-66	-7.2 %	31,423	-2,613	-7.7 %
Ipratropium Bromide	843	-102	-10.8 %	7,983	-631	-7.3 %
Terbutaline Sulphate	734	-9	-1.3 %	7,089	-95	-1.3 %
Theophylline	547	3	0.5 %	2,135	-122	-5.4 %
Aminophylline Hydrate	352	-11	-3.0 %	985	-44	-4.2 %
Glycopyrronium Bromide	201	121	153.0 %	6,067	3,763	163.3 %
Formoterol Fumarate	164	15	9.9 %	5,206	273	5.5 %
Acclidinium Bromide	162	109	208.9 %	5,091	3,469	213.9 %
<b>Section 3.1 Total</b>	<b>30,604</b>	<b>1,344</b>	<b>4.6 %</b>	<b>324,251</b>	<b>13,793</b>	<b>4.4 %</b>

104. Figure 9 shows the leading medicines with changes in use and costs generally in line. Non-proprietary formulations of ipratropium bromide were used in 2014 with use of the branded product falling by 30.9 per cent.

Figure 9



**BNF 4.3 Antidepressant drugs****See also: Appendix 2: Additional analysis of therapeutic areas of major interest.**

Includes medicines for depressive illness, generalised anxiety disorder (GAD), obsessive-compulsive disorder, and panic attacks.

	2014	Since 2013		Since 2004	
Items dispensed	57.1m	↑	7.2%	3.8m	↑ 97.1%
Cost (NIC)	£265.0m	↓	-6.1%	-£17.1m	↓ -33.9%
					28.2m
					-£135.7m

**Category M scheme** – citalopram ↑, sertraline ↓, dosulepin hydrochloride ↑

105. Use of these medicines continues to increase although costs have fallen this year. Costs have fluctuated over recent years as prices have changed within the category M scheme; costs rose 33.6 per cent in 2013 whereas they have fallen by 6.1 per cent in 2014.
106. Table 10 shows that use of the leading medicine, citalopram has increased this year after changing little between 2012 and 2013. Sertraline hydrochloride has seen a rise in use of 23.1 per cent this year; in 2013 it increased by 28.6 per cent. Under the category M scheme in 2013 costs rose by £45.1m; this year the cost has fallen by 59.3 per cent (£36.2m).
107. For venlafaxine use of generic modified-release capsules has fallen, reducing costs by £2.0m. Use of generic tablets and of branded modified release tablets has increased, raising costs by £2.6m.

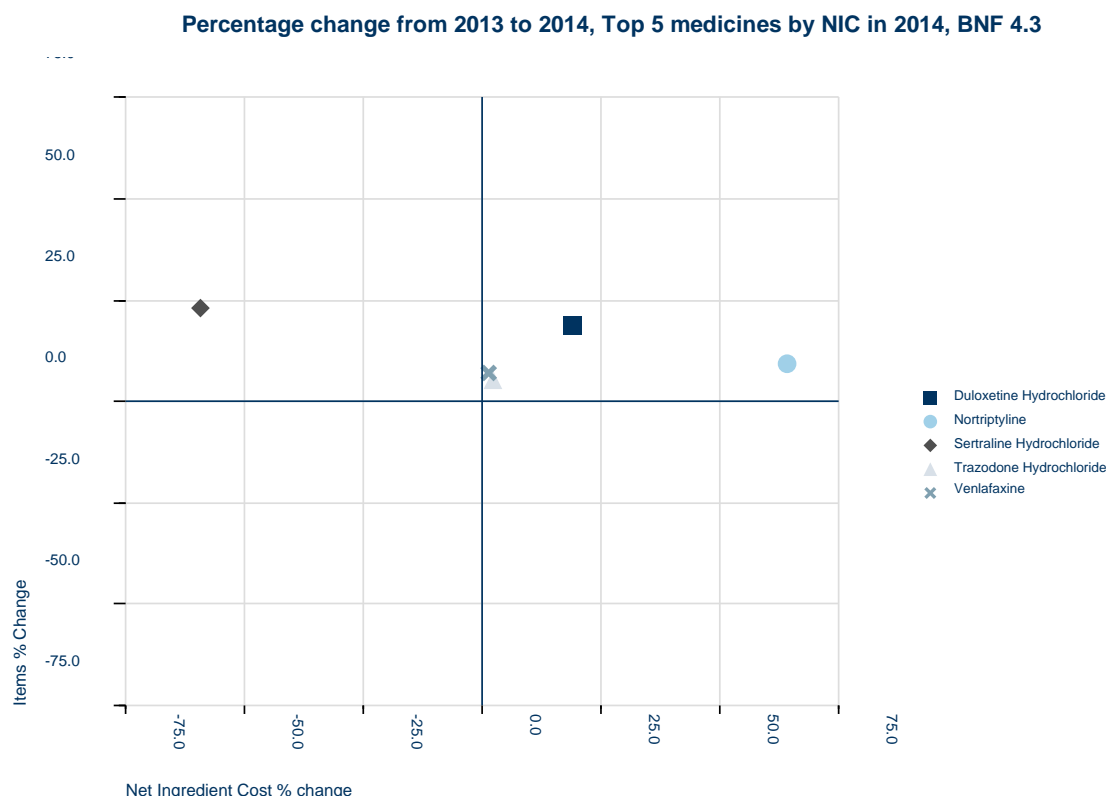
**Table 10****Section 4.3 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Citalopram Hydrobromide	14,055	353	2.6 %	16,156	647	4.2 %
Amitriptyline Hydrochloride	11,851	760	6.8 %	19,527	2,217	12.8 %
Sertraline Hydrochloride	7,762	1,457	23.1 %	24,849	-36,238	-59.3 %
Fluoxetine Hydrochloride	6,222	205	3.4 %	12,371	244	2.0 %
Mirtazapine	6,057	765	14.5 %	10,257	-222	-2.1 %
Venlafaxine	3,367	223	7.1 %	50,476	674	1.4 %
Paroxetine Hydrochloride	1,489	-24	-1.6 %	5,983	119	2.0 %
Duloxetine Hydrochloride	1,394	221	18.9 %	39,582	6,295	18.9 %
Dosulepin Hydrochloride	1,174	-131	-10.1 %	3,689	281	8.2 %
Trazodone Hydrochloride	1,050	54	5.4 %	19,637	432	2.2 %
<b>Section 4.3 Total</b>	<b>57,148</b>	<b>3,821</b>	<b>7.2 %</b>	<b>265,004</b>	<b>-17,118</b>	<b>-6.1 %</b>

108. Use of many tricyclic antidepressants has fallen, except for amitriptyline hydrochloride and nortriptyline; both can be used to treat neuropathic pain (unlicensed use) as well as depressive illness – use in both conditions is all recorded in this BNF section. The price of nortriptyline continues to increase with costs rising by 64.2 per cent (£10.8m) to £27.6m.

109. Figure 10 shows that all five leading medicines have increased use and increased costs, with the exception of sertraline hydrochloride. Use of duloxetine hydrochloride increased by 21.5 per cent in 2013 and has increased by 18.9 per cent this year, with costs rising in line.

Figure 10



110. Since 2004, use of antidepressants has increased by 28.2m items, led by increased use of citalopram hydrobromide, by 9.5m items, amitriptyline hydrochloride, by 6.5m items, sertraline hydrochloride, by 5.9m items and mirtazapine, by 5.0m items.

111. The fall in costs is largely the result of some medicines becoming available as generic formulations and price changes under the category M scheme. Citalopram hydrobromide, venlafaxine, sertraline hydrochloride and mirtazapine were all proprietary medicines in 2004 and generic formulations have become available since; costs have fallen by £159.0m for these combined. In addition, costs for paroxetine hydrochloride have fallen by £45.8m after price changes.

112. Costs have increased for some medicines; the introduction of duloxetine hydrochloride after 2004 has increased costs by £39.6m, price changes for nortriptyline have increased costs by £26.2m and with price changes under the category M scheme, costs for trazodone hydrochloride have risen by £11.8m.

**BNF 2.12 Lipid-regulating drugs****See also: Appendix 2: Additional analysis of therapeutic areas of major interest.**

Includes statin medicines to help lower the amount of cholesterol in the blood and reduce the risk of heart attacks and strokes.

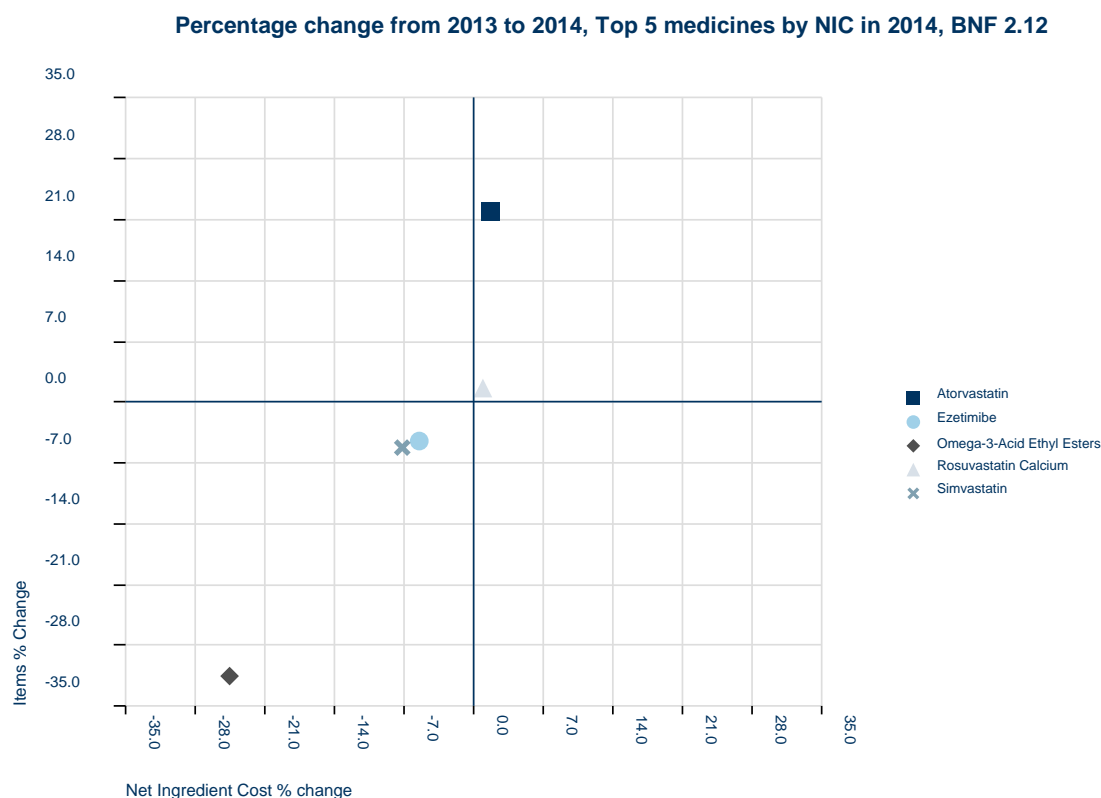
	2014	Since 2013		Since 2004	
Items dispensed	68.4m	↑	2.5%	1.6m	↑ 132.4%
Cost (NIC)	£233.7m	↓	-3.3%	-£8.0m	↓ -69.6%
					39.0m
					-£535.6m

**Category M scheme** – simvastatin ↓, atorvastatin ↓, pravastatin ↓ fenofibrate↑**Table 11****Section 2.12 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Simvastatin	37,768	-2,088	-5.2 %	50,640	-3,928	-7.2 %
Atorvastatin	22,249	3,999	21.9 %	43,129	709	1.7 %
Pravastatin Sodium	2,978	-38	-1.3 %	5,970	-1,291	-17.8 %
Rosuvastatin Calcium	1,846	29	1.6 %	46,063	419	0.9 %
Ezetimibe	1,717	-81	-4.5 %	53,552	-3,107	-5.5 %
Fenofibrate	567	13	2.3 %	4,836	815	20.3 %
Bezafibrate	550	-7	-1.3 %	4,414	-167	-3.6 %
Omega-3-Acid Ethyl Esters	339	-156	-31.5 %	9,464	-3,083	-24.6 %
Fluvastatin Sodium	146	-8	-4.9 %	994	-147	-12.9 %
Colestyramine	110	6	5.5 %	2,628	499	23.4 %
<b>Section 2.12 Total</b>	<b>68,437</b>	<b>1,642</b>	<b>2.5 %</b>	<b>233,679</b>	<b>-8,049</b>	<b>-3.3 %</b>

113. Use of these medicines has increased in 2014 but by less than in the previous year. Table 11 above shows that use of simvastatin has fallen by 5.2 per cent; that of atorvastatin has increased by 21.9 per cent. (see Appendix 2 for more details).
114. Guidance from NICE (see National Institute for Health and Care Excellence (NICE)), issued in 2014, stated that the threshold for starting preventative treatment (in the form of statin prescribing) for cardiovascular disease should be halved from a 20 per cent risk of developing the disease over 10 years to a 10 per cent risk. The guidance specifically mentions atorvastatin 20mg preparations. In short, if the guidance is followed and patients accept the treatment, use of the medicine will increase further.
115. Use of pravastatin (especially the 40 mg tablets) has fallen this year after increasing in 2013. Costs have fallen by 17.8 per cent. Use of omega-3-acid ethyl esters continues to fall, by 16.1 per cent in 2013 and 31.5 per cent this year; costs have fallen by £3.1m.
116. Figure 11 shows three medicines with falling use and costs in line, and rosuvastatin with use and cost increasing in line. The effect of the reduction in costs for atorvastatin is also clearly visible.

Figure 11



117. Since 2004, use of these medicines has increased by 39.0m items and costs have fallen by £535.6m. Use of simvastatin has increased by 25.1m items, atorvastatin by 11.0m items and ezetimibe by 1.4m items.

118. In 2004, generic formulations of simvastatin already existed and costs fell by £200.2m as a result of price changes under the category M scheme. Atorvastatin, pravastatin sodium and fluvastatin sodium, all proprietary medicines in 2004, appeared as generic formulations after then and had prices changed under the category M scheme: costs for atorvastatin fell by £316.4m, for pravastatin sodium by £82.9m and for fluvastatin sodium by £11.0m.

119. Costs for ezetimibe have increased by £43.3m and for rosuvastatin calcium by £19.2m; both of these are still proprietary medicines.

## BNF 7.4 Drugs for genito-urinary disorders

Includes treatments for urinary incontinence, urinary retention and erectile dysfunction.

	2014	Since 2013		Since 2004	
Items dispensed	15.6m	↑	10.2%	1.4m	↑ 161.1%
Cost (NIC)	£232.5m	↓	-7.6%	-£19.1m	↑ 46.9%
					£74.2m

**Category M scheme** – sildenafil ↓, oxybutynin ↓,

120. Use of these medicines continued to rise in 2014, at a rate similar to that seen in the previous year. Costs have also fallen again but to a greater extent.
121. Much of the increased use (1.4m items) is of tamsulosin hydrochloride and sildenafil, with mirabegron and solifenacin also contributing to the total. Use of tamsulosin hydrochloride has increased at the same rate as the previous year but sildenafil growth is three times that seen in 2013. Mirabegron is a newer drug, with low volume use in the first years – around 41,000 items in 2013 and 236,000 in 2014.
122. Costs for
- tamsulosin hydrochloride fell as the price of modified-release capsules fell in early 2014
  - sildenafil fell by 85.9 per cent – generic alternatives became available in 2013 and use of branded products has fallen by 93.8 per cent with costs falling by £16.3m
  - tolterodine have fallen by £2.9m, largely as a result of a fall in the use of branded modified-release capsules and additional use of less expensive branded generic alternatives

**Table 12**
**Section 7.4 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Tamsulosin Hydrochloride	5,510	552	11.1 %	31,024	-388	-1.2 %
Solifenacin	2,347	176	8.1 %	73,397	4,915	7.2 %
Sildenafil (Erectile Dysfunction)	1,770	372	26.6 %	4,476	-27,359	-85.9 %
Oxybutynin	1,748	71	4.2 %	16,700	-1,266	-7.0 %
Tolterodine	1,171	46	4.1 %	19,429	-2,869	-12.9 %
Tadalafil	849	-31	-3.6 %	36,570	149	0.4 %
Alfuzosin Hydrochloride	602	-19	-3.1 %	7,822	-479	-5.8 %
Trospium Chloride	305	26	9.1 %	6,446	397	6.6 %
Fesoterodine Fumarate	251	21	9.3 %	7,061	489	7.4 %
Mirabegron	236	195	477.3 %	7,137	5,866	461.4 %
<b>Section 7.4 Total</b>	<b>15,614</b>	<b>1,449</b>	<b>10.2 %</b>	<b>232,496</b>	<b>-19,130</b>	<b>-7.6 %</b>

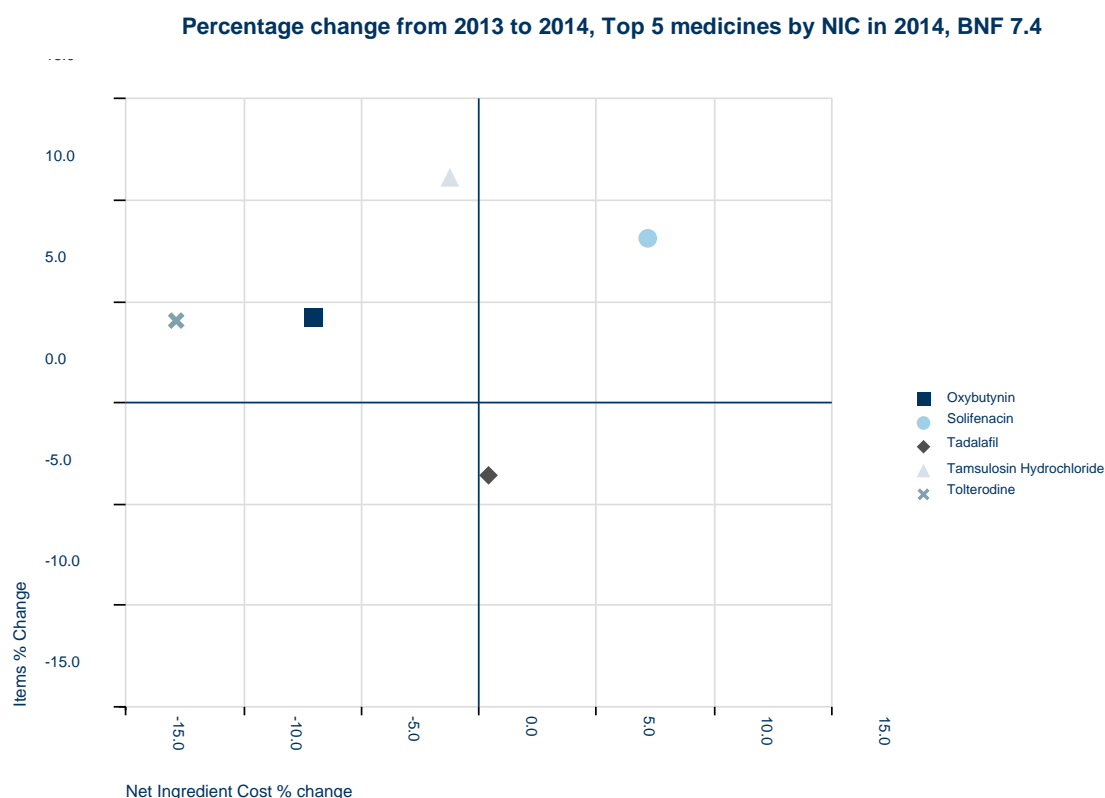
123. Figure 12 below shows a scattered chart with four medicines with increased use but only one with increased costs. Use of tadalafil has fallen but costs have increased slightly as use of the 10mg and 20mg tablets has fallen, by 7.7 per cent, and use of the more costly 2.5mg and 5mg tablets has increased.

124. Since 2004, use of the medicines in this section has increased by 161.1 per cent with costs rising by 46.9 per cent. The increase in use is mainly of tamsulosin hydrochloride, 4.1m items, solifenacin, 2.3m items and oxybutynin, 0.7m items.

125. Costs have risen by £73.2m for solifenacin and £28.8m for tadalafil, and, for two medicines which appeared after 2004, mirabegron, by £7.1m, and fesoterodine

fumarate, by £7.1m. Costs for two medicines, for which generic formulations were unavailable in 2004, have fallen; sildenafil (erectile dysfunction) by £26.8m and tolterodine by £17.1m.

Figure 12



## BNF 5.1 Antibacterial drugs

See also: Appendix 2: Additional analysis of therapeutic areas of major interest.

These are grouped into 13 separate paragraphs within the BNF classifications.

	2014	Since 2013		Since 2004	
Items dispensed	41.7m	↑	0.2%	0.1m	↑ 14.3%
Cost (NIC)	£197.6m	↑	2.9%	£5.6m	↑ 15.6%

**Category M scheme** – flucloxacillin sodium ↓, co-amoxiclav ↑, metronidazole ↑

126. Use of these medicines increased slightly in 2014, having fallen in the previous year. Costs have increased more significantly. Table 13 shows that use of the leading medicine amoxicillin has fallen, along with three others. The largest increases in use were of doxycycline hyclate and clarithromycin.

127. The largest increase in cost was for nitrofurantoin, where changes in the preparations used were the main cause. Use of proprietary capsules fell, reducing costs by £4.6m. Use of generic nitrofurantoin 50mg tablets also fell, reducing costs by £2.8m. Two new generic



preparations were used in 2014, 50mg and 100mg capsules, costing £12.0m. In addition, use of modified-release 100mg capsules increased by 139.1 per cent, costing £1.7m.

128. Costs for co-amoxiclav and metronidazole have risen as a result of price changes.

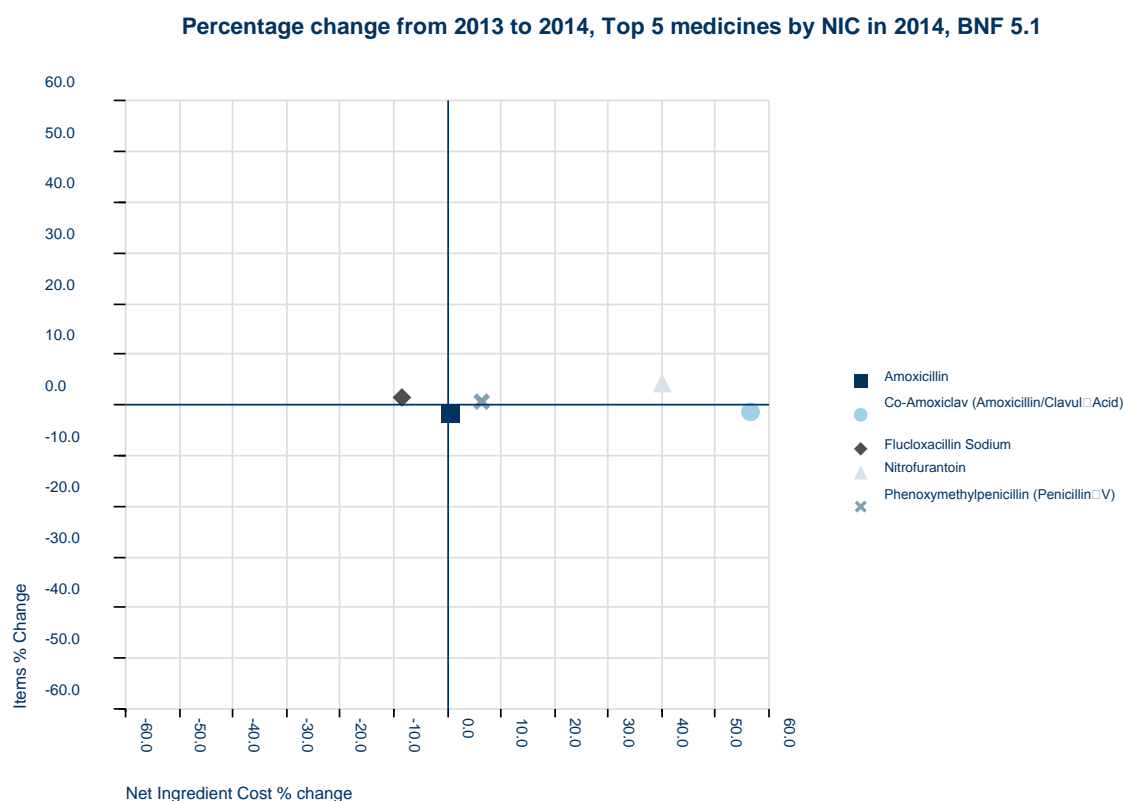
**Table 13**

**Section 5.1 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Amoxicillin	12,974	-222	-1.7 %	20,146	130	0.6 %
Flucloxacillin Sodium	4,349	65	1.5 %	23,783	-2,208	-8.5 %
Trimethoprim	4,002	98	2.5 %	3,850	-285	-6.9 %
Doxycycline Hyclate	2,460	189	8.3 %	5,178	353	7.3 %
Phenoxymethylpenicillin (Penicillin V)	2,452	17	0.7 %	23,373	1,403	6.4 %
Clarithromycin	2,398	152	6.8 %	8,031	-1,803	-18.3 %
Co-Amoxiclav (Amoxicillin/Clavul Acid)	2,167	-29	-1.3 %	13,271	4,794	56.5 %
Nitrofurantoin	2,159	90	4.4 %	24,338	6,962	40.1 %
Metronidazole	1,817	-42	-2.3 %	4,381	972	28.5 %
Erythromycin	1,252	-158	-11.2 %	4,559	-1,537	-25.2 %
<b>Section 5.1 Total</b>	<b>41,684</b>	<b>66</b>	<b>0.2 %</b>	<b>197,585</b>	<b>5,601</b>	<b>2.9 %</b>

129. Figure 13 shows the effect of the large costs increases for two medicines where changes in the number of items dispensed have been relatively small. The price for flucloxacillin sodium oral solution (125mg/5ml) fell in 2014, reducing costs by £2.4m.

Figure 13



## BNF 2.6 Nitrates, calcium-channel blockers and other antianginal drugs

Includes medicines to dilate blood vessels, to treat angina, hypertension and heart failure

	2014	Since 2013		Since 2004	
Items dispensed	47.0m	↑	2.5%	1.1m	↑ 53.0%
Cost (NIC)	£194.6m	↓	-1.8%	-£3.5m	↑ -52.8% -£217.9m

**Category M scheme** – isosorbide mononitrate ↓, nicorandil ↓, amlodipine ↓

130. Use of these medicines has increased at a rate similar to that seen in the previous year. However, costs have fallen rather than risen, as in 2013. Table 14 shows that just two of the leading medicines had any substantial increase in use, amlodipine and lercanidipine hydrochloride. Six medicines had a fall in use.

131. No medicine had any substantial increase in cost but isosorbide mononitrate and nicorandil had substantial falls in cost, £7.9m combined. Use of ivabradine has increased by 26.3 per cent and ranolazine by 50.4 per cent, with increased costs of £4.1m combined.

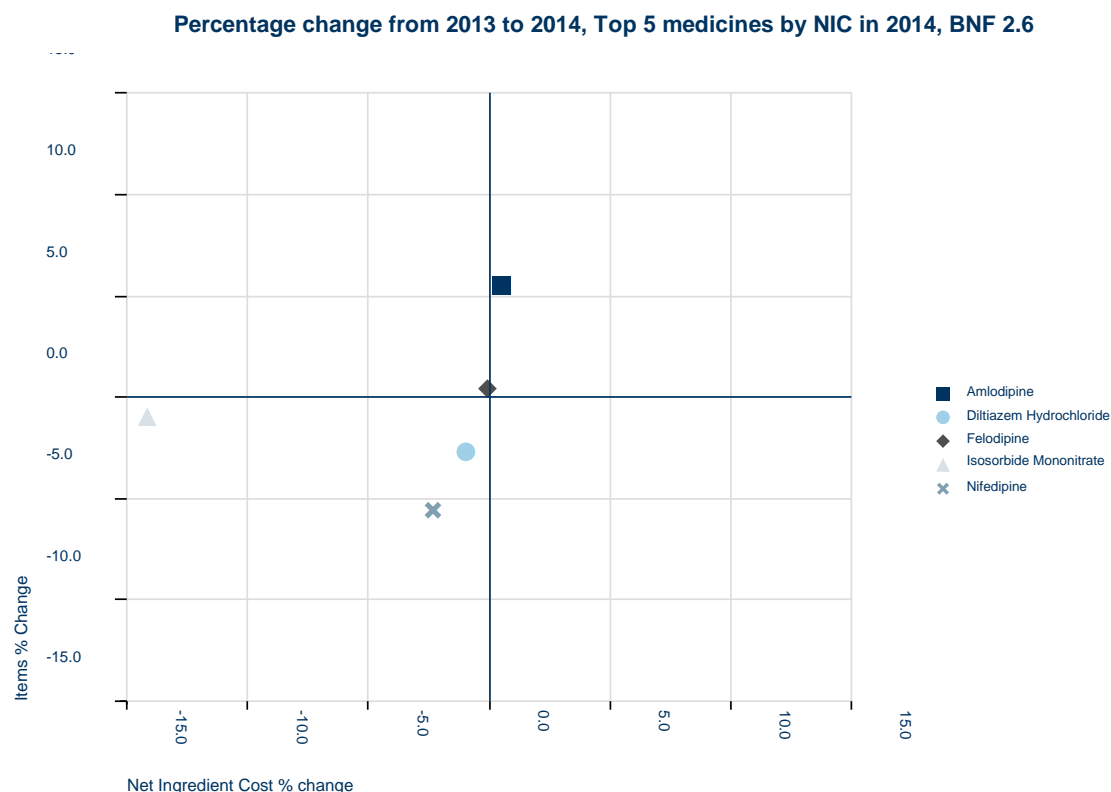
Table 14

## Section 2.6 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Amlodipine	24,345	1,270	5.5 %	30,929	152	0.5 %
Isosorbide Mononitrate	4,977	-48	-1.0 %	33,330	-5,501	-14.2 %
Felodipine	3,896	17	0.4 %	25,426	-19	-0.1 %
Diltiazem Hydrochloride	3,174	-88	-2.7 %	30,994	-303	-1.0 %
Nifedipine	2,354	-139	-5.6 %	20,613	-492	-2.3 %
Nicorandil	2,101	-43	-2.0 %	9,743	-2,391	-19.7 %
Glycerol Trinitrate	1,977	-53	-2.6 %	7,289	454	6.6 %
Lercanidipine Hydrochloride	1,937	160	9.0 %	4,135	173	4.4 %
Verapamil Hydrochloride	808	-19	-2.3 %	5,938	-65	-1.1 %
Lacidipine	542	6	1.2 %	2,164	15	0.7 %
<b>Section 2.6 Total</b>	<b>46,992</b>	<b>1,124</b>	<b>2.5 %</b>	<b>194,585</b>	<b>-3,498</b>	<b>-1.8 %</b>

132. Figure 14 shows little increase in cost for the medicines with the largest costs in this section, except for amlodipine. For diltiazem hydrochloride, where the majority of the leading preparations saw a fall in use, the price of 60mg modified-release tablets has increased on a monthly basis, raising costs by 53.8 per cent in 2014 (£0.9m).

Figure 14



133. Since 2004, use of the medicines in this section has increased by 53.0 per cent and costs have decreased, by a similar amount. Much of the increased use is of amlodipine, by 16.2m items with use of lercanidipine hydrochloride increasing by 1.4m items and use of nifedipine falling by 1.5m items.

134. The fall in costs is in part, the result of some medicines becoming available as generic formulations and largely, price changes under the category M scheme. This has reduced costs for many medicines: amlodipine £132.1m, nifedipine £32.3m, isosorbide mononitrate, £13.8m, diltiazem hydrochloride £11.3m and nicorandil £10.8m. Costs for felodipine fell by £13.7m after reductions in proprietary prices

### BNF 2.5 Hypertension and heart failure

Includes medicines to treat high blood pressure and heart failure.

	2014	Since 2013		Since 2004	
Items dispensed	70.1m	↑	2.1%	↑	81.6%
Cost (NIC)	£175.2m	↓	-11.8%	↓	-71.3%
			1.4m		31.5m
			-£23.5m		-£434.9m

**Category M scheme** – valsartan ↑, candesartan cilexetil ↓, perindopril erbumine ↓, irbesartan ↓, losartan potassium ↓, doxazosin mesilate ↓, enalapril maleate ↓, ramipril ↓

135. The growth in the number of items dispensed this year is very similar to the growth seen in 2013. Costs have fallen again but not to the same extent.

**Table 15**

**Section 2.5 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Ramipril	25,951	1,011	4.1 %	39,969	108	0.3 %
Lisinopril	9,860	-147	-1.5 %	14,518	-404	-2.7 %
Losartan Potassium	8,038	1,098	15.8 %	14,486	-116	-0.8 %
Doxazosin Mesilate	6,332	122	2.0 %	19,860	-1,595	-7.4 %
Candesartan Cilexetil	6,133	481	8.5 %	21,500	-9,200	-30.0 %
Perindopril Erbumine	5,197	-104	-2.0 %	9,130	-2,736	-23.1 %
Enalapril Maleate	2,116	-123	-5.5 %	3,837	-423	-9.9 %
Irbesartan	2,048	7	0.4 %	5,473	-2,033	-27.1 %
Valsartan	725	-693	-48.9 %	6,383	540	9.2 %
Olmesartan Medoxomil	638	-49	-7.2 %	9,460	-731	-7.2 %
<b>Section 2.5 Total</b>	<b>70,072</b>	<b>1,420</b>	<b>2.1 %</b>	<b>175,166</b>	<b>-23,451</b>	<b>-11.8 %</b>

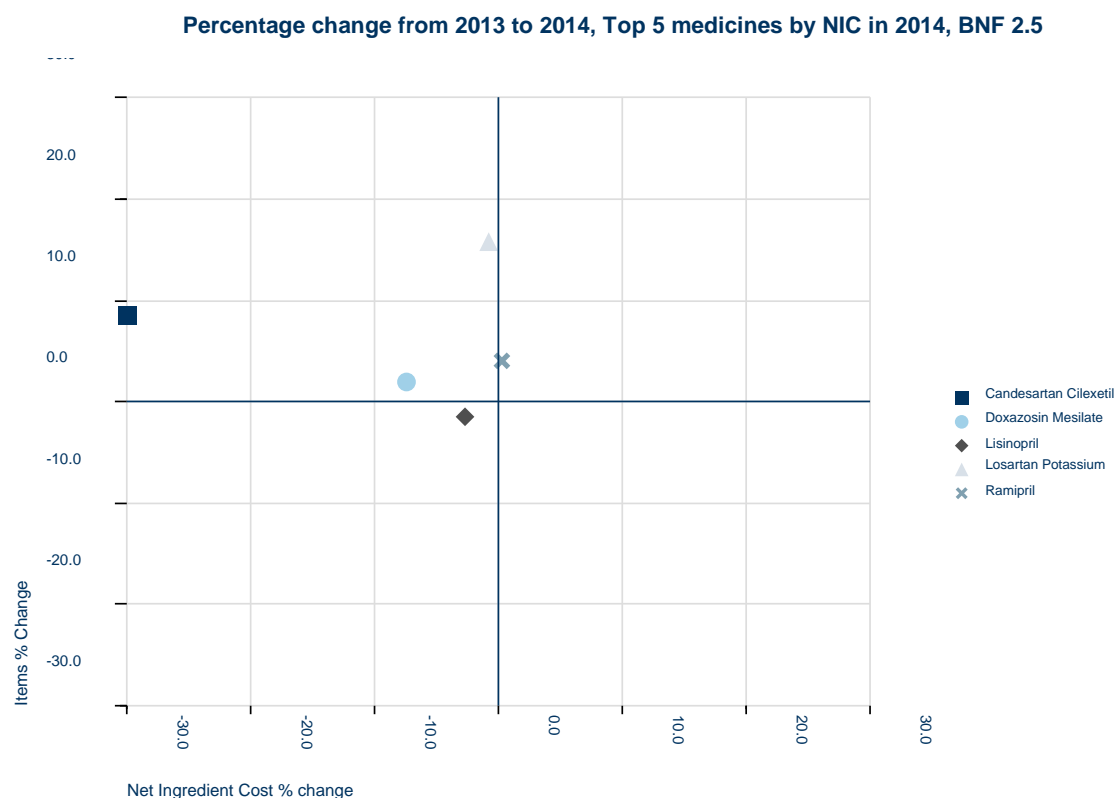
136. Table 15 shows that use of the leading medicine, ramipril, has risen by 4.1 per cent, 1.0m items. Use of losartan potassium has increased by a similar volume, representing a 15.8 per cent increase. Five of the medicines in Table 15 have seen a fall in use, notably valsartan, where the number of dispensed items is now less than 1m; costs have increased however, after price increases. Costs for eight of the medicines have fallen as many have preparations within the category M scheme.

137. Figure 15 shows four medicines with falling costs, with just one having a fall in use. There was increased use of losartan generic tablet presentations; use of the 12.5mg tablets increased by 26.8 per cent. Use of doxazosin mesilate tablets has also increased although prices have fallen. Use of the modified-release 4mg and 8mg tablets fell with the combined cost falling by £1.1m, in line. Costs for ramipril increased slightly with increased use of the oral solution, the price of which has risen steadily in 2014.

138. Since 2004, use of the medicines in this section has increased by 31.5m items and costs have fallen by £434.9m. The increased use is mainly of ramipril, 17.0m items, followed by losartan potassium, 5.4m items, candesartan cilexetil, 4.5m items and lisinopril, 3.1m items.

139. The fall in costs is largely the result of some medicines becoming available as generic formulations and price changes under the category M scheme. Losartan potassium, perindopril erbumine, irbesartan and valsartan were all proprietary medicines in 2004 and generic formulations have become available since; costs for these together have fallen by £175.8. Price changes for ramipril, doxazosin mesilate, lisinopril and enalapril maleate have resulted in a fall of £222.6m combined.

Figure 15



### BNF 4.2 Drugs used in psychoses and related disorders

Includes drugs used to treat the symptoms of mental disorders such as schizophrenia and bipolar disorder.

	2014	Since 2013		Since 2004	
Items dispensed	10.5m	↑	5.2%	0.5m	↑
Cost (NIC)	£157.7m	↑	1.2%	£1.8m	↓
					58.7%
					-28.0%
					3.9m
					-£61.4m

**Category M scheme** – quetiapine↓, olanzapine↓, risperidone↓,

140. Use of these medicines continues to increase, by 0.4m items in 2013 and by 0.5m items in 2014. Costs fell by 17.7 per cent in the previous year; they have risen by 1.2 per cent this year.
141. Use of aripiprazole has now increased by over 15 per cent in each of the last three years. Costs have increased by £8.0m in 2014; it is one of the few medicines in Table 16 to have increased costs.

**Table 16**
**Section 4.2 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Quetiapine	2,577	239	10.2 %	44,015	-3,229	-6.8 %
Olanzapine	2,171	82	3.9 %	6,647	-2,289	-25.6 %
Risperidone	1,650	74	4.7 %	11,586	-766	-6.2 %
Lithium Carbonate	886	10	1.2 %	1,076	-17	-1.5 %
Aripiprazole	722	100	16.0 %	64,580	8,034	14.2 %
Valproic Acid	575	34	6.2 %	6,804	253	3.9 %
Amisulpride	396	9	2.2 %	3,229	-578	-15.2 %
Haloperidol	382	-2	-0.4 %	1,440	62	4.5 %
Chlorpromazine Hydrochloride	366	-24	-6.1 %	1,303	98	8.1 %
Sulpiride	161	-5	-2.8 %	2,249	-340	-13.1 %
<b>Section 4.2 Total</b>	<b>10,485</b>	<b>515</b>	<b>5.2 %</b>	<b>157,729</b>	<b>1,806</b>	<b>1.2 %</b>

142. Figure 16 shows five medicines with increased use and two with increasing costs.

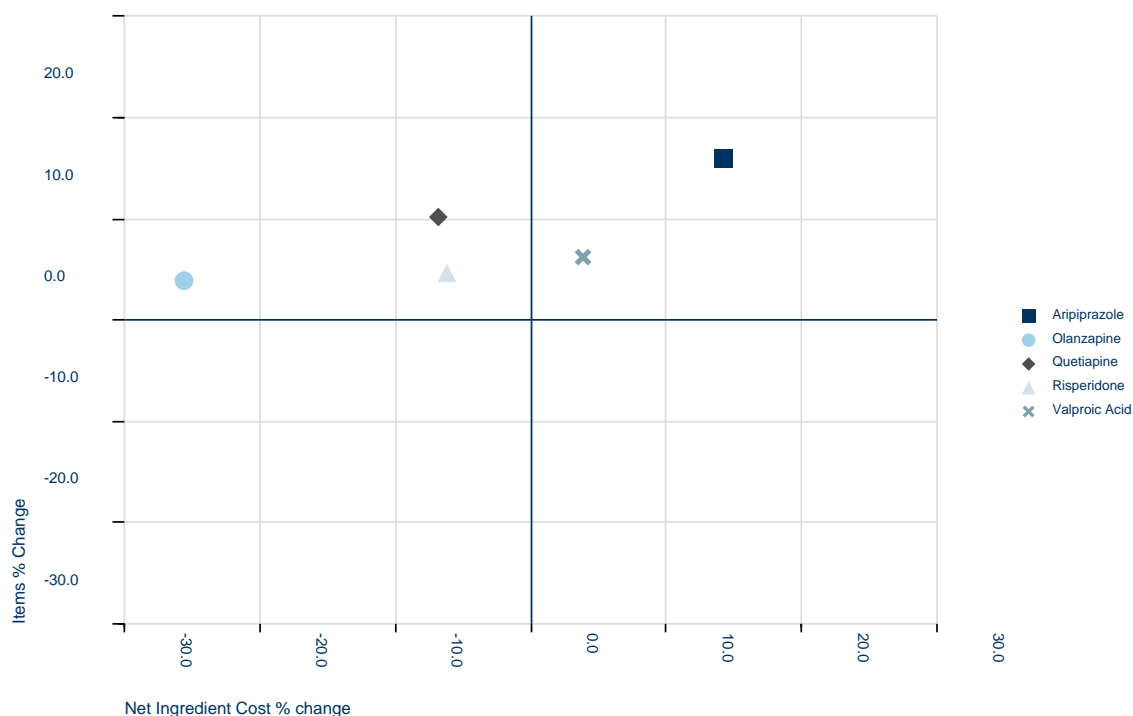
143. Cost for quetiapine has fallen as the leading preparations have had price reductions under the category M scheme. In addition, use of the leading branded, modified-release tablets, has fallen and use of new and other existing branded generic products, which are less expensive, has occurred; costs have fallen by £4.3m as a result.

144. Costs for risperidone have fallen largely as a result of the falling price of the sugar-free oral 1mg/1ml solution (a reduction of £0.4m in 2014). There has also been a fall in use of the depot injection preparations which has also reduced costs by £0.4m.

145. The falling cost of amisulpride is largely due to a gradual reduction in the price of the 400mg tablets throughout 2013 and 2014. The rising costs of the other two medicines are closely matched to their increased use.

Figure 16

Percentage change from 2013 to 2014, Top 5 medicines by NIC in 2014, BNF 4.2



146. Since 2004, use of the medicines in this section has increased, led by quetiapine, aripiprazole and valproic acid. Costs have fallen however, as a result of some medicines becoming available as generic formulations between the two years; costs for olanzapine have fallen by £103.2m, for risperidone, by £37.3m and for amisulpride by £6.8m. The increased use of aripiprazole has increased costs by £63.4m and for quetiapine by £15.7m.

### BNF 10.1 Drugs used in rheumatic diseases and gout

Includes non-steroidal anti-inflammatory drugs (NSAIDs) and analgesics to alleviate the symptoms of rheumatic disease (such as pain and stiffness) and medicines to affect the disease process itself; many medicines in this area require specialist supervision. It also includes medicines to treat gout.

	2014		Since 2013			Since 2004	
Items dispensed	24.4m	↑	0.8%	0.2m	↓	-3.5%	0.9m
Cost (NIC)	£154.1m	↑	2.3%	£3.5m	↓	-42.6%	-£114.5m

**Category M scheme** – methotrexate↓, naproxen ↑, leflunomide↓

147. Use and costs of these medicines have increased this year after falling slightly in 2013. Table 17 shows that four medicines have seen a fall in use, all of which are NSAIDs. Of these, diclofenac sodium has seen the largest fall, greater than that seen in 2013. Most of



the decreased use is of the 50mg tablets (0.6m items). Use of modified-release capsules rose by 428.2 per cent and there has been increased use of the tablets containing misoprostol, for patients with NSAID-induced ulcerations.

148. Use of many tablet formulations of ibuprofen has fallen although use of the 100mg/5ml oral solution has increased. Use of hydroxychloroquine sulfate has increased by 13.5 per cent; although an antimalarial medicine, it is also used to treat rheumatoid arthritis.

**Table 17**

**Section 10.1 - Top 10 medicines by Items, 2014**

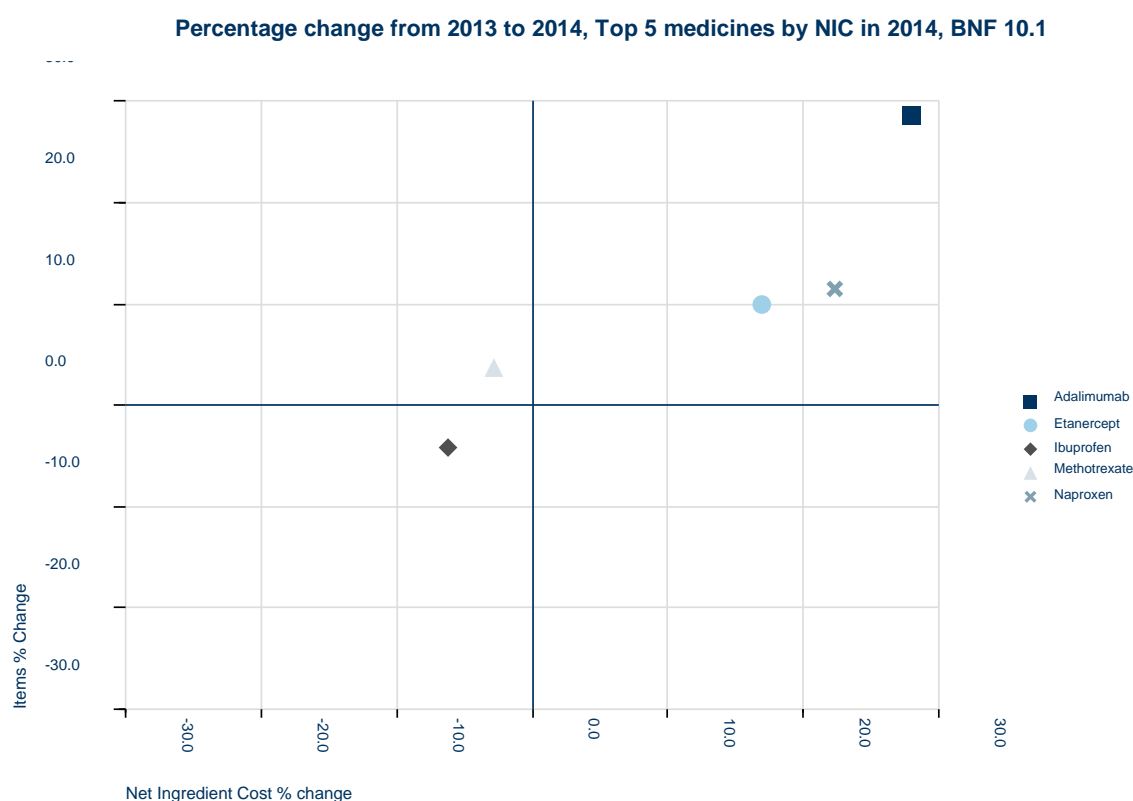
BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Naproxen	7,262	749	11.5 %	29,003	5,294	22.3 %
Allopurinol	4,850	335	7.4 %	7,530	160	2.2 %
Ibuprofen	4,108	-178	-4.2 %	12,930	-858	-6.2 %
Methotrexate	2,014	73	3.7 %	12,398	-362	-2.8 %
Diclofenac Sodium	1,503	-779	-34.1 %	7,926	-4,154	-34.4 %
Hydroxychloroquine Sulfate	928	110	13.5 %	4,303	419	10.8 %
Meloxicam	659	-42	-5.9 %	947	-275	-22.5 %
Methylprednisolone Acetate	582	12	2.1 %	3,485	133	4.0 %
Colchicine	407	33	8.9 %	5,685	12	0.2 %
Etoricoxib	361	-14	-3.7 %	8,664	-360	-4.0 %
<b>Section 10.1 Total</b>	<b>24,380</b>	<b>185</b>	<b>0.8 %</b>	<b>154,149</b>	<b>3,455</b>	<b>2.3 %</b>

149. Figure 17 shows three medicines with increased use and costs. Costs for adalimumab (a cytokine modulator) have increased by £4.6m, in line with increased use. Use of similar medicines has also increased; certolizumab pegol by 69.4 per cent, golimumab by 18.4 per cent and etanercept by 10.0 per cent. Costs for etanercept increased by £2.0m; the average cost per item being £1,140. There were price increases for naproxen and price reductions for methotrexate and for leflunomide.

150. Since 2004, both overall use and the cost of the medicines in this section has fallen. Use of diclofenac sodium, celecoxib and rofecoxib has fallen as use of naproxen, allopurinol and methotrexate has increased.

151. The fall in costs has been greater than the fall in use; the fall in use of celecoxib has reduced costs by £55.3m and costs have fallen by a further £50.5m as rofecoxib is no longer used due to safety concerns. Costs for diclofenac sodium have also fallen, by £47.5m and for meloxicam by £13.3m. In contrast, costs for naproxen have risen by £21.9m, for adalimumab by £20.6m and etanercept by £12.1m.

Figure 17



### BNF 20.3 Wound management & other dressings

Includes dressings and wound care products. Dressing selection follows clinical assessment of the patient's wound and their clinical condition. Wound care products used can change during the stages of healing.

	2014	Since 2013		Since 2004	
Items dispensed	5.7m	↑	1.2%	0.1m	↑ 19.4%
Cost (NIC)	£142.4m	↑	2.6%	£3.7m	↑ 32.4%

152. Use of these products and their costs has increased slightly.

### BNF 2.8 Anticoagulants and protamine

See also: Appendix 2: Additional analysis of therapeutic areas of major interest.

Includes medicines used to prevent blood clots from forming or stabilising existing ones to prevent embolisms. The medicines are also used for the long-term prevention of strokes.

	2014	Since 2013		Since 2004	
Items dispensed	13.2m	↑	10.7%	1.3m	↑ 124.4%
Cost (NIC)	£138.6m	↑	47.8%	£44.8m	↑ 430.7%

### Category M scheme – warfarin sodium ↑

153. Use of these medicines has increased at the same rate as in the previous year and costs have increased by 47.8 per cent. The increased use has largely been of the oral anticoagulant medicines warfarin sodium and the newer medicines; rivaroxaban, apixaban and dabigatran etexilate. The increase in the use of warfarin is about half that seen in the previous year; costs have risen following price increases.
154. The newer oral anticoagulant medicines are recommended as options to treat various conditions under NICE guidance (see National Institute for Health and Care Excellence (NICE)). Table 18 shows that use of them is relatively low, compared to warfarin sodium, but the costs are much higher. Costs have risen in line with use and together these three medicines have increased costs of £39.7m.

**Table 18**

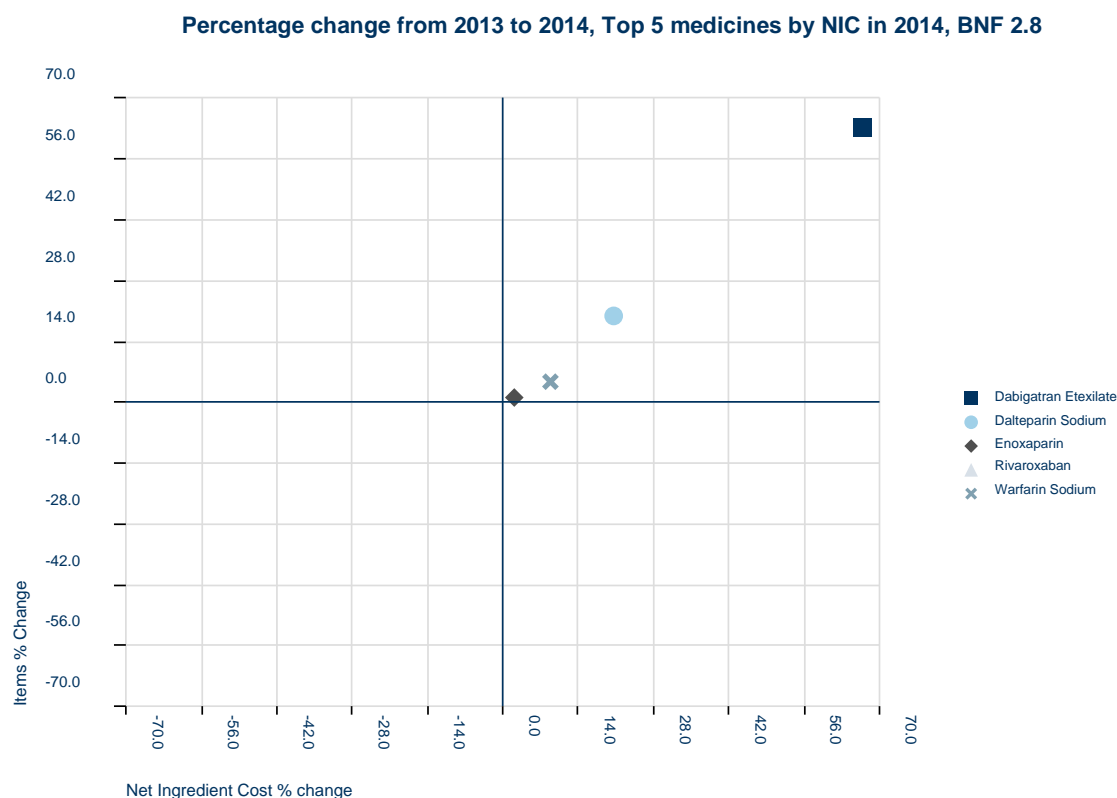
**Section 2.8 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Warfarin Sodium	11,551	524	4.8 %	20,696	1,683	8.8 %
Rivaroxaban	653	463	243.8 %	34,622	24,802	252.6 %
Dabigatran Etexilate	284	110	63.4 %	17,640	7,063	66.8 %
Enoxaparin	228	3	1.1 %	26,003	542	2.1 %
Apixaban	154	140	968.3 %	8,645	7,822	949.6 %
Dalteparin Sodium	154	26	19.9 %	16,043	2,741	20.6 %
Tinzaparin Sodium	67	1	1.0 %	10,839	-123	-1.1 %
Acenocoumarol	37	-1	-2.4 %	200	-4	-1.8 %
INR Blood Testing Reagents	28	3	10.8 %	2,400	227	10.4 %
Heparin Flushes	11	0	1.1 %	236	1	0.5 %
<b>Section 2.8 Total</b>	<b>13,173</b>	<b>1,268</b>	<b>10.7 %</b>	<b>138,646</b>	<b>44,823</b>	<b>47.8 %</b>

155. Figure 18 shows a clear increase in cost, in line with increased use, for four of the leading drugs. Rivaroxaban would also fit with this scenario but has been excluded from the chart as the growth figures are so high. Dalteparin sodium and enoxaparin are low molecular weight heparins used in the prevention of venous thromboembolism.

156. Since 2004, most of the medicines in this section have had increased use, led by warfarin sodium, with 5.8m more items dispensed. Costs have increased by £112.5m since 2004; costs for the leading medicines in 2004, enoxaparin, dalteparin sodium tinzaparin sodium and warfarin sodium have increased by £48.9m combined. The medicines that have appeared since 2004, rivaroxaban, dabigatran etexilate and apixaban have increased costs by a further £60.9m together.

Figure 18 (Rivaroxaban not shown)



## BNF 6.2 Thyroid and Antithyroid drugs

Includes medicines used to regulate the body's metabolism. They either limit thyroxine production, in hyperthyroidism or provide additional synthetic hormones, in hypothyroidism.

	2014	Since 2013		Since 2004	
Items dispensed	29.4m	↑	3.7%	1.1m	↑ 100.1%
Cost (NIC)	£130.1m	↑	17.0%	£18.9m	↑ 449.6%

### Category M scheme – levothyroxine sodium ↑

157. Use of these medicines has increased at a similar rate to that seen in 2013 although the growth in cost has been less.
158. There are only a small number of medicines in this section and much of the use is of levothyroxine sodium, see Table 19. Prices for some presentations of this medicine have been rising since 2012, under the category M scheme.

Table 19

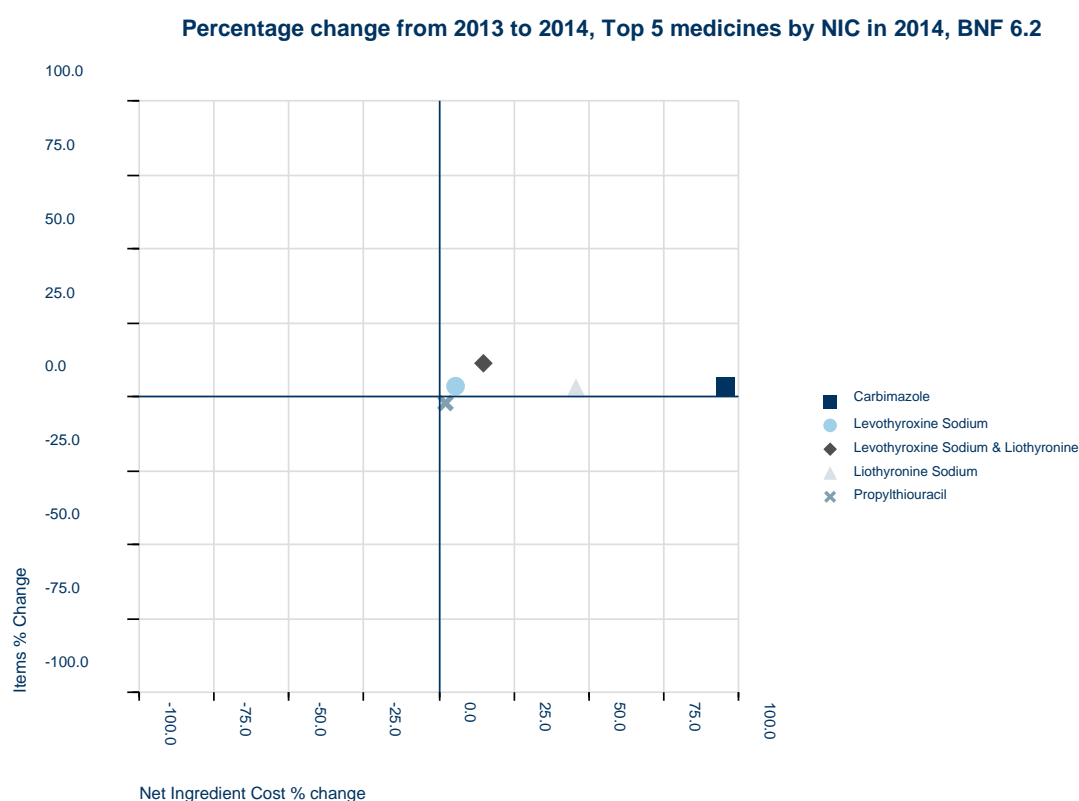
## Section 6.2 - Top 5 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Levothyroxine Sodium	28,754	1,036	3.7 %	91,927	4,846	5.6 %
Carbimazole	481	16	3.5 %	18,711	9,150	95.7 %
Liothyronine Sodium	76	2	3.2 %	15,130	4,750	45.8 %
Propylthiouracil	41	-1	-2.0 %	3,807	83	2.2 %
Levothyroxine Sodium & Liothyronine	5	0	11.5 %	521	67	14.9 %
<b>Section 6.2 Total</b>	<b>29,356</b>	<b>1,054</b>	<b>3.7 %</b>	<b>130,097</b>	<b>18,895</b>	<b>17.0 %</b>

159. Figure 19 shows increased use and cost for all medicines except propylthiouracil. Use of carbimazole has increased by 3.5 per cent but costs have risen by 95.7 per cent. The branded product was discontinued and prices for generic presentations have steadily increased. The drug tariff price of a pack of 100, 5mg tablets, was approximately £20 at the start of 2013; at the end of 2014 the price was approximately £70. (In 2004, the price was approximately £3).
160. Use of liothyronine sodium has increased by 3.2 per cent, with costs increasing by 45.8 per cent, £4.8m. Much of the increased cost was due to a price change, in late 2013, for the 20mcg tablets; the price rose from £68.20 to £102.30, for 28 tablets – costs rose by £4.4m. There was also an increased use of 5mcg capsules, which increased costs by a further £0.3m.

161. Since 2004, use of levothyroxine sodium has increased by 14.5m items with costs rising by £71.9m. Costs for carbimazole have also risen, by £17.4m, with prices for generic formulations steadily increasing since becoming available in 2012. Generic prices for liothyronine sodium have also increased with costs increasing by £14.6m since 2004.

Figure 19



### BNF 8.3 Sex hormones and hormone antagonists in malignant disease

Includes medicines to treat and control symptoms of breast, prostate and endometrial cancer.

	2014	Since 2013		Since 2004	
Items dispensed	2.7m	↑	3.8%	0.1m	↑ 38.0%
Cost (NIC)	£129.1m	↑	2.6%	£3.2m	↓ -£67.0m

### Category M scheme – tamoxifen ↑, letrozole ↓

162. Use of these medicines has risen by 100,000 items and costs have risen, rather than falling as they did in 2013. The leading medicines in this section are used to treat breast cancer, the remainder to treat prostate cancer. Use of all of these medicines is low in primary care as they are mainly administered in secondary care.
163. Table 20 shows that much of the increased use is of three medicines, tamoxifen citrate, letrozole and leuprorelin acetate. Costs have risen for leuprorelin acetate by an amount similar to the fall in costs seen for goserelin acetate. For letrozole, use of the branded product fell by 1,046 items, reducing costs by £0.1m. Costs for the generic tablets rose by £0.1m, after use increased, by 68,547 items. Use of proprietary anastrozole tablets has fallen by 26.3 per cent, reducing costs by £0.6m.

Table 20

## Section 8.3 - Top 10 medicines by Items, 2014

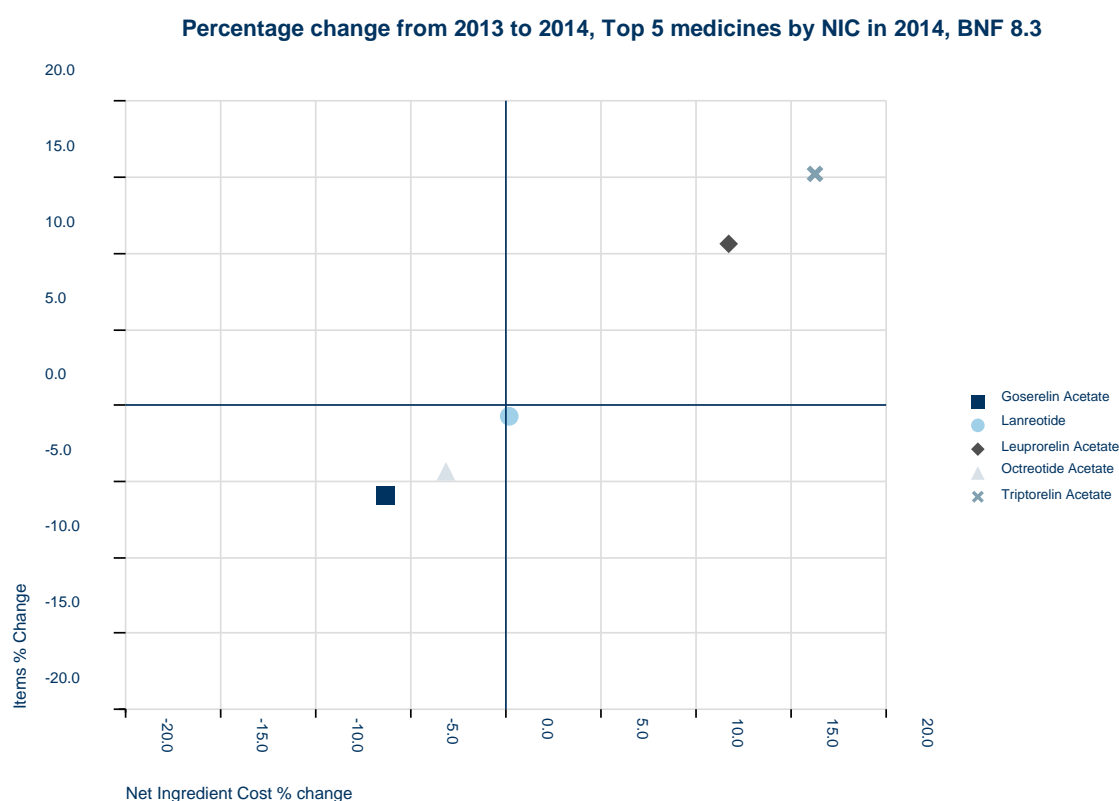
BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Tamoxifen Citrate	633	30	5.0 %	4,252	1,793	72.9 %
Anastrozole	567	2	0.4 %	3,023	-590	-16.3 %
Letrozole	560	68	13.7 %	2,822	-6	-0.2 %
Goserelin Acetate	258	-16	-5.9 %	48,371	-3,270	-6.3 %
Bicalutamide	243	4	1.5 %	1,789	-435	-19.5 %
Leuprorelin Acetate	162	16	10.6 %	31,154	3,268	11.7 %
Exemestane	121	-2	-1.8 %	2,079	820	65.2 %
Triptorelin Acetate	54	7	15.2 %	9,236	1,292	16.3 %
Cyproterone Acetate	49	-1	-2.4 %	1,176	-73	-5.9 %
Diethylstilbestrol	26	-8	-23.8 %	3,428	-231	-6.3 %
<b>Section 8.3 Total</b>	<b>2,742</b>	<b>100</b>	<b>3.8 %</b>	<b>129,078</b>	<b>3,228</b>	<b>2.6 %</b>

164. Figure 20 shows five medicines with either increased or decreased use, with costs rising or falling almost in line. Lanreotide is used to provide relief from tumours and is given by injection. Use is low, less than 9,000 items in 2014 but the cost of a single pre-filled syringe is priced between £500 and £1,000 depending on size.

165. Since 2004, overall use of the medicines in this section has increased as costs have fallen. There has been increased use of letrozole, by 0.5m items, anastrozole, by 0.2m items and bicalutamide by 0.1m items; use of tamoxifen citrate has fallen by 0.3m items.

166. Overall costs have fallen as both anastrozole and bicalutamide became available in generic formulations and saw price reductions; costs for anastrozole fell by £31.3m and for bicalutamide by £27.4m. Use of goserelin acetate has fallen and proprietary prices fell reducing costs by £35.4m.

Figure 20



### BNF 1.3 Antisecretory drugs and mucosal protectants

Includes medicines used to treat ulcers, dyspepsia, gastro-oesophageal reflux disease, and to prevent NSAIDs associated ulceration.

	2014	Since 2013		Since 2004	
Items dispensed	57.7m	↑	6.1%	↑	135.2%
Cost (NIC)	£128.8m	↓	-6.6%	↓	-72.6%
			3.3m		33.2m
			-£9.0m		-£340.5m

**Category M scheme** – omeprazole ↓, esomeprazole ↓, rabeprazole sodium ↓, cimetidine ↓, nizatidine ↓, lansoprazole ↓

167. Use of these medicines has increased at a similar rate to that seen in 2013. Costs have fallen again but by a lesser amount. The increased use is largely of the proton-pump inhibitors, omeprazole and lansoprazole. Use of five of the medicines listed has fallen.

168. Since 2004, overall use of these medicines has increased, as costs have fallen. Use of omeprazole has risen by 23.2m items and for lansoprazole by 11.5m items. Costs have fallen by £340.5m since 2004 largely as a result of generic formulations of lansoprazole becoming available following patent expiry and price reductions after that; costs have fallen by £188.1m. Price changes for omeprazole reduced costs by £41.3m and for rabeprazole sodium by £34.3m. Costs have also fallen by over £20m for each of esomeprazole, ranitidine hydrochloride and pantoprazole.



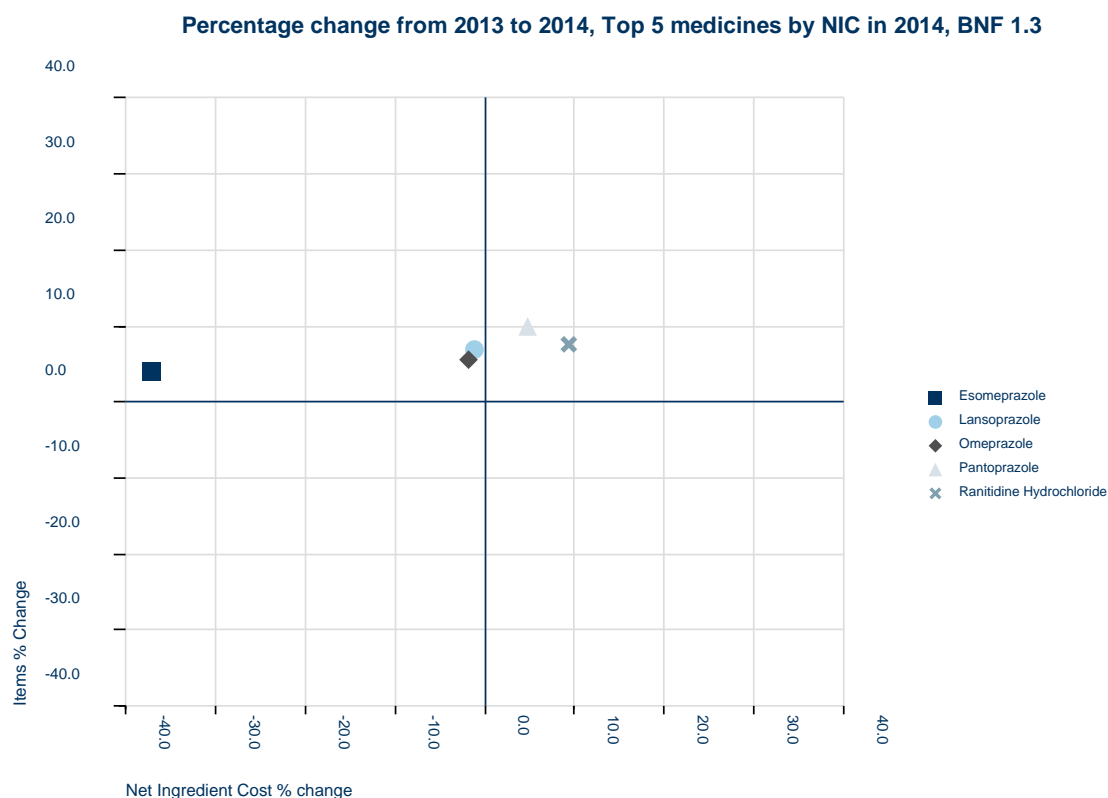
Table 21

## Section 1.3 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Omeprazole	28,802	1,521	5.6 %	62,395	-1,152	-1.8 %
Lansoprazole	21,641	1,398	6.9 %	40,325	-473	-1.2 %
Ranitidine Hydrochloride	4,290	303	7.6 %	10,180	871	9.4 %
Esomeprazole	1,313	51	4.1 %	10,121	-5,988	-37.2 %
Pantoprazole	1,016	92	10.0 %	1,824	83	4.8 %
Rabeprazole Sodium	385	-9	-2.4 %	1,695	-1,694	-50.0 %
Cimetidine	110	-11	-9.0 %	355	-214	-37.6 %
Nizatidine	41	-6	-13.0 %	481	-294	-38.0 %
Sucralfate	32	-25	-43.3 %	351	-271	-43.5 %
Famotidine	13	-2	-12.4 %	577	33	6.0 %
<b>Section 1.3 Total</b>	<b>57,675</b>	<b>3,317</b>	<b>6.1 %</b>	<b>128,837</b>	<b>-9,043</b>	<b>-6.6 %</b>

169. Figure 21 shows all five medicines to have increased use, with costs falling for three of them. All five medicines have presentations listed under the category M scheme.

Figure 21



**BNF 14.4 Vaccines and antisera**

Used to stimulate production of antibodies and other components of the immune mechanism

	<b>2014</b>		<b>Since 2013</b>			<b>Since 2004</b>	
Items dispensed	14.5m	↑	2.1%	0.3m	↑	5.1%	0.7m
Cost (NIC)	£125.3m	↑	2.6%	£3.2m	↑	2.1%	£2.6m

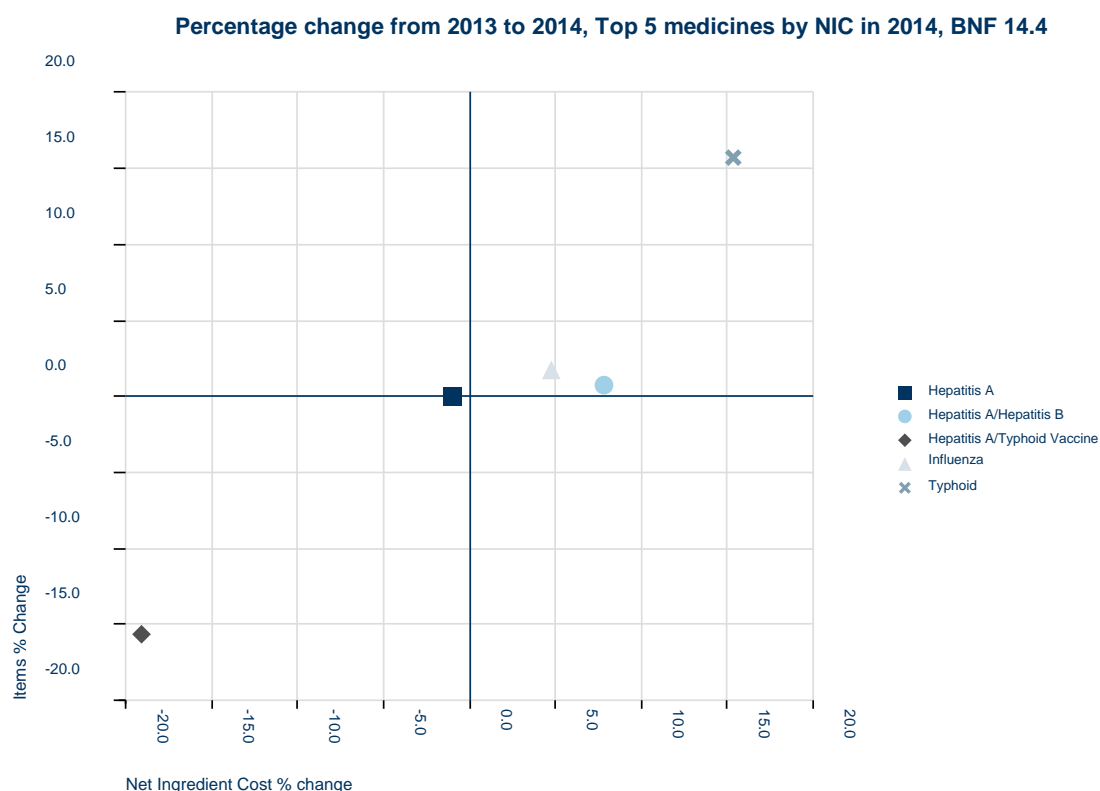
170. Use of these medicines has risen in 2014, led by increased use of influenza, typhoid and pneumococcal vaccines. Costs have risen almost in line with use, by 2.6 per cent (see Table 22). Use of individual medicines fluctuates from year to year; for example, last year use of typhoid vaccine had fallen by 24.6 per cent – this year use has increased by 15.7 per cent.

**Table 22****Section 14.4 - Top 10 medicines by Items, 2014**

<b>BNF CHEMICAL NAME</b>	<b>2014 Items (000s)</b>	<b>Item Difference (000s)</b>	<b>Item difference %</b>	<b>2014 NIC £(000s)</b>	<b>NIC difference £(000s)</b>	<b>NIC difference %</b>
Influenza	11,189	193	1.8 %	75,446	3,426	4.8 %
Typhoid	711	97	15.7 %	7,540	1,004	15.4 %
Hepatitis A	652	0	0.0 %	13,174	-131	-1.0 %
Pneumococcal	571	73	14.6 %	4,908	692	16.4 %
Diphtheria	529	-15	-2.7 %	3,536	-151	-4.1 %
Hepatitis B	305	-12	-3.8 %	4,217	-188	-4.3 %
Hepatitis A/Hepatitis B	223	2	0.7 %	6,637	482	7.8 %
Hepatitis A/Typhoid Vaccine	216	-40	-15.6 %	6,531	-1,541	-19.1 %
Meningococcal A + C + W135 + Y Vaccine	43	2	4.9 %	1,101	263	31.3 %
Shingles (H/Z)	16	-6	-26.6 %	1,622	-583	-26.4 %
<b>Section 14.4 Total</b>	<b>14,470</b>	<b>291</b>	<b>2.1 %</b>	<b>125,293</b>	<b>3,151</b>	<b>2.6 %</b>

171. Figure 22 shows growth in use and cost for the five medicines generally in line. For hepatitis A/typhoid vaccine there was a fall in use in 2014 and a partial switch from one presentation to the other. Use of the 'Hepatyrix' brand fell by 79.5 per cent as use of the 'Viatim' brand (which costs slightly less) rose by 183.2 per cent. The overall result was that use fell by 15.6 per cent and costs fell by 19.1 per cent. Costs for the hepatitis A/ hepatitis B vaccines have increased more than usage; this was due to an increase in the price of one of the products during 2014.

Figure 22



## BNF Sections with the greatest actual increase in net ingredient cost in 2014, from Table A10.

### BNF 1.2 Antispasmodics and other drugs altering gut motility

Includes medicines to relax intestinal smooth muscle – used in the treatment of irritable bowel syndrome

	2014	Since 2013		Since 2004	
Items dispensed	4.5m	↑	5.8%	0.2m	↑ 58.5%
Cost (NIC)	£59.0m	↑	65.4%	£23.3m	↑ 167.7%

### Category M scheme – mebeverine hydrochloride ↑

172. Table 23 shows costs for mebeverine hydrochloride increased by £14.8m in 2014. This is an increase of 138.8 per cent; the number of items dispensed rose by 2.0 per cent. This was largely due to the price of the 135mg tablets increasing in 2014, under the category M scheme.

Table 23

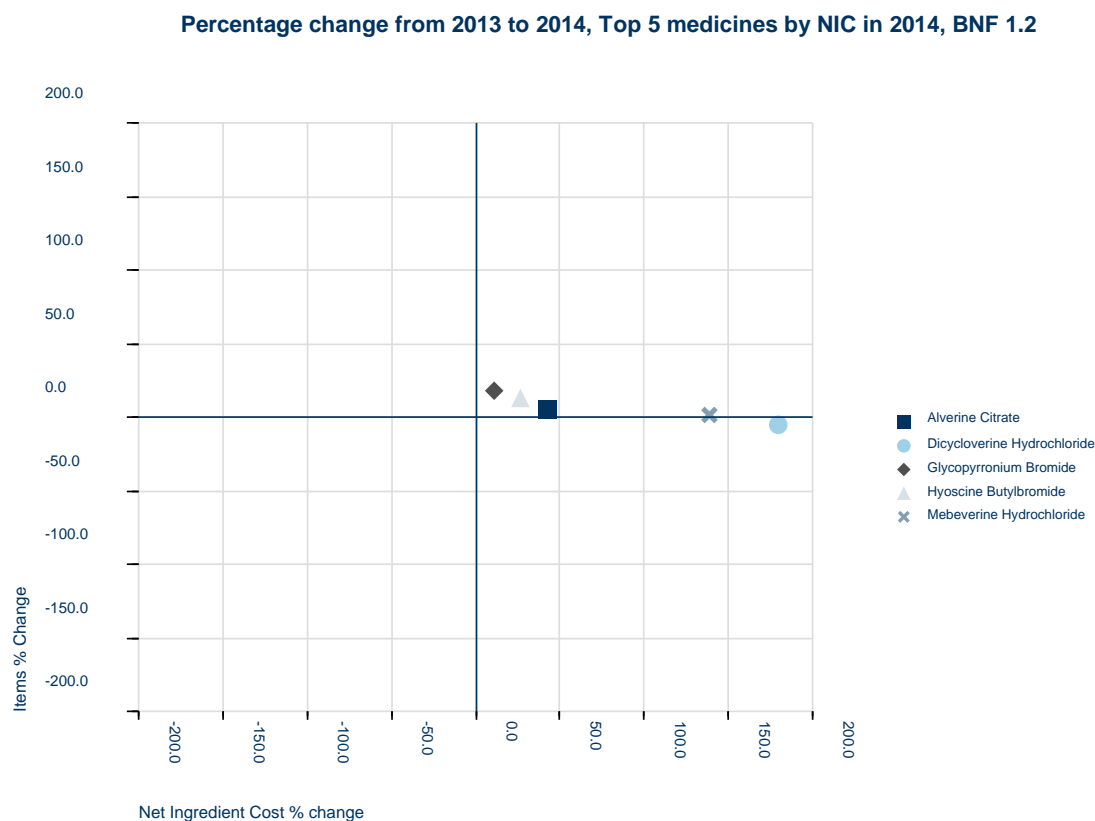
## Section 1.2 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Mebeverine Hydrochloride	1,989	38	2.0 %	25,412	14,769	138.8 %
Hyoscine Butylbromide	1,308	156	13.5 %	5,637	1,182	26.5 %
Peppermint Oil	555	34	6.6 %	4,833	262	5.7 %
Alverine Citrate	322	17	5.5 %	5,829	1,747	42.8 %
Dicycloverine Hydrochloride	122	-6	-4.7 %	7,106	4,565	179.6 %
Mebeverine HCl Compound Preparations	112	-5	-4.1 %	2,190	-97	-4.2 %
Propantheline Bromide	42	10	30.7 %	779	244	45.5 %
Dicycloverine HCl Compound Preparations	40	-1	-3.3 %	174	-3	-1.7 %
Glycopyrronium Bromide	30	5	18.4 %	6,918	684	11.0 %
Atropine Sulfate	2	0	-23.8 %	111	-26	-19.0 %
<b>Section 1.2 Total</b>	<b>4,524</b>	<b>248</b>	<b>5.8 %</b>	<b>59,027</b>	<b>23,364</b>	<b>65.5 %</b>

173. Figure 23 shows that the five leading medicines in this section have all seen increases in costs.

- the price of hyoscine butylbromide tablets increased in 2013, raising costs by 26.5 per cent, with a 13.5 per cent increase in use
- use of alverine citrate generic capsules has increased by 5.5 per cent – costs have risen by over 40 per cent as a result of a gradual increase in price during 2013 and 2014
- use of dicycloverine hydrochloride has fallen but costs increased by 179.6 per cent (£4.6m). The price of the 10mg tablet pack rose from approximately £16 to approximately £90 in 2014, raising costs by £2.4m. A similar rise occurred for the other formulations.

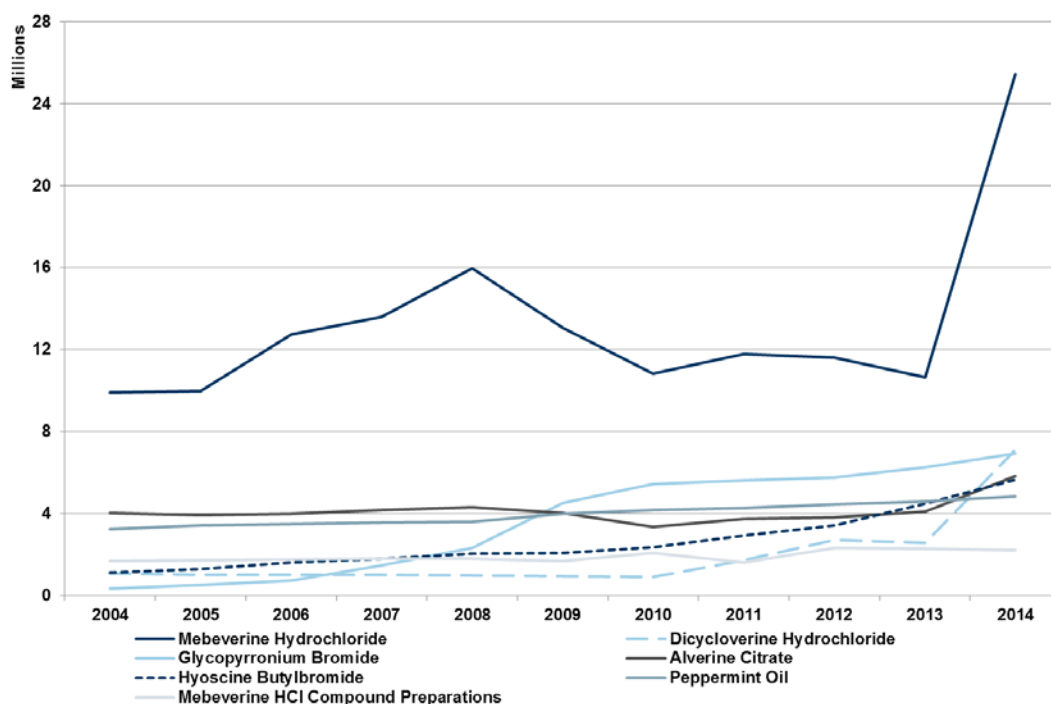
Figure 23



174. Use of these medicines has increased by 58.5 per cent since 2004. The increase was led by increased use of hyoscine butylbromide (1.0m items), mebeverine hydrochloride and peppermint oil.

175. Costs have increased by £37.0m, from £22.1m in 2004. Costs have increased for mebeverine hydrochloride, dicycloverine hydrochloride, glycopyrronium bromide and hyoscine butylbromide.

176. Figure 24 shows the costs from 2004 to 2014, for each medicine where costs in 2014 were in excess of £1m. Category M price changes for mebeverine hydrochloride occurred from 2005, explaining the rise and fall that follows and prices have increased in 2014. Price increases for dicycloverine hydrochloride raised costs in 2011 and in 2014, and price increases for hyoscine butylbromide have raised costs in the more recent years. Prices have also increased for peppermint oil liquid and for alverine citrate.

**Figure 24** Costs of BNF 1.2 medicines from 2004 to 2014, where costs in 2014 were in excess of £1m**BNF 6.3 Corticosteroids (Endocrine)**

Includes medicines to suppress inflammatory and allergic disorders

	2014	Since 2013		Since 2004	
Items dispensed	8.2m	↑	4.0%	0.3m	↑ 54.8%
Cost (NIC)	£94.9m	↑	28.4%	£21.0m	↑ 1,174.1%

**Category M scheme** – prednisolone ↑, hydrocortisone ↑,

177. Costs for this section have increased by 28.4 per cent with an increase in items dispensed of 4.0 per cent.

178. The increased costs for prednisolone are the result of both price increases within the category M scheme and other price increases. The 5mg soluble tablets have more than doubled in price during 2013 and 2014; costing £4.8m more in 2014, with a 2.1 per cent fall in use. Costs for the 5mg tablets have increased by 31.7 per cent within the category M scheme.

Table 24

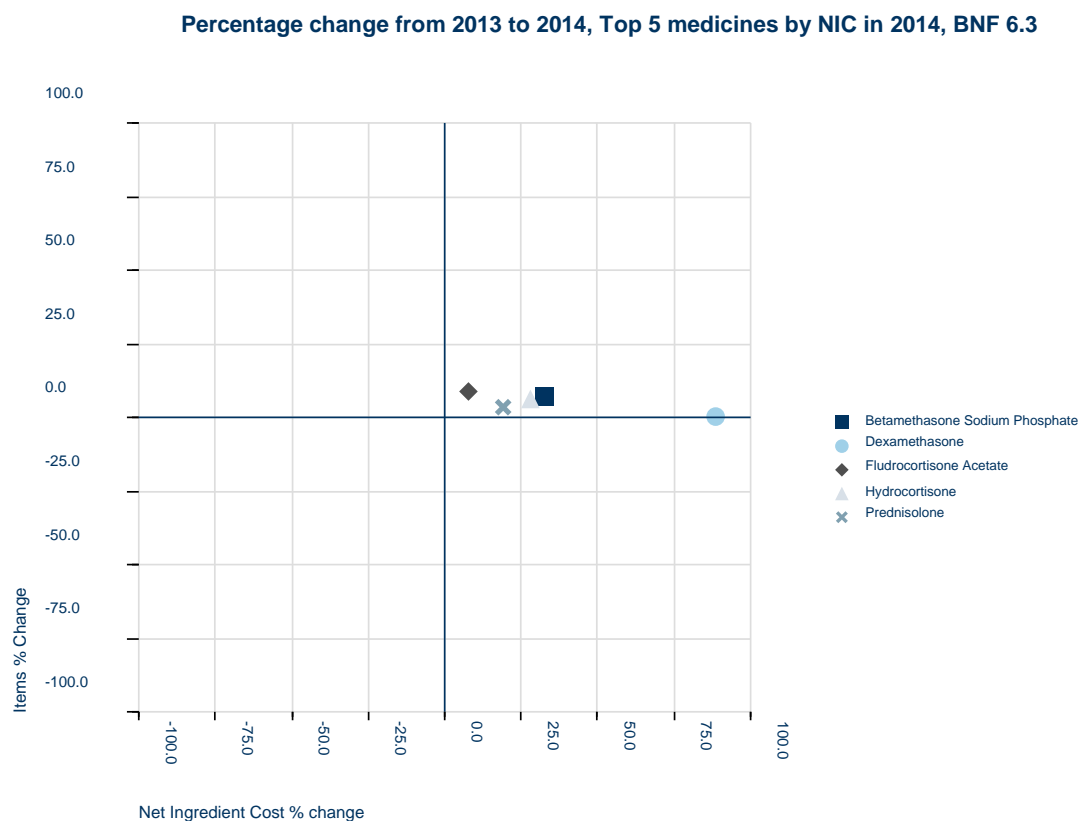
## Section 6.3 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Prednisolone	7,175	257	3.7 %	32,748	5,252	19.1 %
Fludrocortisone Acetate	384	32	9.1 %	917	66	7.8 %
Hydrocortisone	355	22	6.5 %	50,122	10,970	28.0 %
Dexamethasone	233	1	0.5 %	9,572	4,496	88.6 %
Betamethasone Sodium Phosphate	47	3	7.5 %	750	184	32.5 %
Hydrocortisone Sodium Phosphate	10	1	15.8 %	43	9	26.4 %
Methylprednisolone	7	0	-4.5 %	340	-14	-4.0 %
Deflazacort	4	0	-2.0 %	86	1	1.2 %
Dexamethasone Sodium Phosphate	3	-3	-49.0 %	49	-28	-36.2 %
Hydrocortisone Sodium Succinate	3	1	27.8 %	11	4	55.6 %
<b>Section 6.3 Total</b>	<b>8,229</b>	<b>314</b>	<b>4.0 %</b>	<b>94,865</b>	<b>20,989</b>	<b>28.4 %</b>

179. Figure 25 shows all five medicines with increased use and cost, four with a greater increase in cost than in use.
180. Costs for hydrocortisone have risen more sharply than the increased use of the medicine; the most frequently used presentation, 10mg increased in price during 2013 and 2014, both before and after it appeared under the category M scheme in mid-2014. Use of the newer modified-release tablets has increased, raising costs by £0.6m.
181. Overall, use of dexamethasone has increased by 1,213 items although the costs have increased by 88.6 per cent. The 2 mg tablets are the most commonly used presentation and use of these fell. The price of these rose in early 2014 from approximately £7 to approximately £50 at the end of the year, raising costs by £4.0m. Use of the 500mcg increased by 9.9 per cent and the price for these rose by 16.9 per cent.
182. With betamethasone sodium phosphate there was a price increase of the 500mcg soluble tablets, which raised costs by 32.5 per cent.

183. Since 2004, costs for this section have risen by 1,174.1 per cent, led by increased use of hydrocortisone, prednisolone and dexamethasone, together with category M price changes.

Figure 25



## BNF 2.4 Beta-adrenoceptor blocking drugs

Includes medicines used mainly to treat angina but also used to treat hypertension, migraine headaches and anxiety symptoms.

	2014	Since 2013		Since 2004	
Items dispensed	34.9m	↑	3.8%	1.3m	↑ 32.2%
Cost (NIC)	£92.5m	↑	16.8%	£13.3m	↓ -6.2%

**Category M scheme** – propranolol hydrochloride ↑, bisoprolol fumerate ↓, atenolol ↑, sotalol hydrochloride ↓, nebivolol ↓, co-tenidone ↑

184. Use of these medicines has increased at the same rate as in the previous year; costs have increased at an even greater rate. Table 25 shows that use of the leading medicine, bisoprolol fumerate, continues to rise; by 11.4 per cent this year and by 13.5 per cent in 2013. Costs have fallen after price reductions. Use of atenolol continues to fall but costs have risen after price increases.

185. The large increase in cost for this section is largely due to price changes to propranolol hydrochloride, atenolol and co-tenidone, under the category M scheme.



Table 25

## Section 2.4 - Top 10 medicines by Items, 2014

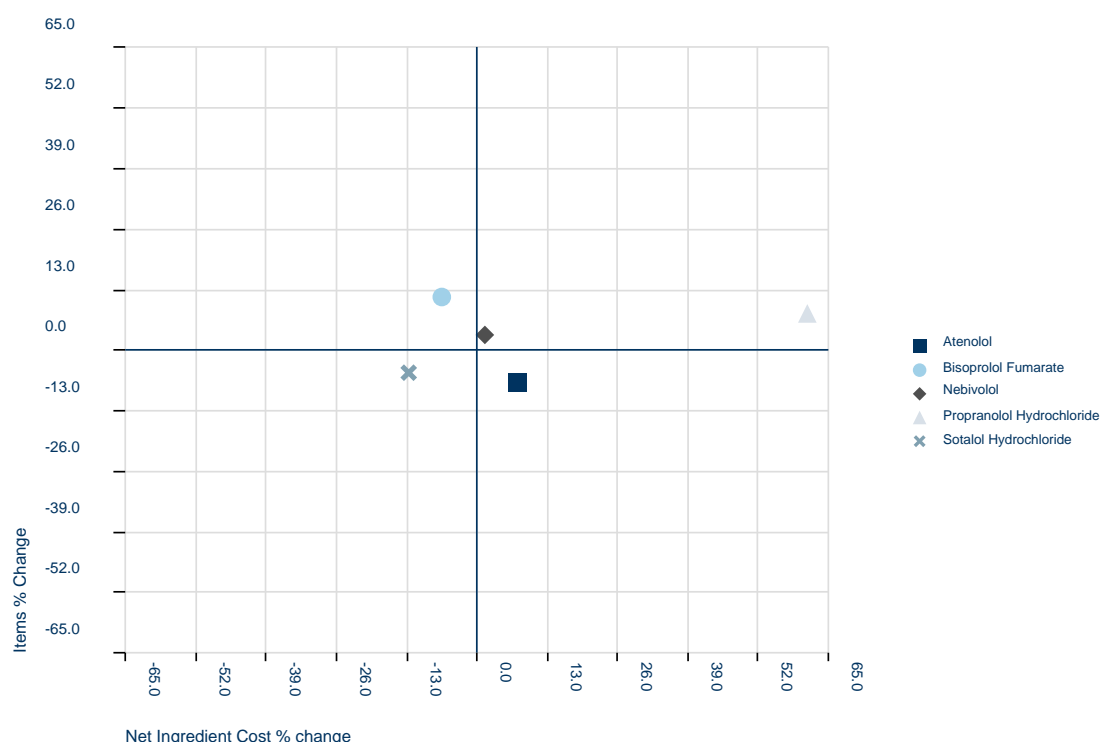
BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Bisoprolol Fumarate	17,784	1,827	11.4 %	24,431	-1,699	-6.5 %
Atenolol	9,945	-730	-6.8 %	12,543	869	7.4 %
Propranolol Hydrochloride	4,050	297	7.9 %	37,112	14,079	61.1 %
Metoprolol Tartrate	755	-45	-5.6 %	1,565	-270	-14.7 %
Sotalol Hydrochloride	653	-33	-4.8 %	2,261	-327	-12.6 %
Nebivolol	536	17	3.3 %	7,664	111	1.5 %
Carvedilol	528	7	1.4 %	1,562	-2	-0.1 %
Co-Tenidone (Atenolol/Chlortalidone)	284	-51	-15.3 %	1,458	749	105.6 %
Labetalol Hydrochloride	133	-1	-0.5 %	1,515	-28	-1.8 %
Celiprolol Hydrochloride	78	-5	-6.1 %	615	-115	-15.8 %
<b>Section 2.4 Total</b>	<b>34,860</b>	<b>1,262</b>	<b>3.8 %</b>	<b>92,455</b>	<b>13,293</b>	<b>16.8 %</b>

186. Figure 26 shows a varied picture for the leading five drugs, with use and costs rising and falling in each combination possible. Use of bisoprolol fumarate has risen but costs have fallen and the opposite has occurred with atenolol. Use of sotalol hydrochloride has fallen and costs have fallen too, with additional price falls under the category M scheme. Use and costs have risen for nebivolol, with the price of the 5mg tablets being reduced.

187. Since 2004, overall use of the medicines in this section has risen; use of bisoprolol fumarate rose by 15.2m items and for propranolol hydrochloride by 1.5m, as use of atenolol fell by 7.4m items. Costs for atenolol have fallen by £10.5m as a result contributing to an overall fall in costs from 2004 of £6.1m. Falling use of (atenolol/chlortalidone) reduced costs by a further £4.8m and for celiprolol hydrochloride by £4.1m. Price changes have reduced costs for carvedilol by £5.1m but have increased costs for propranolol by £23.8m.

Figure 26

Percentage change from 2013 to 2014, Top 5 medicines by NIC in 2014, BNF 2.4



### BNF 1.6 Laxatives

Includes medicines used to treat constipation. Diet and lifestyle should be considered before drug treatment is initiated.

	2014	Since 2013		Since 2004	
Items dispensed	18.3m	↑	3.0%	↑	40.1%
Cost (NIC)	£117.5m	↑	12.8%	↑	160.5%
			0.5m		5.2m
			£13.3m		£72.4m

**Category M scheme** – senna ↑, lactulose ↓, glycerol ↓

188. Use of these medicines continues to grow although costs have risen less this year in comparison to the increase in 2013. Table 26 shows that four medicines have seen increased use in 2014 and that all have increased costs. Use of the stimulant laxative bisacodyl has increased by 69.5 per cent whilst use of senna tablets has fallen. Use of syrup formulations of senna have increased by around 40 per cent.

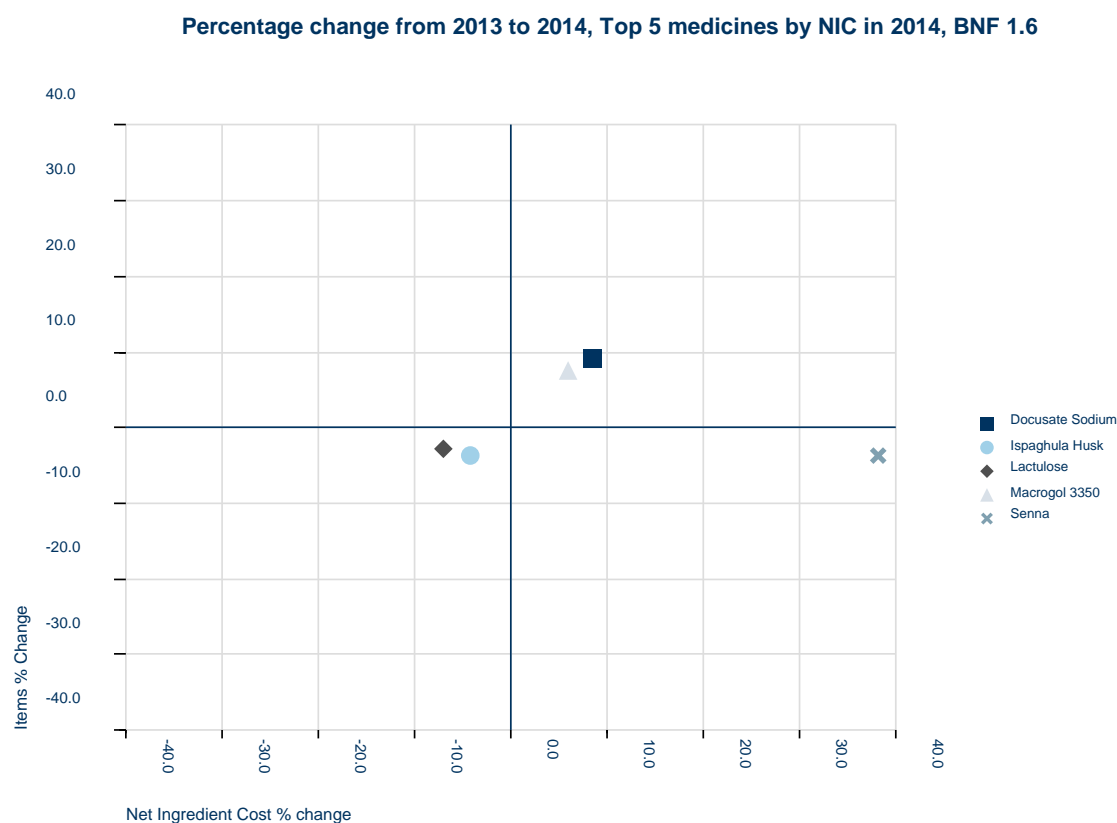
Table 26

## Section 1.6 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Macrogol 3350	5,622	396	7.6 %	45,071	2,528	5.9 %
Senna	4,187	-160	-3.7 %	33,347	9,214	38.2 %
Lactulose	3,707	-106	-2.8 %	11,765	-889	-7.0 %
Docusate Sodium	1,645	137	9.1 %	7,369	574	8.5 %
Ispaghula Husk	1,496	-57	-3.7 %	6,070	-268	-4.2 %
Bisacodyl	815	334	69.5 %	2,264	717	46.4 %
Glycerol	230	2	0.8 %	826	-286	-25.7 %
Sodium Picosulfate	151	-12	-7.6 %	954	53	5.9 %
Sodium Citrate (Rectal)	110	-1	-0.5 %	665	-34	-4.9 %
Sterculia	78	-4	-5.1 %	594	-15	-2.5 %
<b>Section 1.6 Total</b>	<b>18,344</b>	<b>533</b>	<b>3.0 %</b>	<b>117,451</b>	<b>13,252</b>	<b>12.7 %</b>

189. Figure 27 shows three medicines with use and costs either rising or falling in line. The other two, with falling use, lactulose and senna, have both falling and rising costs caused by price changes under the category M scheme.

Figure 27



190. Since 2004, use of these medicines has increased by 40.1 per cent, led by macrogol (3350)', 4.6m items, docusate sodium, 1.0m items and senna, 0.8m items. Use of lactulose has fallen by 0.7m items and for ispaghula husk by 0.6m items over the same period.
191. Costs have increased by 160.5 per cent since 2004; increased use of macrogol (3350) increased costs by £35.5m and for docusate sodium by £3.9m. Use of prucalopride which was introduced after 2004 has increased costs by £3.2m. Price changes for senna have also increased costs by £28.8m.

## BNF 9.6 Vitamins

Vitamins are prescribed to prevent or treat deficiency states or to assist with an inadequate diet; they should not be prescribed as a dietary supplement.

	2014		Since 2013		Since 2004
Items dispensed	26.0m	↑	8.9%	2.1m	↑ 239.1% 18.3m
Cost (NIC)	£125.1m	↑	7.5%	£8.7m	↑ 257.3% £90.1m

## Category M scheme – alfacalcidol ↓

192. The use and costs of these medicines has increased in 2014, although the rate of increase is not as great as in the previous year. The increased use is of the three leading medicines, led by colecalciferol (vitamin D). Use of ergocalciferol (vitamin D) and vitamin A has fallen this year, after increasing in 2013. Prices for ascorbic acid (Vitamin C) tablets have risen in 2014 increasing costs for all strengths.

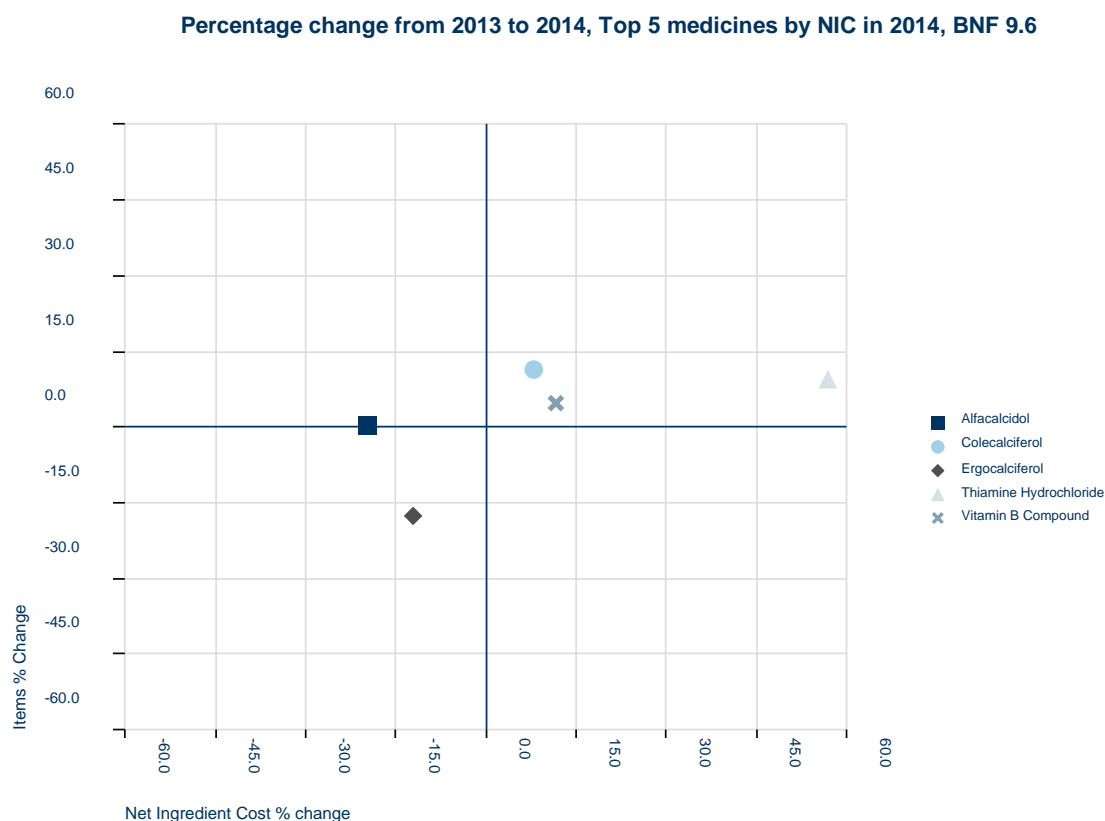
Table 27

## Section 9.6 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Colecalciferol	18,111	1,854	11.4 %	80,971	5,979	8.0 %
Vitamin B Compound	2,499	113	4.7 %	14,750	1,539	11.7 %
Thiamine Hydrochloride	2,304	200	9.5 %	6,748	2,447	56.9 %
Alfacalcidol	797	3	0.3 %	4,896	-1,207	-19.8 %
Other Multivitamin Preps	722	50	7.5 %	3,854	336	9.6 %
Vitamins Caps	701	-2	-0.3 %	351	-23	-6.0 %
Ergocalciferol	282	-60	-17.6 %	5,354	-737	-12.1 %
Ascorbic Acid	222	-8	-3.4 %	1,749	1,225	233.6 %
Pyridoxine Hydrochloride	115	-2	-1.5 %	1,061	-91	-7.9 %
Vitamin A	67	-29	-30.5 %	388	-86	-18.2 %
<b>Section 9.6 Total</b>	<b>26,016</b>	<b>2,116</b>	<b>8.9 %</b>	<b>125,074</b>	<b>8,740</b>	<b>7.5 %</b>

193. Figure 28 shows that while use has remained static, costs for alfacalcidol have fallen after price reductions. For vitamin B compound, prices for the 'Strong' tablets were reduced under the category M scheme but prices for the basic tablets have increased (outside the scheme) raising costs by £2.0m. Costs for thiamine have risen, following price rises for the 50mg and 100mg tablets.

Figure 28



### BNF 9.5 Minerals

Includes mineral supplements given where there is a specific deficiency caused by a condition, or where additional amounts are needed, such as during pregnancy.

	2014	Since 2013		Since 2004	
Items dispensed	2.2m	↑	6.9%	0.1m	↑ 191.6%
Cost (NIC)	£48.0m	↑	12.3%	£5.3m	↑ 280.8%

194. In 2013 use of these medicines increased by 2.2 per cent; in 2014 use has increased by 6.9 per cent. Much of the increase in use is of sodium fluoride and specifically, toothpaste. The most frequently prescribed formulation is fluoride toothpaste (5000 parts per million), followed by the (2800 parts per million) formulation. These formulations are prescription only medicines, as they contain much higher fluoride concentrations than fluoride toothpastes on general sale and will be prescribed by dentists. Use of calcium carbonate, notably 1.25g chewable tablets has fallen.

Table 28

## Section 9.5 - Top 10 medicines by Items, 2014

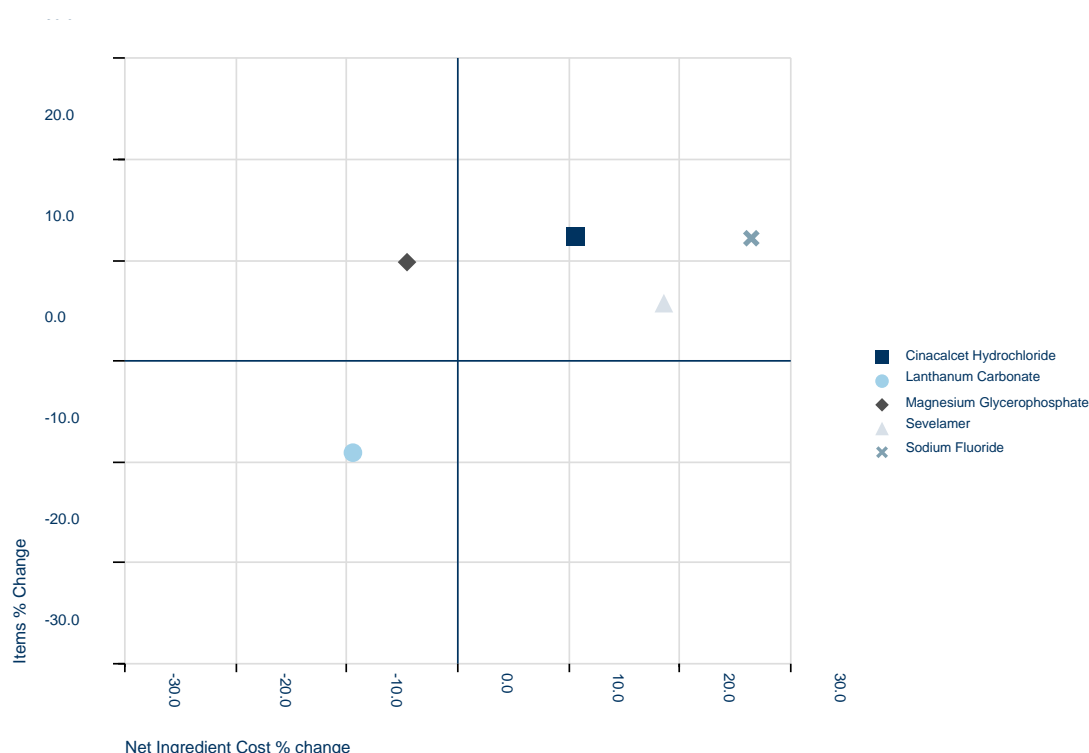
BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Sodium Fluoride	1,319	143	12.2 %	17,983	3,761	26.5 %
Calcium Carbonate	481	-16	-3.2 %	3,057	-113	-3.6 %
Sevelamer	75	4	5.8 %	8,920	1,397	18.6 %
Calcium Acetate	53	5	9.8 %	530	47	9.8 %
Magnesium Glycerophosphate	43	4	9.8 %	5,148	-248	-4.6 %
Cinacalcet Hydrochloride	37	4	12.4 %	6,812	651	10.6 %
Other Calcium Supplement Preps	33	-8	-20.3 %	453	-13	-2.9 %
Zinc Sulfate Monohydrate	30	0	-0.4 %	330	35	12.0 %
Lanthanum Carbonate	20	-2	-9.1 %	3,188	-333	-9.5 %
Zinc Sulfate	15	0	0.2 %	250	-29	-10.2 %
<b>Section 9.5 Total</b>	<b>2,151</b>	<b>139</b>	<b>6.9 %</b>	<b>47,965</b>	<b>5,260</b>	<b>12.3 %</b>

195. Figure 29 shows 4 medicines with increased use. For sevelamer, use of the hydrochloride tablets has fallen as use of the carbonate tablets has risen, by 67.0 per cent, and costs have increased by £0.9m.

196. Costs for magnesium glycerophosphate have fallen, following a fall in use of the standard 97.2 mg tablets, with costs falling by £0.3m. Use of 97.2mg chewable tablets has increased; the average cost per item of these is approximately £40, the standard tablets have an average cost per item above £200.

Figure 29

Percentage change from 2013 to 2014, Top 5 medicines by NIC in 2014, BNF 9.5



## BNF 1.5 Chronic Bowel Disorders

Includes medicines to manage ulcerative colitis and Crohn's disease

	2014	Since 2013		Since 2004	
Items dispensed	2.3m	↑	3.2%	0.1m	↑ 43.6%
Cost (NIC)	£100.5m	↑	5.4%	£5.2m	↑ 76.5%

### Category M scheme – sulfasalazine ↑

197. Most of the items dispensed in this section are for mesalazine or sulfasalazine. There are many formulations and brands of mesalazine available with different licensed indications. There has been increased use of some brands and falls in others resulting in an increase in cost of over £4m. Costs for sulfasalazine have increased after price increases. Increased costs for prednisolone sodium metasulphobenzoate, and sodium cromoglicate are due price increases in 2014.



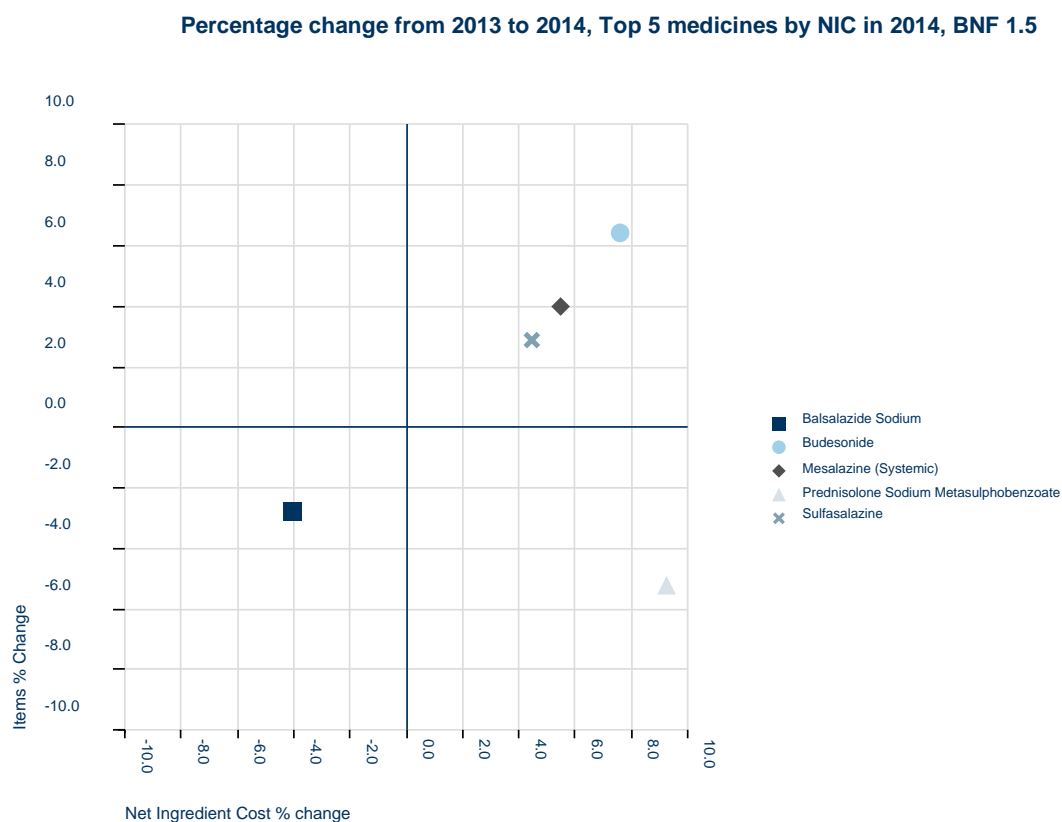
Table 29

## Section 1.5 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Mesalazine (Systemic)	1,319	51	4.0 %	80,269	4,173	5.5 %
Sulfasalazine	825	23	2.9 %	8,655	370	4.5 %
Balsalazide Sodium	55	-2	-2.8 %	2,568	-108	-4.0 %
Budesonide	44	3	6.4 %	3,287	232	7.6 %
Prednisolone Sodium Metasulphobenzoate	27	-1	-5.2 %	3,120	264	9.3 %
Hydrocortisone Acetate	22	-2	-6.8 %	443	-39	-8.1 %
Olsalazine Sodium	18	-1	-5.9 %	587	-32	-5.2 %
Prednisolone Sodium Phosphate	16	2	12.4 %	690	244	54.7 %
Sodium Cromoglicate	11	0	4.2 %	737	60	8.8 %
Beclometasone Dipropionate (Systemic)	3	0	19.2 %	162	25	17.9 %
<b>Section 1.5 Total</b>	<b>2,340</b>	<b>73</b>	<b>3.2 %</b>	<b>100,541</b>	<b>5,186</b>	<b>5.4 %</b>

198. Figure 30 shows three medicines with increased use and costs.

Figure 30



**BNF 10.3 Drugs for the treatment of soft-tissue disorders and topical pain relief**

Includes medicines such as NSAIDs to treat extravasation injury, caused by leakage of drugs or fluids into body tissue

	2014	Since 2013		Since 2004	
Items dispensed	7.6m	↑	8.2%	0.6m	↑ 70.2%
Cost (NIC)	£44.9m	↑	11.1%	£4.5m	↑ 74.9%
					3.1m
					£19.2m

**Category M scheme – ketoprofen ↓, piroxicam ↑**

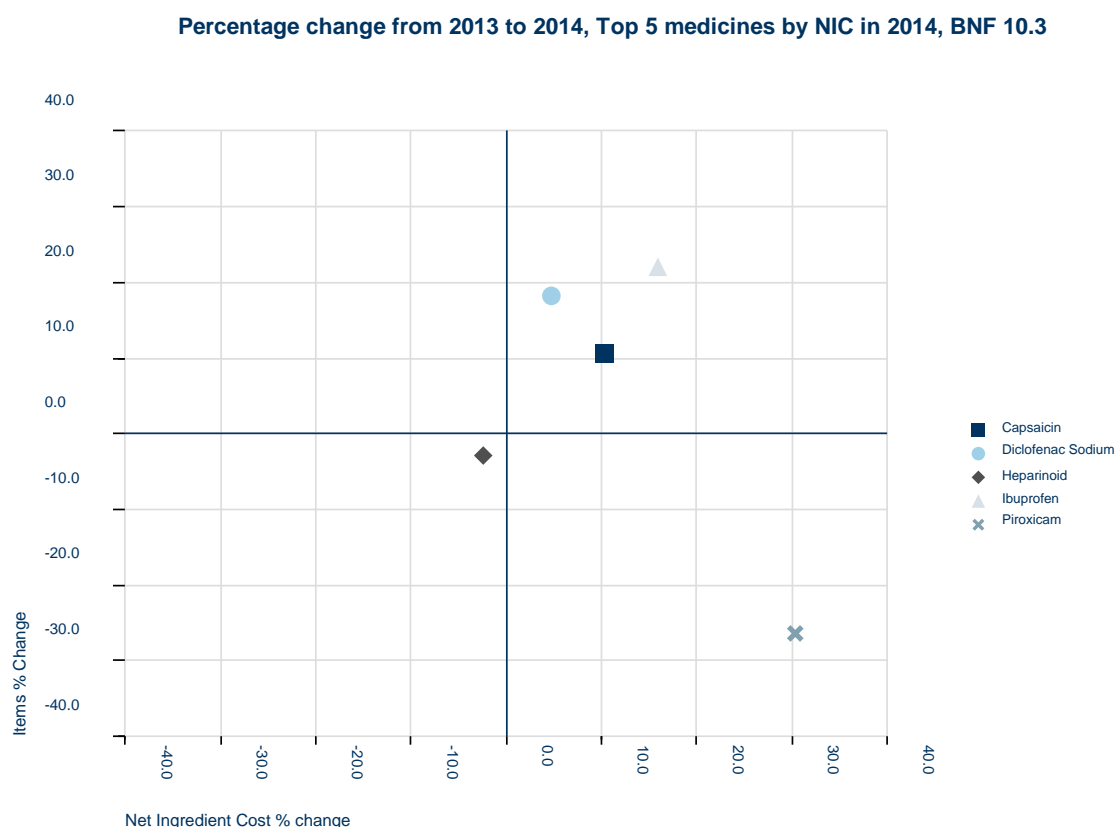
199. Table 30 shows that the increased use in this section is largely of ibuprofen, diclofenac sodium and ketoprofen gel preparations. Use of piroxicam gel has fallen by 28.9 per cent. Costs increased for each of these four medicines and increased use of capsaicin also raised costs by £0.5m.

**Table 30****Section 10.3 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Ibuprofen	2,996	542	22.1 %	12,917	1,776	15.9 %
Diclofenac Sodium	1,498	231	18.2 %	10,199	463	4.8 %
Piroxicam	868	-311	-26.4 %	6,905	1,608	30.4 %
Heparinoid	682	-20	-2.9 %	5,492	-135	-2.4 %
Diethylamine Salicylate	674	52	8.3 %	1,405	138	10.9 %
Ketoprofen	290	107	58.3 %	1,029	299	41.0 %
Capsaicin	248	24	10.6 %	4,939	461	10.3 %
Felbinac	145	-7	-4.4 %	1,275	-61	-4.6 %
Nicotinates	88	-34	-27.8 %	253	-74	-22.5 %
Methyl Salicylate	41	-5	-11.0 %	119	18	17.5 %
<b>Section 10.3 Total</b>	<b>7,593</b>	<b>576</b>	<b>8.2 %</b>	<b>44,933</b>	<b>4,472</b>	<b>11.1 %</b>

200. In Figure 31 piroxicam stands out, with increased costs and falling use. Price increases for the 0.5% gel have increased and there was increased use of the branded product, which is slightly more costly. With heparinoid, costs fell in line with a fall in use but there was also a switch from the branded product to a generic product. Prices for diclofenac sodium gel fell in 2014, and costs fell slightly as use increased by 17.1 per cent. Use of the “12 hour gel” product increased by 592.2 per cent, raising costs by £0.4m.

Figure 31



## BNF Sections with the greatest actual decrease in net ingredient cost in 2014, from Table A11.

### BNF 3.3 Cromoglycate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

Includes medicines to treat asthma

	2014	Since 2013		Since 2004	
Items dispensed	2.1m	↑	10.7%	0.2m	↑ 211.5%
Cost (NIC)	£8.3m	↓	-74.6%	-£24.4m	↓ -60.7%

### Category M scheme – montelukast ↓

201. Use of medicines in this section is dominated by montelukast, use of which has risen by 11.1 per cent since 2013 and by 260.7 per cent since 2004. The fall in costs, £24.3m, is due to generic alternative products becoming available in 2013 and price reductions under the category M scheme, and a fall in use of the more costly branded products. For example, use of the branded 10mg tablets fell by 0.2m items with costs falling by £7.0m. Use of generic 10mg tablets increased by 0.4m items and costs fell by £12.0m.

Table 31

## Section 3.3 - Top 5 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Montelukast	2,002	200	11.1 %	6,982	-24,326	-77.7 %
Zafirlukast	36	0	-1.3 %	680	-10	-1.5 %
Sodium Cromoglicate	7	0	-4.8 %	214	22	11.5 %
Nedocromil Sodium	5	0	-5.5 %	290	-20	-6.6 %
Roflumilast	3	-1	-14.4 %	114	-19	-14.5 %
<b>Section 3.3 Total</b>	<b>2,054</b>	<b>198</b>	<b>10.7 %</b>	<b>8,281</b>	<b>-24,354</b>	<b>-74.6 %</b>

## BNF 4.10 Drugs used in Substance dependence

Includes medicines used in alcohol, nicotine and opioid dependence

	2014	Since 2013		Since 2004	
Items dispensed	5.2m	↓	-9.1%	↑	22.0%
Cost (NIC)	£79.7m	↓	-17.3%	↑	10.8%
			-0.5m		0.9m
			-£16.7m		£7.8m

## Category M scheme – buprenorphine hydrochloride ↓

202. Use of 6 of the leading medicines in this section has fallen, led by nicotine and varenicline tartrate. Practically all presentations of nicotine and all presentations of varenicline tartrate have seen a fall in use. Many of these medicines are available from pharmacies and smoking cessation clinics without a prescription.
203. Use of the sugar-free methadone solution has risen; the fall in use overall was largely the result of falling use of the standard solution formulation.

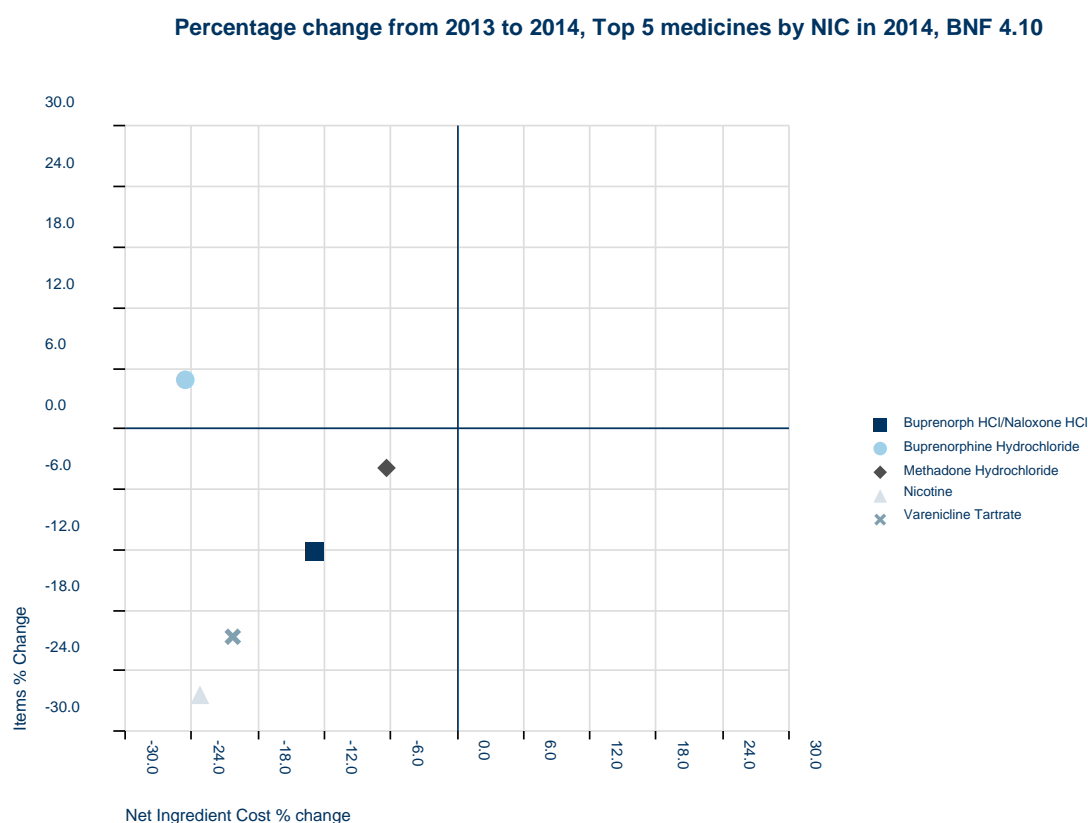
Table 32

## Section 4.10 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Methadone Hydrochloride	2,472	-100	-3.9 %	18,852	-1,287	-6.4 %
Buprenorphine Hydrochloride	905	42	4.9 %	12,118	-3,952	-24.6 %
Nicotine	832	-298	-26.4 %	19,670	-5,964	-23.3 %
Varenicline Tartrate	589	-153	-20.6 %	20,017	-5,098	-20.3 %
Acamprosate Calcium	138	11	8.7 %	2,491	106	4.4 %
Buprenorph HCl/Naloxone HCl	124	-17	-12.2 %	3,729	-551	-12.9 %
Disulfiram	56	-1	-2.5 %	842	108	14.7 %
Bupropion Hydrochloride	22	-2	-7.3 %	840	-73	-8.0 %
Naltrexone Hydrochloride	21	1	6.1 %	796	-95	-10.6 %
Nicotine Bitartrate	9	1	12.2 %	128	21	19.4 %
<b>Section 4.10 Total</b>	<b>5,172</b>	<b>-516</b>	<b>-9.1 %</b>	<b>79,714</b>	<b>-16,714</b>	<b>-17.3 %</b>

204. Figure 32 shows a clear fall in use and cost for four of medicines. Use of buprenorphine hydrochloride has increased but costs have fallen by 24.6 per cent due to price reductions on generic products and falling use of the branded equivalent products have contributed to this.

Figure 32



**BNF 4.1 Hypnotics and anxiolytics****See also: Appendix 2: Additional analysis of therapeutic areas of major interest.**

Includes hypnotics used to treat insomnia and anxiolytics. Benzodiazepines are the most commonly used type of these drugs: they are recommended for short term use only.

	2014	Since 2013		Since 2004	
Items dispensed	16.4m	↓	-0.8%	↓	-3.8%
Cost (NIC)	£88.9m	↓	-15.1%	↑	125.6%
			-0.1m		-0.7m
			-£15.8m		£49.5m

**Category M scheme – temazepam ↓, lorazepam, ↓ zopiclone↓**

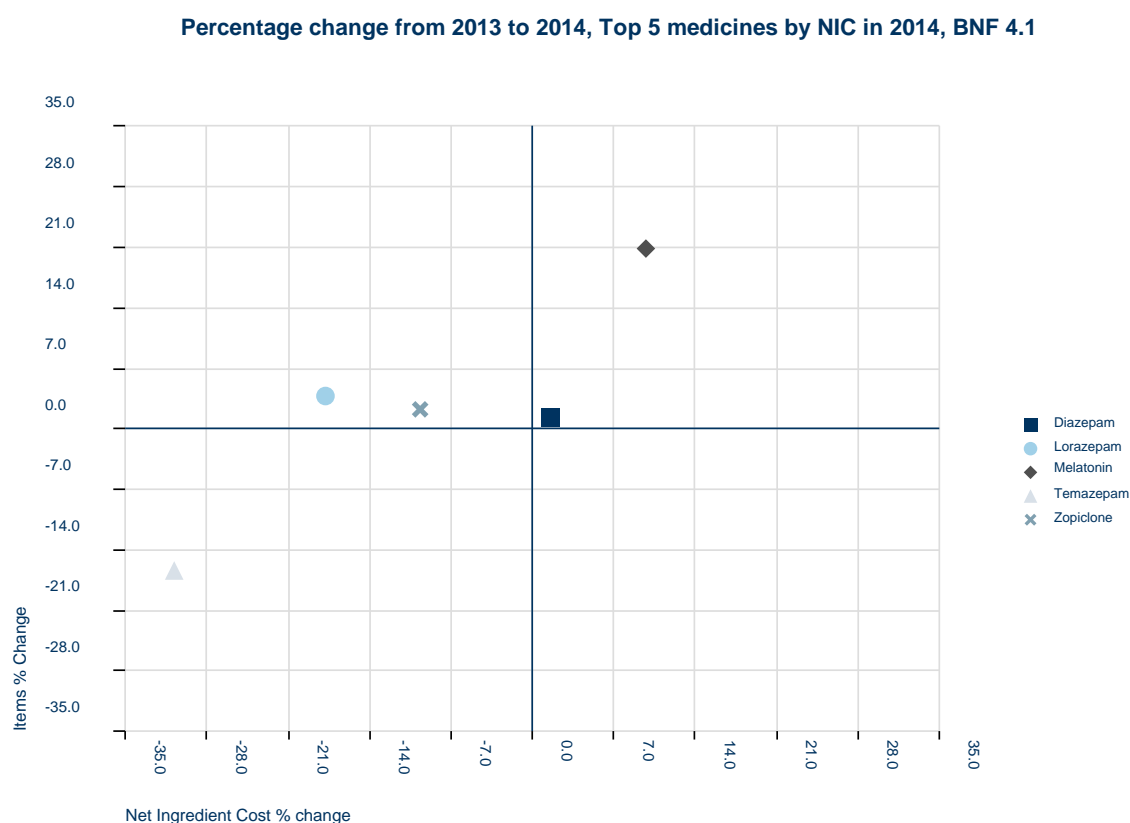
205. As in 2013, use of these medicines has fallen, but by less than 1 per cent, and costs, rather than increasing, have fallen by 15.1 per cent, and by £15.8m. The increased use of zopiclone, melatonin and diazepam has been offset by the continued fall in use of temazepam, now listed as a Schedule 3 Controlled Drug. The fall in overall costs is largely the result of both the price reduction and falling use of temazepam.

**Table 33****Section 4.1 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Zopiclone	5,716	126	2.3 %	5,919	-632	-9.7 %
Diazepam	5,351	72	1.4 %	7,644	118	1.6 %
Temazepam	1,681	-330	-16.4 %	32,908	-14,653	-30.8 %
Lorazepam	1,067	39	3.8 %	3,563	-772	-17.8 %
Nitrazepam	742	-61	-7.6 %	1,656	-641	-27.9 %
Zolpidem Tartrate	740	4	0.5 %	1,005	-180	-15.2 %
Melatonin	491	85	20.9 %	27,015	2,404	9.8 %
Buspirone Hydrochloride	154	2	1.2 %	2,239	-311	-12.2 %
Chlordiazepoxide Hydrochloride	123	-28	-18.8 %	558	-37	-6.2 %
Oxazepam	123	-17	-12.3 %	325	-170	-34.4 %
<b>Section 4.1 Total</b>	<b>16,351</b>	<b>-135</b>	<b>-0.8 %</b>	<b>88,853</b>	<b>-15,787</b>	<b>-15.1 %</b>

206. Figure 33 shows three medicines with falling costs and only one with falling use, temazepam. Both lorazepam and zopiclone have seen price reductions and a resulting fall in cost. Costs for melatonin have not increased as much as its use. Two liquid-special formulations used in 2013 did not appear in 2014, reducing costs by £0.5m. Prices for other melatonin suspensions and solutions have also fallen.

Figure 33



207. Since 2004, overall use of medicines in this section has fallen, led by a fall in use of temazepam, by 2.0m items and nitrazepam, by 0.8m items. Use of zopiclone has increased by 1.8m items since 2004. Overall costs have increased however, by £28.1m for temazepam and by £24.5m for melatonin, with increased use. Costs for zopiclone have fallen by £8.6m after generic formulations became available and prices changed.

### BNF Section 4.11 Drugs used for dementia

See also: Appendix 2: Additional analysis of therapeutic areas of major interest.

Includes medicines used in the treatment of Alzheimer's disease by slowing the rate of cognitive decline. Treatment is initiated and supervised by specialists.

	2014	Since 2013		Since 2004	
Items dispensed	3.0m	↑	18.0%	0.5m	↑ 499.7%
Cost (NIC)	£45.7m	↓	-24.0%	£14.4m	↑ 6.9%

**Category M scheme – memantine hydrochloride ↓**

208. Use of these medicines has risen by a similar amount to that seen in 2013, 0.5m items. Donepezil is the leading medicine in this section but its growth rate was a third of that for memantine. NICE guidance (see National Institute for Health and Care Excellence (NICE)) recommends memantine as an option for those who cannot tolerate any of the other medicines and for severe dementia, and its use has increased rapidly since 2011.

**Table 34**

**Section 4.11 - Top 4 medicines by Items, 2014**

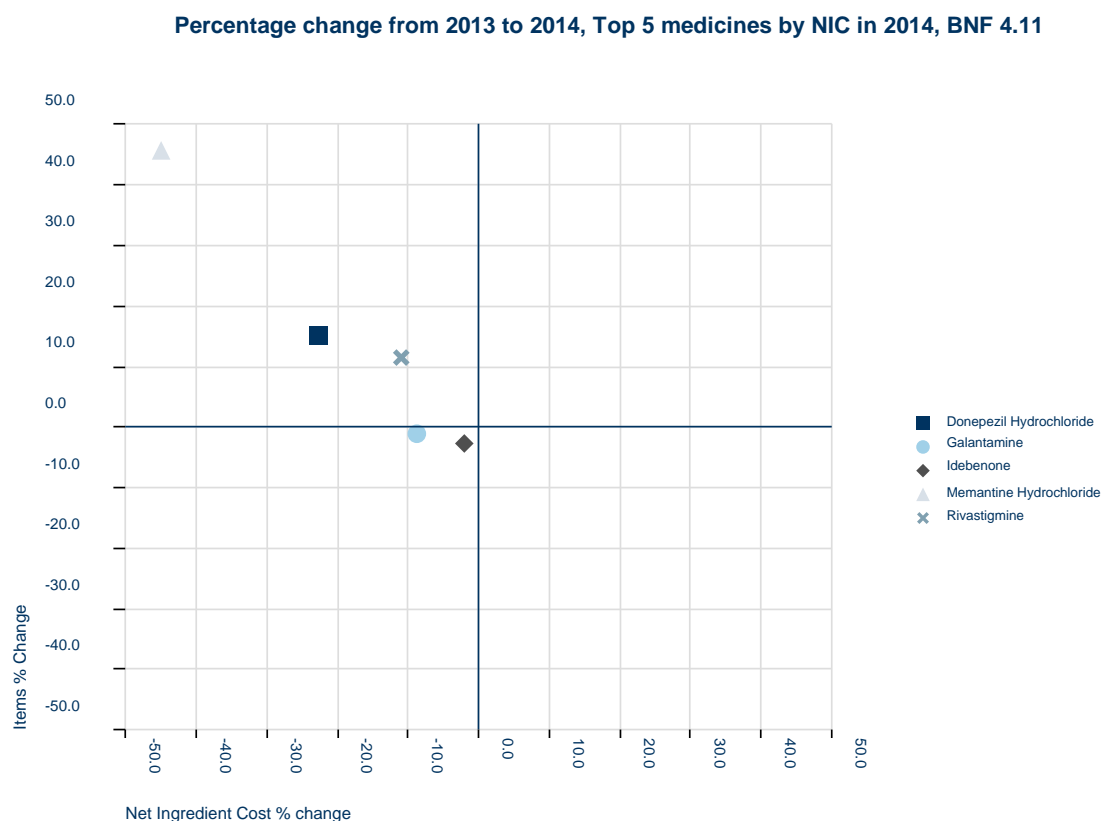
BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Donepezil Hydrochloride	1,801	236	15.1 %	3,666	-1,077	-22.7 %
Memantine Hydrochloride	606	190	45.7 %	12,366	-10,105	-45.0 %
Rivastigmine	340	35	11.5 %	15,127	-1,861	-11.0 %
Galantamine	262	-3	-1.1 %	14,515	-1,392	-8.8 %
<b>Section 4.11 Total</b>	<b>3,008</b>	<b>458</b>	<b>18.0 %</b>	<b>45,729</b>	<b>-14,436</b>	<b>-24.0 %</b>

209. Figure 34 shows reduced costs for all these medicines with just two of them having a fall in use. Costs for donepezil have fallen as a result of fewer branded products having been dispensed, a gradual reduction in the price of the orodispersible tablets and price reductions for the generic 5mg and 10mg tablets. Costs for rivastigmine have fallen after prices for some capsules were reduced. In addition, use of branded patches fell as use of less costly generics increased.

210. Since 2004, overall use of these medicines has increased by 499.7 per cent. Overall costs have not risen to the same extent; generic versions of some formulations became available for each of these medicines and some prices were changed under the category M scheme.



Figure 34



### BNF Section 19.2 Selective preparations

211. This is a pseudo-BNF Chapter and section created by BSA Prescription Services. Section 19.2 contains drugs and preparations which are occasionally prescribed either individually or as an ingredient in an extemporaneously prepared preparation. Presentations included in this section are undefined and it is intended that they are eventually recorded in an appropriate therapy area in the BNF. The content of this section is therefore subject to change from year to year.

### BNF Section 7.3 Contraceptives

Includes oral contraceptives, contraceptive devices and emergency contraception.

	2014	Since 2013		Since 2004	
Items dispensed	8.7m	↓	-1.0%	↑	0.2%
Cost (NIC)	£88.0m	↓	-10.0%	↑	37.9%
			-0.1m		20,300
			-£9.7m		£24.2m

### Category M scheme – desogestrel ↓

212. Prescribing of many contraceptives has fallen although the figures here do not include contraceptives given directly to patients from clinics. Emergency contraception can be purchased at pharmacies without a prescription.

213. The only contraceptives with increased use are desogestrel and ulipristal; ulipristal is used as emergency contraception. Desogestrel is a progestogen-only contraceptive. A generic product became available in mid-2013, use of which has increased by 23.0 per cent, as

use of the proprietary product fell by 34.7 per cent. This reduced costs by £4.6m and price reductions for the generic tablets reduced costs by an additional £2.4m. The use of branded products has increased, raising costs by £2.0m.

Table 35

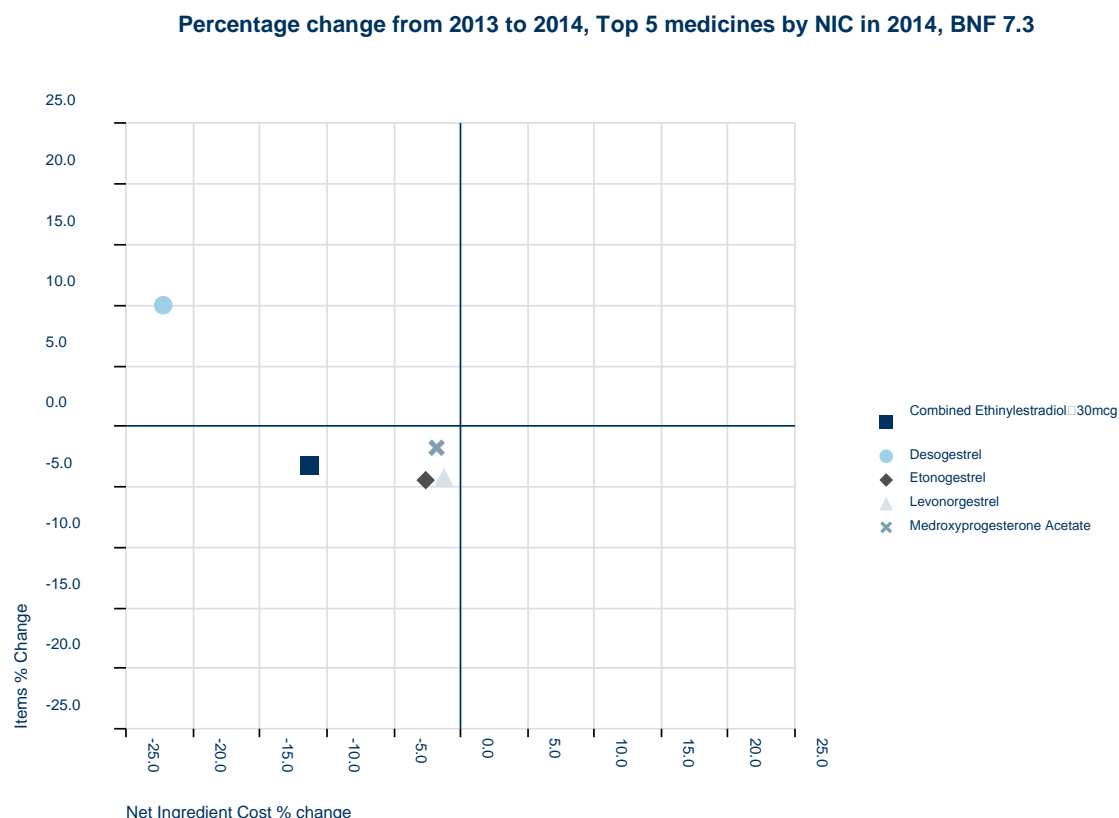
Section 7.3 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Combined Ethinylestradiol 30mcg	3,559	-119	-3.2 %	26,719	-3,408	-11.3 %
Desogestrel	2,111	192	10.0 %	16,680	-4,771	-22.2 %
Medroxyprogesterone Acetate	965	-17	-1.8 %	5,876	-108	-1.8 %
Combined Ethinylestradiol 35mcg	538	-47	-8.0 %	5,425	-580	-9.7 %
Norethisterone	434	-10	-2.3 %	1,136	-79	-6.5 %
Combined Ethinylestradiol 20mcg	424	-7	-1.5 %	4,650	-201	-4.1 %
Levonorgestrel	348	-15	-4.2 %	12,879	-163	-1.3 %
Etonogestrel	152	-7	-4.4 %	12,340	-331	-2.6 %
Phased Formulations Of Ethinylestradiol	111	-19	-14.5 %	640	-119	-15.7 %
Ulipristal Acetate (Emergency Cont)	28	6	26.2 %	480	102	27.0 %
<b>Section 7.3 Total</b>	<b>8,709</b>	<b>-85</b>	<b>-1.0 %</b>	<b>87,956</b>	<b>-9,734</b>	<b>-10.0 %</b>

214. Figure 35 shows the falling use of four of the leading medicines in this section.

215. For combined ethinylestradiol 30mcg there has been an overall fall in use although use of some individual branded products have increased, and for others has fallen, with an associated fall in costs. Etonogestral presentations are all implants; use of these has fallen. Levonorgestral is an emergency contraceptive; use of generic tablets has increased, use of the branded products has fallen. Medroxyprogesterone acetate is administered by injection; costs and use have fallen in line although use of the pre-filled syringe product has fallen and use of the prefilled injector device has risen.

Figure 35



### BNF Section 8.2 Drugs affecting the immune response

Includes medicines used to suppress rejection of transplanted organs and to treat chronic inflammatory and autoimmune diseases.

	2014	Since 2013		Since 2004	
Items dispensed	1.4m	↓	-0.2%	↑	49.0%
Cost (NIC)	£86.8m	↓	-10.1%	↓	-2.3%
			-4,000		0.5m
			-£9.7m		-£2.0m

**Category M scheme** – azathioprine ↓, mycophenolate mofetil ↑

216. Use of medicines in this section in primary care is low (1.4m items) relative to many other others (see Table 36). Many of the medicines are used predominately in secondary care and administered by specialists. Costs for azathioprine have fallen after price reductions and use of less expensive brands have reduced costs for tacrolimus.

Table 36

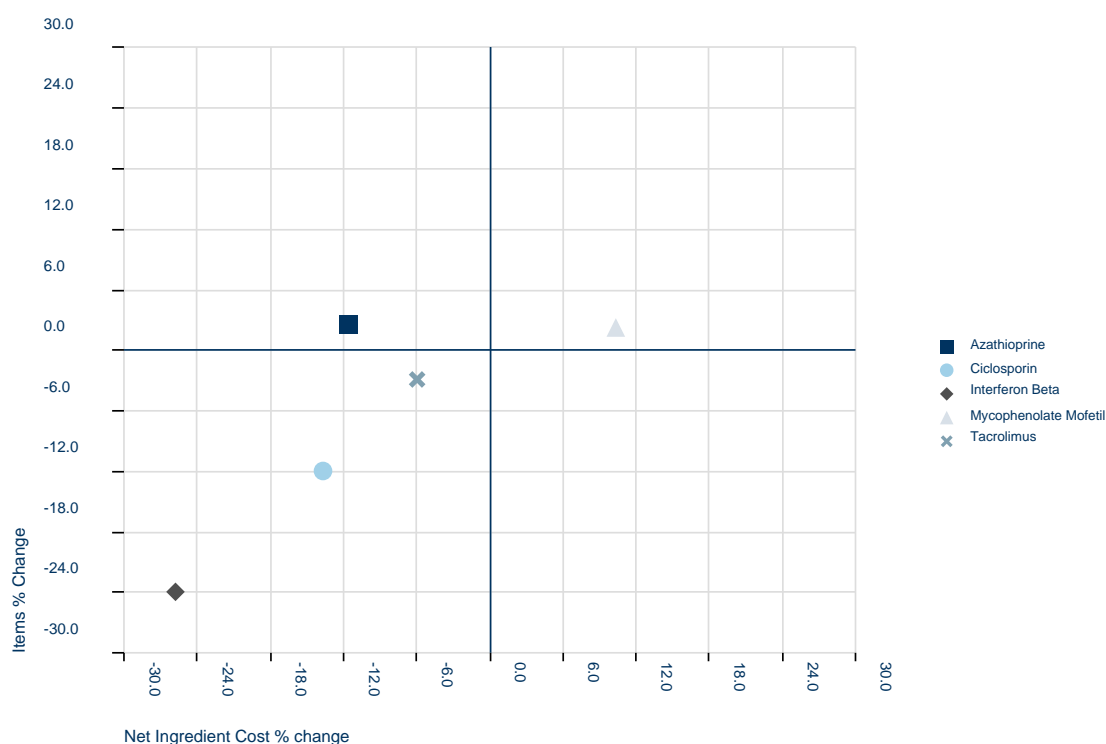
## Section 8.2 - Top 8 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Azathioprine	855	21	2.5 %	5,198	-680	-11.6 %
Mycophenolate Mofetil	197	4	2.3 %	12,017	1,126	10.3 %
Tacrolimus	188	-6	-2.9 %	34,057	-2,162	-6.0 %
Ciclosporin	147	-20	-12.0 %	13,398	-2,126	-13.7 %
Mycophenolate Sod	15	0	2.7 %	1,939	-13	-0.7 %
Sirolimus	13	-1	-6.0 %	2,029	-178	-8.1 %
Interferon Beta	8	-3	-23.9 %	14,018	-4,874	-25.8 %
Glatiramer Acetate	3	0	-9.8 %	3,394	-467	-12.1 %
<b>Section 8.2 Total</b>	<b>1,426</b>	<b>-4</b>	<b>-0.2 %</b>	<b>86,799</b>	<b>-9,724</b>	<b>-10.1 %</b>

217. Figure 36 shows 3 medicines with reduced use and costs in line. The price of mycophenolate mofetil tablets has increased, raising costs by £1.7m and increased use of capsules has raised costs by an additional £1.3m.

Figure 36

Percentage change from 2013 to 2014, Top 5 medicines by NIC in 2014, BNF 8.2



218. Since 2004, overall use of these medicines has increased, led by azathioprine 0.3m items, mycophenolate mofetil 0.1m items and tacrolimus 0.1m items. Costs have fallen since 2004; falling use of ciclosporin has reduced costs by £14.0m, and for interferon beta by £2.4m. Category M price changes from 2005 have reduced costs for azathioprine by £3.2m. The increased use of tacrolimus since 2004 has increased costs by £14.1m.

## BNF 13.2 Emollient and barrier preparations

Includes creams, gels, ointments and other liquids used to treat dry or scaling skin disorders, such as eczema. It also includes emollients for bathing, and barrier creams for nappy rash, stoma care, and bedsores.

Note that individual products in this section are not listed at this level in the BNF – areas such as ‘Emollient Bath & Shower Preparations’ refer to groups of similar products rather than to specific ones. Individual products are listed under the BNF presentation in these cases.

	2014	Since 2013		Since 2004	
Items dispensed	15.6m	↓	-8.2%	↑	35.8%
Cost (NIC)	£98.7m	↓	-6.4%	↑	75.1%
			-1.4m		4.1m
			-£6.7m		£42.3m

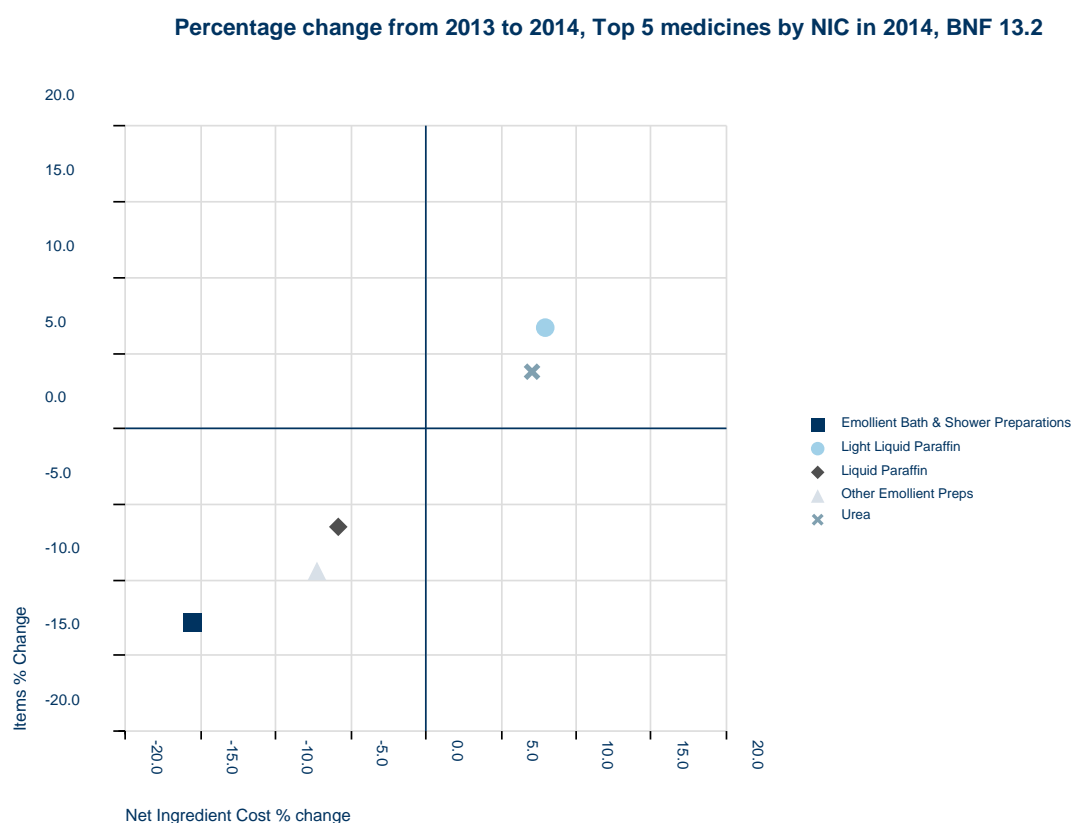
219. Use of these medicines rose in 2013, but has now fallen by 8.2 per cent in 2014. Cetraben emollient cream is now listed in BNF section 21.22 Emollients which accounts for the large fall in the number of items dispensed and costs under ‘Other Emollient Preps’. Under ‘Other emollient preparations’ there were large falls in the use of cetraben, doublebase gel, diprobase cream, and E45 cream. Under ‘Emollient bath and shower preparations’ use of aqueous cream fell by 26.1 per cent, reducing costs by £2.4m. Figure 37 shows use and costs.

Table 37

### Section 13.2 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Other Emollient Preps	9,634	-999	-9.4 %	62,307	-4,874	-7.3 %
Emollient Bath & Shower Preparations	2,063	-303	-12.8 %	11,921	-2,192	-15.5 %
Liquid Paraffin	1,385	-96	-6.5 %	7,861	-487	-5.8 %
Light Liquid Paraffin	724	45	6.7 %	4,901	361	7.9 %
Urea	560	20	3.8 %	7,069	466	7.1 %
Zinc Oxide	447	-35	-7.4 %	1,700	-2	-0.1 %
Dimeticone (Barrier)	310	16	5.4 %	817	0	0.1 %
Emulsifying Wax	198	-23	-10.4 %	535	-82	-13.3 %
Other Barrier Preps	108	3	3.1 %	316	30	10.5 %
Wool Alcohols	82	-8	-8.6 %	477	14	2.9 %
<b>Section 13.2 Total</b>	<b>15,625</b>	<b>-1,387</b>	<b>-8.2 %</b>	<b>98,690</b>	<b>-6,717</b>	<b>-6.4 %</b>

Figure 37



### BNF Section 6.6 Drugs affecting bone metabolism

Includes medicines used in the treatment of osteoporosis.

	2014	Since 2013		Since 2004	
Items dispensed	8.5m	↓	-1.3%	↑	122.6%
Cost (NIC)	£25.3m	↓	-17.2%	↓	-79.8%
			-0.1m		4.7m
			-£5.3m		-£100.2m

**Category M scheme** – ibandronic acid ↓, alendronic acid ↑

220. Five of the medicines listed in Table 38 have seen their use fall in 2014, led by strontium ranelate, in terms of the number of items. This medicine, which should be initiated by specialists only, has been linked to increased risk of cardiovascular disease and of severe allergic reactions. The overall fall in costs in this section is largely due to the falling use of this medicine and of the falling use and price reductions for ibandronic acid.

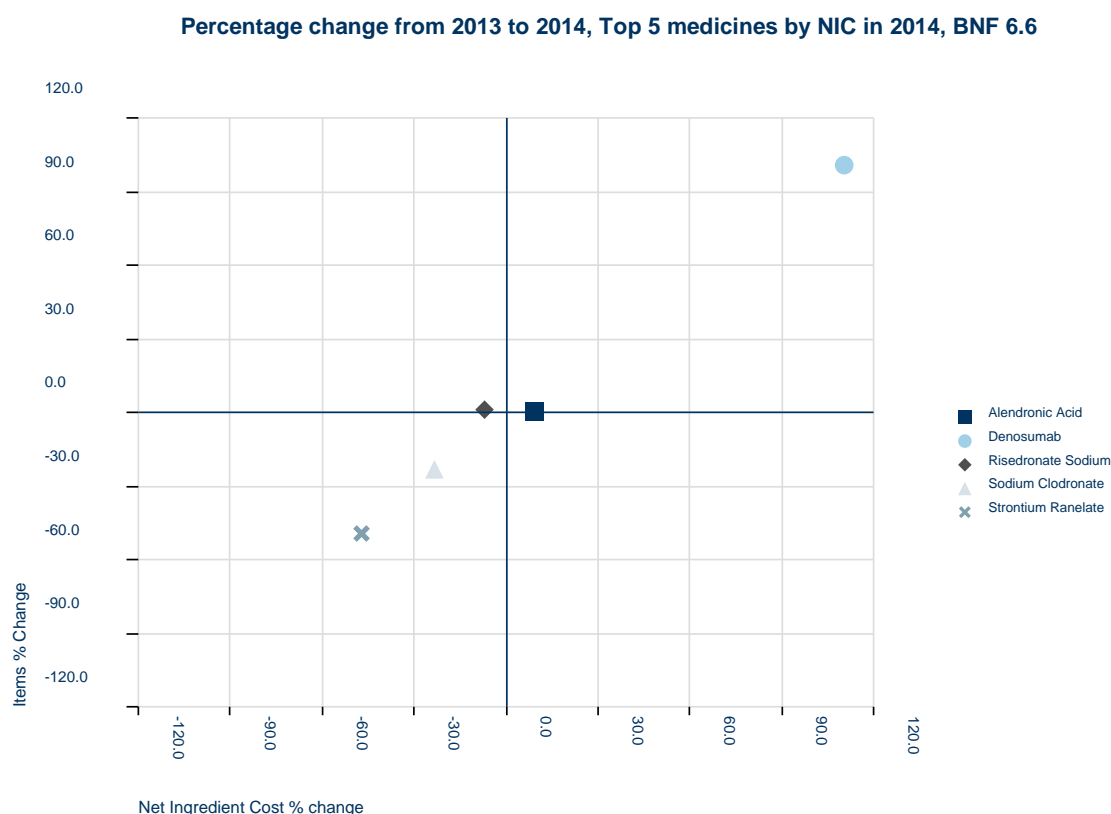
Table 38

## Section 6.6 - Top 9 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Alendronic Acid	7,391	34	0.5 %	9,694	819	9.2 %
Risedronate Sodium	737	10	1.4 %	1,815	-137	-7.0 %
Ibandronic Acid	213	-15	-6.4 %	1,453	-3,211	-68.8 %
Strontium Ranelate	132	-127	-49.1 %	3,856	-3,444	-47.2 %
Sodium Clodronate	24	-7	-22.9 %	3,288	-1,004	-23.4 %
Denosumab	20	10	101.1 %	4,088	2,145	110.4 %
Alendronic Acid & Colecalciferol	16	-2	-12.0 %	477	-75	-13.5 %
Teriparatide	1	0	2.4 %	532	-27	-4.9 %
Etidronate Disodium	1	-15	-93.5 %	16	-278	-94.5 %
<b>Section 6.6 Total</b>	<b>8,538</b>	<b>-112</b>	<b>-1.3 %</b>	<b>25,324</b>	<b>-5,256</b>	<b>-17.2 %</b>

221. Figure 38 shows use and cost of five medicines changing broadly in line, although price changes have raised costs for alendronic acid and falling use of branded products have reduced costs for risedronate sodium. Use of denosumab, a relatively new medicine, is growing, increasing overall costs in this section by £2.1m, although the number of items dispensed is relatively low.

Figure 38



222. Since 2004, use of medicines in this section has risen and costs fallen. Much of the increase in use is of Alendronic Acid (4.8m items) although costs for this have fallen by £70.5m, after generic formulations became available. Falling use of Risedronate Sodium and generic formulations becoming available have reduced costs by a further £23.9m. Since 2004, etidronate disodium has been discontinued; this reduced costs by an additional £10.7m.

#### BNF Section 4.6 Drugs used in nausea and vertigo

Includes antiemetic medicines used to treat nausea, such as during pregnancy, postoperative nausea and motion sickness.

	2014	Since 2013			Since 2004		
Items dispensed	7.9m	↓	-3.7%	-0.3m	↑	40.3%	2.2m
Cost (NIC)	£39.7m	↓	-11.6%	-£5.2m	↑	19.1%	£6.4m

**Category M scheme** – domperidone ↑, cyclizine hydrochloride ↓, ondansetron hydrochloride ↓, betahistine hydrochloride ↓

223. Table 39 shows that the overall fall in use of these medicines is largely the result of a fall in use of domperidone, offset by an increased use of cyclizine hydrochloride. There has been a small increase in risk of cardiac side-effects associated with the use of domperidone and new restrictions on its use have been made. Restrictions have also been made on the use of metoclopramide hydrochloride following adverse neurological effects.



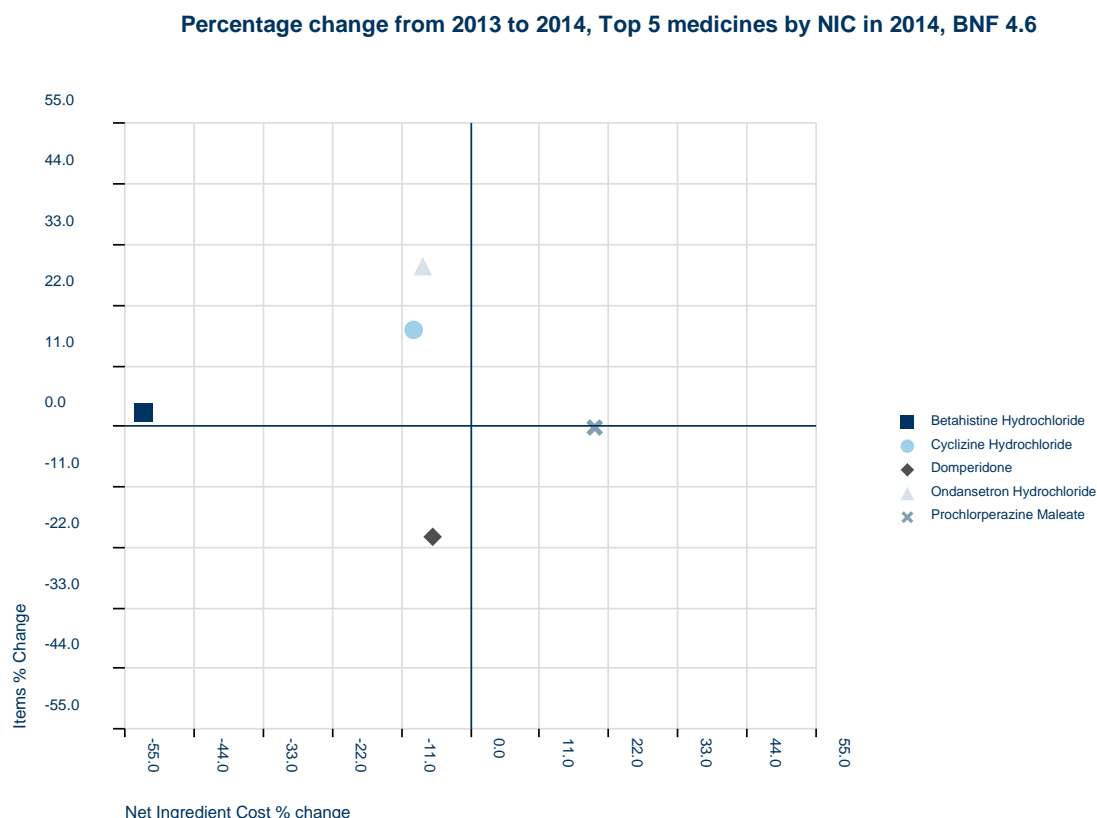
Table 39

## Section 4.6 - Top 10 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Prochlorperazine Maleate	1,772	-4	-0.2 %	5,100	841	19.8 %
Betahistine Hydrochloride	1,681	42	2.6 %	3,950	-4,305	-52.2 %
Domperidone	1,505	-378	-20.1 %	8,753	-563	-6.0 %
Metoclopramide Hydrochloride	1,053	-69	-6.1 %	3,940	-53	-1.3 %
Cyclizine Hydrochloride	748	112	17.5 %	4,833	-482	-9.1 %
Cinnarizine	405	8	2.0 %	1,613	-5	-0.3 %
Hyoscine	134	18	15.1 %	2,245	86	4.0 %
Ondansetron Hydrochloride	117	26	29.1 %	6,096	-502	-7.6 %
Cyclizine Lactate	66	3	5.1 %	697	178	34.3 %
Hyoscine Hydrobromide	45	-48	-51.8 %	573	-354	-38.2 %
<b>Section 4.6 Total</b>	<b>7,592</b>	<b>-289</b>	<b>-3.7 %</b>	<b>39,727</b>	<b>-5,217</b>	<b>-11.6 %</b>

224. Figure 39 shows increased use in three of the leading medicines in this section but no increase in cost except for prochlorperazine maleate. Use of the proprietary buccal preparation for this medicine has fallen by 91.3 per cent, with costs falling by £0.9m. Use of a generic product has increased by 253.9 per cent, with the price rising and costs increasing by £1.8m. The other four medicines have had price changes under the category M scheme.

Figure 39



### BNF 4.5 Drugs used in the Treatment of Obesity

All prescribing in this section was of orlistat, after other medicines in this area were withdrawn in previous years. Orlistat reduces the amount of dietary fat absorbed by the body and should be used alongside other measures (such as dietary changes and exercise) to help reduce obesity.

	2014	Since 2013		Since 2004	
Items dispensed	0.5m	↓	-7.8%	↓	-26.0%
Cost (NIC)	£15.4m	↓	-22.1%	↓	-£15.5m

225. Use of orlistat has fallen to around 0.5m items. Costs have fallen after price reductions under the category M scheme.

### BNF Section 5.2 Antifungal drugs

Includes medicines used in the treatment of common fungal infections.

	2014	Since 2013		Since 2004	
Items dispensed	2.1m	↓	-1.0%	↑	29.6%
Cost (NIC)	£17.6m	↓	-19.5%	↓	-£26.3m

**Category M scheme** – nystatin ↓, terbinafine hydrochloride ↓, itraconazole ↓

226. Use of these medicines, in comparison with many other sections is low, 2.1m items in total, in 2014. Costs have reduced at a far greater rate than the number of items dispensed.

Table 40

## Section 5.2 - Top 6 medicines by Items, 2014

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Nystatin	747	29	4.0 %	6,406	-2,401	-27.3 %
Fluconazole	650	-4	-0.6 %	2,134	26	1.2 %
Terbinafine Hydrochloride	591	-38	-6.1 %	2,915	-719	-19.8 %
Itraconazole	130	-1	-1.1 %	2,379	-199	-7.7 %
Griseofulvin	11	-2	-17.6 %	997	-446	-30.9 %
Voriconazole	1	0	-14.0 %	2,293	-511	-18.2 %
<b>Section 5.2 Total</b>	<b>2,131</b>	<b>-21</b>	<b>-1.0 %</b>	<b>17,590</b>	<b>-4,265</b>	<b>-19.5 %</b>

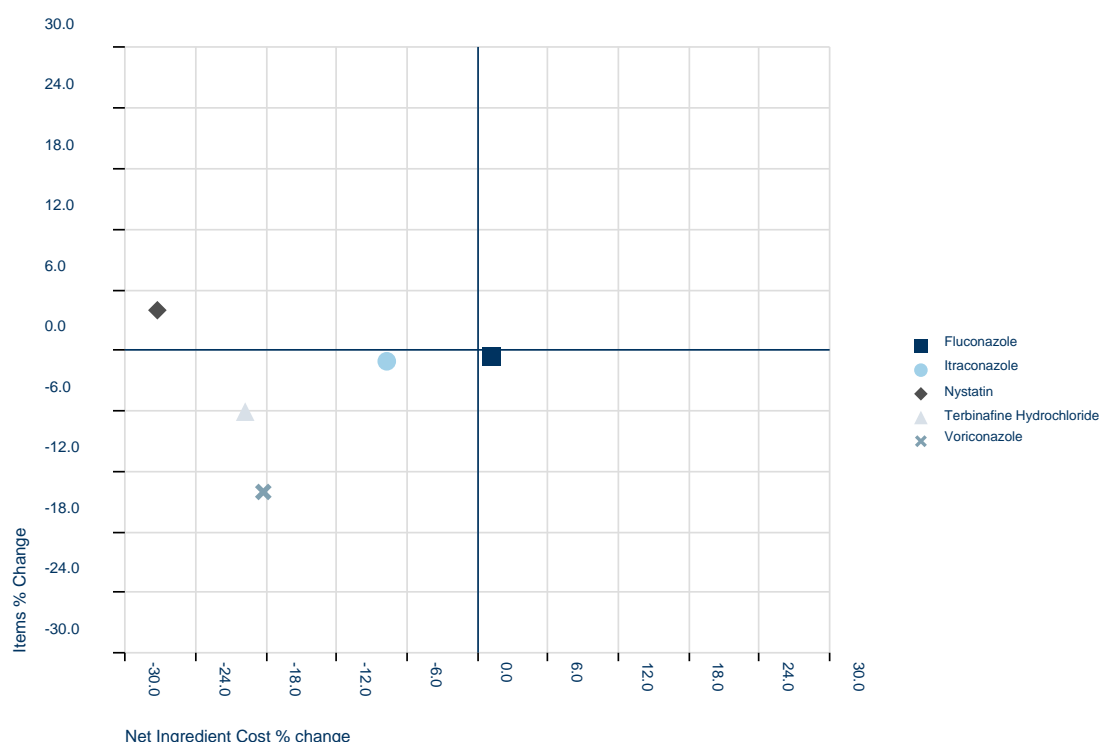
227. Use of all the medicines in Table 40, except nystatin, fell in 2014; costs fell for all of them, except for fluconazole. Figure 40 reflects this, showing little obvious relationship between changes in use and changes in costs.

228. The increased use of nystatin was largely of the ready-mixed suspension; use of the standard oral suspension fell and price reductions at the end of 2014 reduced costs by £2.5m. Both terbinafine hydrochloride and itraconazole had prices reduced for some formulations. With fluconazole the price of generic oral suspension rose, increasing costs as use fell. Use of the branded powder for reconstitution rose, increasing costs as well.

229. Since 2004, overall use in this section has increased; use of nystatin has risen by 0.4m items and fluconazole by 0.1m items. Overall costs have fallen; costs have fallen for terbinafine hydrochloride by £27.9m after generic formulations became available.

Figure 40

Percentage change from 2013 to 2014, Top 5 medicines by NIC in 2014, BNF 5.2



### BNF Section 13.5 Preparations for eczema and psoriasis

Includes medicines used in the treatment of eczema (dermatitis) and psoriasis.

	2014	Since 2013		Since 2004	
Items dispensed	1.4m	↑	2.0%	↑	16.2%
Cost (NIC)	£52.8m	↓	-7.2%	↑	46.1%
			-£4.1m		£16.7m

230. Use of these medicines, in comparison with many other sections is low, 1.4m items in total, in 2014; use has increased while costs have fallen, see Table 41.

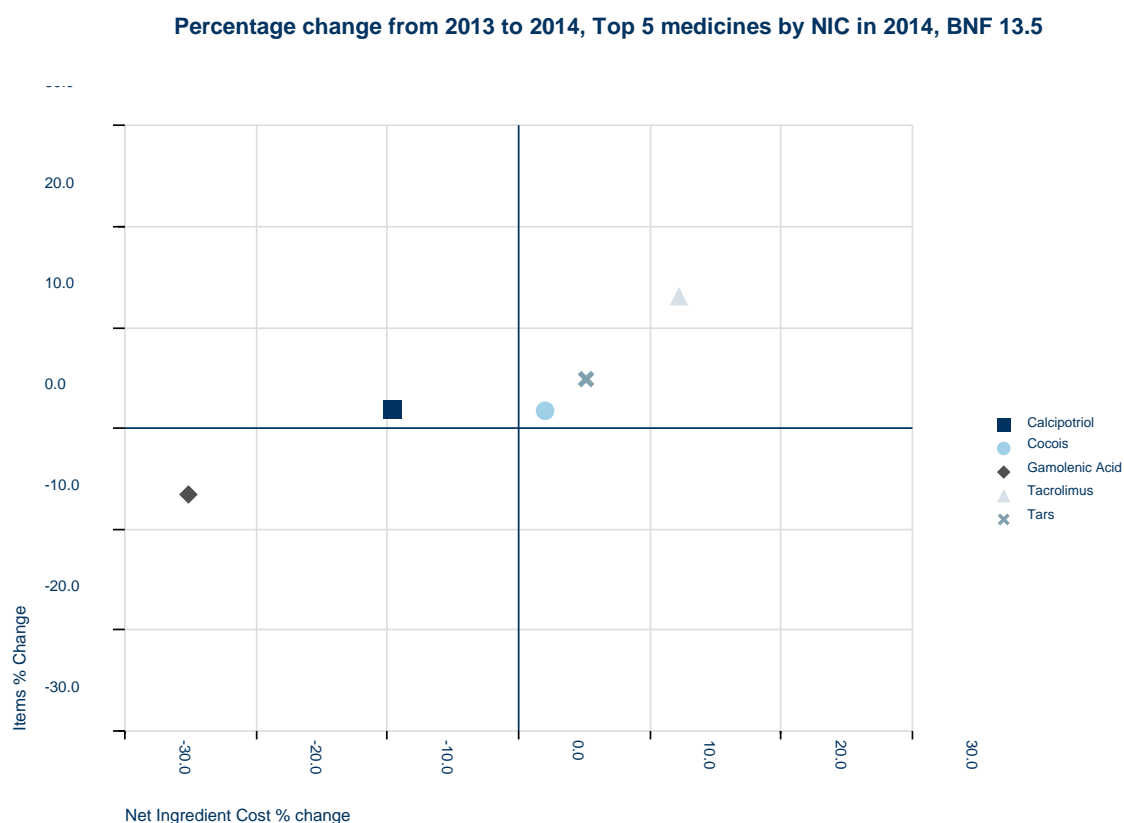
231. Calcipotriol is used to treat psoriasis; use of ointment preparations has increased, as use of cream preparations has fallen. For the combination preparation with betamethasone use of the ointment has fallen as the use of the gel preparation has increased; this has resulted in a fall in costs of £4.3m.

232. The license for the use of gamolenic acid (derived from evening primrose oil) as treatment for atopic eczema, was withdrawn in 2002; unlicensed use has continued although use has fallen in 2014. The medicine remains available for purchase without a prescription.

**Table 41**
**Section 13.5 - Top 10 medicines by Items, 2014**

BNF CHEMICAL NAME	2014 Items (000s)	Item Difference (000s)	Item difference %	2014 NIC £(000s)	NIC difference £(000s)	NIC difference %
Calcipotriol	925	17	1.9 %	40,465	-4,305	-9.6 %
Tacrolimus	129	15	13.1 %	4,011	437	12.2 %
Cocois	107	2	1.8 %	1,113	22	2.0 %
Tars	75	3	4.9 %	1,549	76	5.1 %
Pimecrolimus	33	0	-0.8 %	979	38	4.0 %
Calcitriol	30	0	-1.2 %	597	1	0.2 %
Gamolenic Acid	25	-2	-6.5 %	1,196	-403	-25.2 %
Acitretin	17	1	7.0 %	710	31	4.6 %
Tacalcitol	14	-1	-5.1 %	383	-28	-6.9 %
Dithranol	13	-1	-9.0 %	114	-2	-1.6 %
<b>Section 13.5 Total</b>	<b>1,388</b>	<b>28</b>	<b>2.0 %</b>	<b>52,838</b>	<b>-4,072</b>	<b>-7.2 %</b>

233. Figure 41 shows three medicines with use and costs rising in line.

**Figure 41**


**BNF Section 5.3 Antiviral drugs**

Includes medicines used in the treatment of HIV infection, hepatitis and influenza.

	<b>2014</b>		<b>Since 2013</b>			<b>Since 2004</b>	
Items dispensed	0.8m	↑	4.2%	34,000	↑	110.0%	0.4m
Cost (NIC)	£11.6m	↓	-14.5%	-£1.9m	↓	-38.5%	-£7.2m

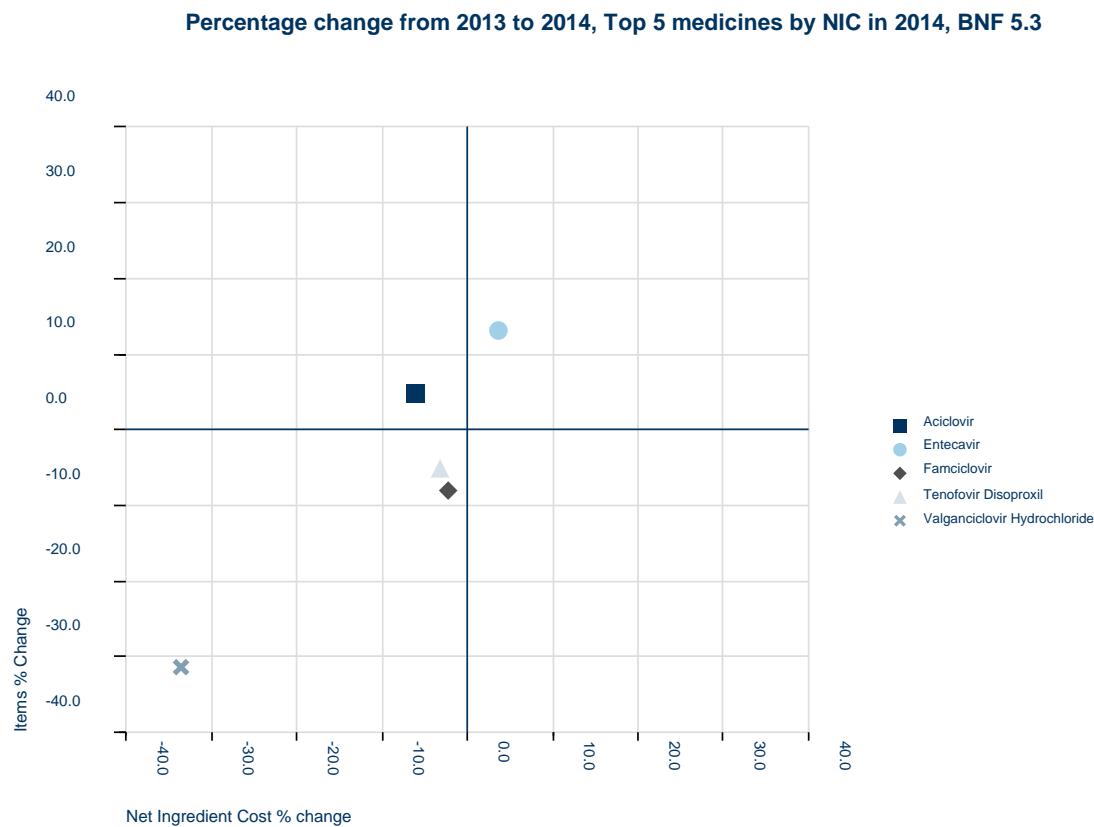
234. Table 42 shows that use of these medicines has increased, although the number of items dispensed remains low in comparison to other sections. Much of the increase in terms of items was of aciclovir standard tablet formulations; use of the dispersible tablets formulations fell.

**Table 42****Section 5.3 - Top 8 medicines by Items, 2014**

<b>BNF CHEMICAL NAME</b>	<b>2014 Items (000s)</b>	<b>Item Difference (000s)</b>	<b>Item difference %</b>	<b>2014 NIC £(000s)</b>	<b>NIC difference £(000s)</b>	<b>NIC difference %</b>
Aciclovir	787	36	4.8 %	4,433	-289	-6.1 %
Valaciclovir	23	2	8.2 %	659	-789	-54.5 %
Famciclovir	9	-1	-8.0 %	2,382	-55	-2.3 %
Lamivudine	5	-1	-10.6 %	459	-64	-12.3 %
Oseltamivir Phosphate	3	-2	-38.0 %	42	-27	-39.1 %
Tenofovir Disoproxil	2	0	-5.1 %	838	-28	-3.2 %
Entecavir	2	0	13.1 %	824	29	3.6 %
Valganciclovir Hydrochloride	2	-1	-31.4 %	1,310	-662	-33.6 %
<b>Section 5.3 Total</b>	<b>835</b>	<b>34</b>	<b>4.2 %</b>	<b>11,551</b>	<b>-1,952</b>	<b>-14.5 %</b>

235. Figure 42 shows that 4 of the leading medicines by cost experienced falls in cost in 2014. These include aciclovir, discussed above, and others where the fall in cost is closely in line with falling use. Entecavir, used for hepatitis B infections, saw an increase in use of 13.1 per cent.

Figure 42



236. Since 2004, overall use has increased and costs have fallen; use of aciclovir has increased by 0.5m items, falling use of famciclovir has reduced costs by £7.1m and costs for valganciclovir have fallen by £1.1m as generic formulations became available.

## 5 Special Order Products (Specials)

237. Special Order Products are unlicensed medicines that are manufactured for patients with certain clinical needs that cannot be met by licensed medicinal products. The law allows the manufacture and supply of these unlicensed medicines, subject to conditions, to meet the needs of these patients.
238. 'Specials' can be prepared by pharmacy departments but are now increasingly manufactured by pharmaceutical companies that hold a 'Specials' manufacturing licence, issued by the Medicines and Healthcare Products Regulatory Agency. These products appear throughout the BNF (see paragraph 320); there is no standard means of identifying them although many of them are liquid formulations of existing licensed products.
239. From November 2011 new arrangements for the reimbursement of 'Specials' were introduced, whereby the Drug Tariff (see The Drug Tariff) set the reimbursement prices for the most frequently prescribed products.
240. In 2008, NHS Prescription Services began coding the liquid special formulations and, in 2009, coding other types of special formulations such as ointments, capsules and tablets, to identify them as a group or tag. This grouping is used primarily in the ePACT system but can be applied to the PCA dataset. The figures below have been obtained by using the ePACT tag (from May 2015) against the PCA data for 2014 (see definitions paragraph 319). Note that this tag is updated monthly so that figures using a tag from a different month may produce different figures from those given here. The figures below should be regarded therefore as indicative rather than definitive (see Table 43 to Table 46).
241. In 2014
- there were 338,136 Special Order Product items dispensed with a total net ingredient cost of £44.8m
  - the average cost per item for Special Order Products was £133, in comparison with the overall average cost per item of £8.32
  - there were 415 different chemical substances dispensed in 1,455 different formulations.

**Table 43 Special Order Products - Leading chemical substances, in terms of items dispensed, 2014**

Melatonin	110,761
Colecalciferol	65,932
Midodrine Hydrochloride	16,686
Acetylcysteine	14,722
Magnesium Glycerophosphate	10,455
Hypromellose	7,282
Fluoxetine Hydrochloride	5,862
Mepacrine Hydrochloride	4,143
Liothyronine Sodium	3,816
Levomepromazine Maleate	3,691



**Table 44 Special Order Products - Leading formulations, in terms of items dispensed, 2014**

Colecalciferol capsule, 20,000u	60,592
Melatonin capsule 3mg	36,482
Melatonin capsule 2mg	35,308
Melatonin capsule 5mg	14,133
Melatonin tablet 3mg	11,114

**Table 45 Special Order Products - Leading chemical substances, in terms of net ingredient cost, £ millions, 2014**

Melatonin	£10.1m
Midodrine Hydrochloride	£2.6m
Magnesium Glycerophosphate	£2.3m
Colecalciferol	£1.8m
Acetylcysteine	£1.7m
Liothyronine Sodium	£1.2m
Gabapentin	£0.8m
Levomepromazine Maleate	£0.8m
Mexiletine Hydrochloride	£0.7m
Magnesium Oxide	£0.7m

**Table 46 Special Order Products - Leading formulations in terms of net ingredient cost, £ millions, 2014**

Melatonin capsule 3mg	£3.5m
Melatonin capsule 2mg	£2.9m
Midodrine HCl tablet 5mg	£1.4m
Molecalciferole capsule, 20,000u	£1.3m
Midodrine HCl tablet 2.5mg	£1.2m

## 6 Generic Prescribing

### Background

242. When writing a prescription the prescriber can prescribe a medicine by brand or proprietary name or by the generic name; this is the approved and registered chemical ingredient name. Prescribers are encouraged to prescribe generically, as this reduces the risk of error as each drug has only one approved name, rather than a number of brand names. Generic prescribing allows any suitable generic (or equivalent branded product) to be dispensed, reduces the number of items to be stocked in the pharmacy and can potentially reduce delays in supplying medicines to the patient. Also, generic medicines are usually less expensive to the NHS. Except where a change to a different manufacturer's product may compromise efficacy or safety, it is good practice to prescribe drugs generically using their approved, International Non-proprietary Name (INN) (i.e. as described in the BNF).
243. When a new medicine receives a marketing authorisation, it is likely to have been patented and the manufacturer will have exclusive selling rights over the product until this patent expires several years later. On expiry, other manufacturers can apply for a marketing authorisation. Generic medicines are manufactured according to the same quality standards as other medicines and are subject to the same regulatory requirements as branded medicines.
244. In primary care, dispensers are obliged to dispense what is written on the prescription, if a branded product is stipulated, this must be supplied. If the generic name is written, a branded or generic version can be supplied. As generic prescribing is regarded as good practice, many prescriptions are written generically even where only one branded product is available.
245. NHS Prescription Services record this activity by placing the prescription items in one of four drug 'classes'.
  - **Class 1** - Drugs are prescribed **and** are available generically and the dispenser is reimbursed at the Drug Tariff (see The Drug Tariff) price or the price of the generic. It is possible in such circumstances for a branded drug or a parallel import to be dispensed against the prescription
  - **Class 2** - Drugs are prescribed generically but because a generic is not available (for example the proprietary is still under patent) a proprietary product has been dispensed
  - **Class 3** - Drugs are prescribed and dispensed by proprietary brand name
  - **Class 4** – These are dressings and appliances.
246. Where the generic form of the drug has been reimbursed at the generic price, the data for the drug dispensed will be recorded against the class 1 (generic) form of the drug in PCA. Where a proprietary product is supplied this is recorded as class 3. However, some of these class 3 products will have been written as the generic name and are also designated as class 2.
247. Where a drug is defined as class 2, the prescription items and net ingredient cost for it are allocated across the items for all equivalent proprietaries. This is done pro rata on the basis of the number of proprietary prescription items dispensed. 'Of which class 2' (Owc2) gives the number of prescription items resulting from this apportionment. There are a small number of preparations that are not linked to equivalent proprietaries that appear separately with a class of 2.

248. NHS Prescription Services produces the Drug Tariff (see The Drug Tariff) on a monthly basis on behalf of the Department of Health. It lists the basis for reimbursement for most commonly prescribed generic drugs which are (in most cases) available generically. It is available here:
- <http://www.nhsbsa.nhs.uk/PrescriptionServices/924.aspx>
249. In some cases, although a generic has been reimbursed at the Drug Tariff price, the equivalent proprietary product may have been dispensed. This will, none the less, be recorded against the class 1 form of the drug.
250. For drugs dispensed by doctors, class 2 is not normally used in the PCA system; if a drug is prescribed generically but dispensed by a doctor as a proprietary because the generic is not available, it is recorded as a class 3 - prescribed and dispensed as a proprietary.
251. Appendix **Table A5** shows the percentage of all items dispensed for each class, since 2004. Generic prescribing has increased over the years and rose again in 2014. It is unlikely that the level will rise much further as it may have reached a clinically appropriate level for the drugs currently available.
252. The percentage of items prescribed and dispensed generically continues to rise, 76.5 per cent in 2014; dispensing by brand, where no generic exists, has fallen to 7.7 per cent. This suggests that there are now many generic products available and less proprietary-only medicines available.
253. Appendix **Table A6** gives the actual number of items dispensed by class - the number of class 1 prescriptions has risen by 36 million as the number of class 2 prescriptions has fallen again; numbers of class 3 prescriptions have increased. The average cost per item has increased for class 2 and 3 prescriptions but costs for class 1, generically prescribed and dispensed items, has decreased by five pence to £3.80; the average of all classes is £8.32, also five pence lower than in 2013.

## Generic Prescribing By BNF Chapters

254. Appendix **Table A7** shows that there is wide variation between chapters in both the percentage of items prescribed generically and the percentage of items dispensed generically. Each chapter is made up of certain groups of medicines and the extent to which generic alternatives exist for these medicines is the major factor governing this variation.
255. The prescriber has the choice to prescribe generically or not, in most cases. Factors which influence this choice are:
- clinical need, where a branded product is more suitable for the patient
  - guidelines, which recommend that specific medicines should be prescribed by brand.
256. The overall prescribed generic rate increased from 83.9 per cent in 2013 to 84.1 per cent in 2014.
257. The chapters with the highest prescribed generically rates are the same as in the previous year with BNF Chapter 5, (*infections*) having the greatest proportion of items written

generically (98.6 per cent) and the greatest proportion of items dispensed generically (96.3 per cent).

258. Excluding the 'Other' category, the chapter with the lowest prescribed generically rate is BNF Chapter 13, Skin, with 47.9 per cent.
259. The overall dispensed generically rate has increased to 76.5 per cent in 2014 from 75.2 per cent in 2013, mainly as a result of the use of generic alternative products which have become available recently for several leading medicines
260. The chapters with the highest and lowest dispensed generically rates are the same as in the previous year. There were notable increases in the rates of generic dispensing for other BNF Chapters in 2014.

## 7 Free and Charged Prescribing

261. Prescriptions are subject to a prescription charge but many people are eligible to receive prescriptions free of charge, if they meet certain exemption criteria. The groups eligible for free prescriptions are described in paragraph 322. All items 'personally administered' and all 'contraceptives' are free.
262. Up to 2007, information on prescribing by exemption group was compiled using a 1 in 20 sample of all exempt items. In December 2007, NHS Prescription Services changed the process for pricing prescriptions and for capturing prescription charge exemption status. As a result, NHS Prescription Services were unable to reliably estimate the data for each exemption category from this date. Accordingly, this bulletin, has only limited data on prescribing by exemption category between 2007 and 2011.
263. From January 2012, a new methodology to report exemption data was set up. This records the reason for any exemption for all prescription items, with the exception of approximately 1 million items (0.1 per cent) which are processed using a legacy system, where reason for exemption is not recorded. The exemption figures included in this report are therefore based on all prescriptions rather than from the 1 in 20 sample of exempt prescriptions used prior to 2008.
264. The information presented in Appendix **Table A4** shows information on prescribing by exemption category using the 1 in 20 sample, for 2004 to 2011. Data that has been collected using the new methodology is shown separately in Table 47, as this is not directly comparable.
265. The number of prescription items, 'charged at the point of dispensing' has remained static from 2012 (9.4 per cent) to 2014 (9.4 per cent). The number of free prescriptions has followed the same pattern, with 89.9 per cent in 2014 compared to 89.8 per cent in 2012.

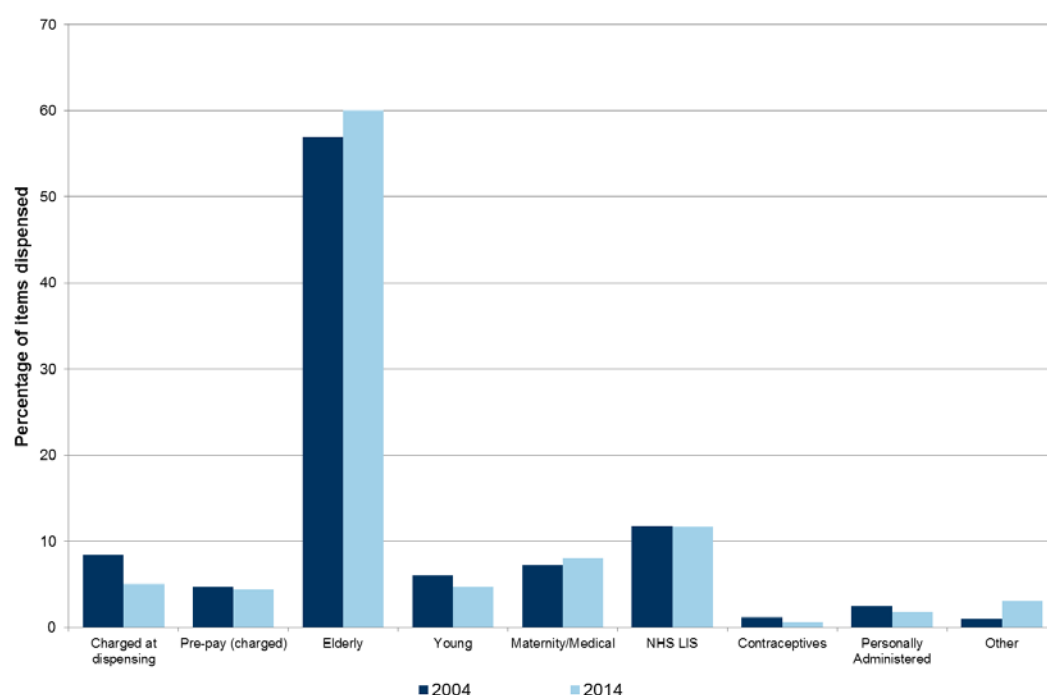
**Table 47 Number (in millions) and percentage of items that were charged for or dispensed free, by exemption category, 2012 to 2014**

	2014		2013		2012	
<b>Charged</b>						
Point of dispensing	53.4	5.0%	51.7	5.0%	52.1	5.2%
Pre-pay Certificates	46.7	4.4%	44.2	4.3%	41.8	4.2%
<b>Total Charged</b>	<b>100.2</b>	<b>9.4%</b>	<b>95.8</b>	<b>9.3%</b>	<b>93.9</b>	<b>9.4%</b>
<b>Free</b>						
Elderly	638.3	60.0%	612.9	59.5%	583.6	58.3%
Young	49.6	4.7%	48.8	4.7%	52.8	5.3%
Maternity/Medical	86.1	8.1%	83.2	8.1%	79.9	8.0%
NHS LIS	124.4	11.7%	120.2	11.7%	113.9	11.4%
Contraceptives	6.4	0.6%	6.7	0.6%	7.7	0.8%
Personally Administered	19.3	1.8%	18.9	1.8%	18.9	1.9%
Other	33.1	3.1%	36.3	3.5%	41.3	4.1%
<b>Total Free</b>	<b>957.1</b>	<b>89.9%</b>	<b>927.0</b>	<b>90.0%</b>	<b>898.1</b>	<b>89.8%</b>
Not captured (Legacy system)	7.3	0.7%	7.2	0.7%	8.5	0.8%
<b>Grand total</b>	<b>1,064.6</b>	<b>100.0%</b>	<b>1,030.1</b>	<b>100.0%</b>	<b>1,000.5</b>	<b>100.0%</b>

Figures may not sum exactly due to rounding.

Definitions of the exemption categories are given in paragraph 322

266. For 2012 to 2014, there is a figure for prescriptions paid with pre-payment certificates. For patients expecting to need regular prescriptions there is an option to purchase a 3 or 12 month pre-payment certificate, in advance, to cover the cost of all medicines across the time period. From 2007 to 2011 these prescriptions were recorded as 'free' as they were not physically paid for at the point of dispensing. In 2012 separate figures for these certificates became available. They show that use has increased since 2012, by 4.9m items (11.7 per cent).
267. For the exemption categories between 2012 and 2014 there have been some slight changes. The percentage for the 'elderly' category has increased; there were 54.7m more free items in 2014 than in 2012.
268. The proportions for the 'young', 'contraceptives' and 'other' categories has fallen since 2012.
269. From April 2009, a further group of patients were added to those exempt from the prescription charge on medical grounds, namely patients undergoing treatment for cancer. Prescriptions for these patients are included in the 'maternity/medical' category, which has risen to 8.1 per cent of all prescription items. More details are available from the link below.
- <http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Reviewofprescriptioncharges/index.htm>
270. Separate figures are now available for 'personally administered' items between 2012 and 2014; the percentage figure has remained static at 1.8 per cent, from 1.9 per cent in 2012.

**Figure 43 Percentage of items dispensed by charged or exemption status, 2004 and 2014**


271. Figure 43 shows the proportion of items dispensed that were charged for and those which were issued free, due to an exemption, in 2014, and in 2004, illustrating the change in the percentages for these groups since 2004. Note that figures for 2004 are based on a 1 in 20 sample of prescriptions (see paragraph 265 above) and that figures for 2014 are from all prescription items, (see paragraph 266 above).
272. In 2014, fewer than 10 per cent of items were charged for, including those which were purchased with a pre-payment certificate; this is less than in 2004. The proportion of those items purchased with a pre-payment certificate is similar for both years.
273. The percentage of items issued to those exempt in the '60 years and over' category has increased while the percentage for those exempt in the 'young' category has fallen. The 'medical/maternity' category, with additional medical conditions included in the exemptions has been claimed against an increased number of items in 2014.
274. 'Contraceptives are supplied free from the charge. The figures here do not include supplies made directly to the patient. The proportion given to those exempt due to the receipt of benefits has remained stable.
275. The proportion of the 'other' category has increased; it includes War/Ministry Of Defence pensioner exemptions, and those prescriptions issued free, where there was no exemption category specified or where it was unclear.
276. The charge for a prescription item is currently £8.20, in 2014 it was £8.05. The charge is independent of the cost of the actual prescription item dispensed.
277. For example, the Drug Tariff (see The Drug Tariff) prices for the most commonly dispensed medicine in 2014, simvastatin, which is available in three forms, is given in Table 48 below, alongside the prescription charge for 2014. The Drug Tariff price does not include the cost of the dispensing fees for these items.

**Table 48 Drug Tariff price of Simvastatin against the prescription charge, 2014**

Simvastatin	Drug Tariff price	Prescription charge
Generic tablets 80mg x 28	£1.65	£8.05
Oral Suspension 150ml	£111.44	£8.05
Proprietary Tablets 80mg x 28	£29.69	£8.05

Source BNF 68, September - March 2015

278. The price of the generic tablets is less than the prescription charge, whereas prices for the other forms are higher than the prescription charge. In addition, the prescription charge is made against a prescription item, regardless of the actual amount of medicine included – the charge is the same for 14, 28 or 56 tablets, for example.
279. The net ingredient cost of prescriptions, by exemption category, is available for 2013 and 2014, see Table 49 below. There is little change in the proportion of net ingredient cost associated with each exemption category between the two years. The proportions of charged and free prescription costs are broadly in line with the proportions of charged free items dispensed from Table 47 above, although there are differences within the specific free categories.

**Table 49 Net Ingredient Cost (£millions) by Exemption categories, 2013 & 2014**

	2014		2013	
<b>Charged</b>				
Point of dispensing	497.7	5.6%	488.0	5.7%
Pre-pay Certificates	446.8	5.0%	431.3	5.0%
<b>Total Charged</b>	<b>944.5</b>	<b>10.7%</b>	<b>919.3</b>	<b>10.7%</b>
<b>Free</b>				
Elderly	4,534.5	51.2%	4,356.6	50.5%
Young	612.1	6.9%	589.9	6.8%
Maternity/Medical	1,047.3	11.8%	1,017.0	11.8%
NHS LIS	1,034.7	11.7%	1,018.1	11.8%
Contraceptives	63.4	0.7%	71.7	0.8%
Personally Administered	228.0	2.6%	222.6	2.6%
Other	371.5	4.2%	404.0	4.7%
<b>Total Free</b>	<b>7,891.5</b>	<b>89.1%</b>	<b>7,680.0</b>	<b>89.0%</b>
Not captured (Legacy system)	16.7	0.2%	25.8	0.3%
<b>Grand total</b>	<b>8,852.7</b>	<b>100.0%</b>	<b>8,625.1</b>	<b>100.0%</b>

280. Table 50 below shows the variation in the proportion of items dispensed and costs for each exemption category in 2014. Notable differences include the free prescriptions for the



'elderly' category, accounting for 60.0 per cent of prescription items, and 51.2 per cent of net ingredient cost, and the 'maternity/medical' category accounting for 8.1 per cent of prescription items, and 11.8 per cent of net ingredient cost.

281. These differences are also apparent in the average net ingredient cost per item figures. The average cost per item is least for the 'elderly' category (excluding the 'legacy system' figure) and greatest for the 'young' and 'maternity/medical' categories. The 'young' category accounts for 4.7 per cent of prescription items and 6.9 per cent of the cost, in 2014.
282. This indicates that the elderly receive the majority of the prescriptions dispensed but the medicines provided are not necessarily all high cost. Many of the elderly will have one or more chronic long term conditions, treated with established, generic, low cost medicines. On average, the 'young' and those with 'maternity/medical' exemption appear to have fewer but more expensive medicines especially as the 'medical' exemption category now includes diabetes and cancer patients where several medicines are of higher cost.
283. More detailed information on prescribing by exemption category is unavailable.

**Table 50 Proportion of Items and Net Ingredient Cost, and Net ingredient cost per item by Exemption categories, 2014**

	Items	NIC	NIC per item
<b>Charged</b>			
Point of dispensing	5.0%	5.6%	£9.32
Pre-pay Certificates	4.4%	5.0%	£9.56
<b>Total Charged</b>	<b>9.4%</b>	<b>10.7%</b>	<b>£9.43</b>
<b>Free</b>			
Elderly	60.0%	51.2%	£7.10
Young	4.7%	6.9%	£12.34
Maternity/Medical	8.1%	11.8%	£12.17
NHS LIS	11.7%	11.7%	£8.32
Contraceptives	0.6%	0.7%	£9.87
Personally Administered	1.8%	2.6%	£11.81
Other	3.1%	4.2%	£11.23
<b>Total Free</b>	<b>89.9%</b>	<b>89.1%</b>	<b>£8.24</b>
Not captured (Legacy system)	0.7%	0.2%	£2.29
<b>Grand total</b>	<b>100%</b>	<b>100%</b>	<b>£8.32</b>

## 8 Prescribers

284. The vast majority of the prescriptions included in PCA data used in this report are written by General Medical Practitioners; however, prescriptions written by nurses, dentists, other non-medical prescribers and hospital doctors are also included, provided they were dispensed in the community.
285. Prescriptions written by dentists account for 0.5 per cent of items. Prescriptions written in hospitals and dispensed in the community continue to account for 0.5 per cent of items.
286. The ePACT system (see paragraph 319) does record the proportion of prescriptions written by prescriber type. The proportions of prescriptions written by doctors and other prescribers from this data source are 97.9 per cent written by GPs, and 2.1 per cent by nurses or other non-medical prescribers. The number of items prescribed by nurses has increased by 10.9 per cent since 2013.
287. Items written by dentists and dispensed in the community totalled 5.6m in 2014, a 0.2 per cent decrease on the previous year.
288. More details are available in the annual report on Dental Prescribing published by the Health and Social Care Information Centre; available at:
- <http://www.hscic.gov.uk/prescribing>
289. Prescriptions written in hospitals (including mental health trusts and drug addiction clinics) and dispensed in the community numbered 4.8m, a decrease of -1.5 per cent on the previous year.
290. The leading sections, in terms of number of items written in hospitals and dispensed in the community are:-
- BNF section 4.10 Drugs used in substance dependence 15.4 per cent
  - BNF section 4.3 Antidepressant drugs 6.6 per cent
  - BNF section 5.1 Antibacterial drugs 6.5 per cent
  - BNF section 4.2 Drugs used in psychoses and related disorders 6.4 per cent
  - BNF section 4.1 Hypnotics and Anxiolytics 5.6 per cent.
291. A bulletin focusing on prescribing costs in hospitals and the community in England, at both national and Area Team level, is published annually and is available at:

<http://www.hscic.gov.uk/prescribing>

## 9 Sources and Definitions

### Sources

292. All prescription statistics in this bulletin are based on information systems at NHS Prescription Services, part of the NHS Business Services Authority. The system used is the Prescription Cost Analysis (PCA), which was introduced in January 1991. This system is based on an analysis of all prescriptions dispensed in the community, i.e. by community pharmacists and appliance contractors, dispensing doctors and prescriptions submitted by doctors for items personal administered.
293. The analyses are based on all prescriptions dispensed in the community in England. The vast majority are written by General Medical Practitioners in England; however, prescriptions written by nurses, dentists, other non-medical prescribers and hospital doctors are also included, provided they were dispensed in the community. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man, provided they were dispensed in England. The analyses do not include prescriptions dispensed in hospitals, private prescriptions or prescriptions written in England but dispensed outside England.
294. Not all the information included on the form is collected by Prescription Services as it is not relevant to the task of reimbursing the dispenser. The charge status of the prescription is recorded, indicating whether or not the item was charged for or exempt from the charge. There is no information recorded on the reason why the prescription was written, such as the diagnosis or condition of the patient, and no information on the patient receiving the prescription.
295. Statistics in this bulletin are for calendar years.
296. NHS Prescription Services have stated that due to the complex and manual processes involved there may be inaccuracies in capturing prescription information which are then reflected in the data. Internal quality assurance processes exist and currently the prescription processing activity is internally audited to 97.5 per cent accuracy (i.e. at least 97.5 per cent of prescriptions are recorded accurately).
297. NHS Prescription Services publish a variety of datasets on prescribing alongside those published by the HSCIC. These include PCA data on a monthly basis although the final month before the end of the calendar year is withheld until the HSCIC PCA National Statistic is published in April.

#### [PCA monthly data, Prescription Services, NHS Business Services Authority](#)

298. The HSCIC also publish prescribing data at BNF Section level, for CCGs quarterly, and release data at BNF presentation level for each practice, monthly. The prescribing information within these differs from the published PCA data as it is based on the prescriber rather than the dispenser. The CCG and practice prescribing data is related to prescribers listed within England – PCA data is related to dispensers listed in England.
299. These releases can be found using the link below:

<http://www.hscic.gov.uk/prescribing>

300. Statistics relating to exemption category for prescription forms exempt from the prescription charge are not available for the years 2008 to 2011, (see paragraph 322). NHS Prescription Services have issued the followed statement.

“NHS Prescription Services are responsible for the reimbursement and remuneration of dispensing contractors in England on behalf of the Department of Health. When determining payment to contractors, it is only necessary for the NHS Prescription Services to determine whether:

- a prescription charge has been collected or
- a patient has completed a declaration of exemption, when a declaration is required.

Up until November 2007, NHS Prescription Services determined and recorded the exemption category on every 20th form that is exempt from the prescription charge. The data was recorded from the tick-box shown on the reverse of FP10 prescription forms, and where appropriate from the age or date of birth printed on the front of the form. This relied on the form being clear and completed correctly which may not have always been the case.”

301. The resident population, estimated by the Office for National Statistics (ONS), has been used to determine the average number of prescriptions and the average net ingredient cost per head of population. This bulletin uses mid-year resident population estimates based on the 2011 Census which have been revised slightly since last year’s bulletin and therefore some figures for prescription items per head in Appendix **Table A1** differ from those published in last year’s bulletin.

### **The Drug Tariff**

302. The Drug Tariff is a monthly publication providing details on payments to be made to community pharmacies for providing NHS Services. These payments include reimbursement of dispensed medicines and appliances, the payment of professional fees for services provided, and allowances. Reimbursement prices for the majority of medicines are listed in Part VIII of the tariff.

[Prescription Services NHS Business Services Authority Drug Tariff](#)

### **Medicines and Healthcare products Regulatory Agency (MHRA)**

303. The Medicines and Healthcare products Regulatory Agency (MHRA) regulates medicines, medical devices and blood components for transfusion in the UK and is responsible for ensuring their safety, quality and effectiveness.

[Medicines and Healthcare products Regulatory Agency - GOV.UK](#)

### **Advisory Committee on Borderline Substances (ACBS)**

304. This committee advises on the prescribing of certain foodstuffs and toiletries that are specially formulated for use by people with certain medical conditions. Recommended products are listed in the Drug Tariff and the British National Formulary.

[Advisory Committee on Borderline Substances - Groups - GOV.UK](#)

305. The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE clinical guidelines are systematically-developed recommendations on how healthcare and other professionals should care for people with specific conditions, based on the best available evidence.

<http://www.nice.org.uk/GuidanceMenu/Conditions-and-diseases>

## Definitions

306. Prescribers write prescriptions on a prescription form. Each single item written on the form is counted as a prescription item.
307. All prescription items attract a professional fee for the dispensing contractor. There are minor differences between the number of fees paid and the number of items because some prescription items attract more than one fee.
308. The net ingredient cost (NIC) refers to the cost (which forms the basis on which the dispenser is reimbursed) of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustment for income obtained where a prescription charge is paid at the time the prescription is dispensed or where the patient has purchased a pre-payment certificate.
309. Figures quoted for net ingredient cost for all years are unadjusted for inflation. Standard adjustments for inflation are not considered appropriate as drug prices are subject to controls under the Pharmaceutical Price Regulation Scheme (PPRS) (see Paragraph 12) and to other central controls.
310. PCA uses the therapeutic classifications defined in the British National Formulary (September 2013, edition 66, in this bulletin). NHS Prescription Services have created additional pseudo BNF chapters, which do not appear in the BNF, for items not included in BNF chapters 1 to 15. The majority of such items are dressings and appliances, which have been classified into four pseudo BNF chapters (20 to 23). NHS Prescription Services have produced a booklet on BNF classifications and the pseudo classifications used. This is available on the internet at:
- [http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/BNF\\_Classification\\_Booklet-2013.pdf](http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/BNF_Classification_Booklet-2013.pdf)
311. The classification of drugs and appliances used by NHS Prescription Services for PCA does not always equate exactly with the BNF. For example, NHS Prescription Services does not include stoma appliances in BNF section 1.8 but classifies them under a pseudo BNF chapter 23.
312. A generically written prescription is one that has been written using the recommended International Non-proprietary Name, the British Approved Name, or the scientific name of the active ingredient rather than the brand name. Recommended International Non-proprietary Names are used for most ingredient names since systematic chemical names or other scientific names are too complex or inconvenient for general use.

313. For the purpose of these statistics, generic dispensing is defined as occurring where a drug is prescribed and available generically and the dispenser is reimbursed at the Drug Tariff price or the price of the generic. The Drug Tariff (Part VIII) shows the amount that will be reimbursed by the Department for most generic drugs dispensed against a prescription written generically.
314. **The ePACT system.** This is an alternative system for analysing prescription data, provided by NHS Prescription Services. It includes only prescriptions written in England and excludes dentists and hospital prescriptions.
315. **Special Order products.** Within the ePACT system there is a "Special order products" tag, or grouping, containing all special order products that have been assigned a drug code. Prior to August 2008, prescribing data for specials was recorded under the BNF Chapter (Other Drugs and Preparations) as 'individually Formulated Preps – Bought in'. After August 2008 coding of individual liquid specials began and a 'liquid specials' tag was provided within ePACT. In June 2009 this tag was expanded to include other specials including ointments, capsules and tablets, and the tag was renamed 'Special order products'.
316. The tag is not a definitive list of all specials and work is on-going to add other presentations to the tag definition where there is sufficient information to populate the drug database. The tag is updated in each month. Any specials which are not added to the tag are recorded under the "Unspec Drug Code" and "Unspec Drug Code (Discount Not Deducted)" drug descriptions. However these sections will also contain preparations that are not specials.
317. **Free prescriptions**  
These are in the following categories:
- from 2008 to 2011, where the patient holds a valid prescription pre-payment certificate purchased in advance from the NHS BSA and no further charge is paid at the point of dispensing. Prior to 2008 and from 2012 onwards, prescriptions issued using a pre-payment certificate are recorded as charged.
  - Aged 60 and over (*Elderly*), men and women aged 60 and over
  - (*Young*), children under age 16, young people aged 16, 17 and 18 in full time education
    - If a patient is exempt (age 60 and over, or under age 16) and their date of birth is printed on the prescription form, they do not need to sign the declaration; the form will be recorded in the age exempt category.
  - (*Maternity/Medical*) exemption certificate holders, these are:
    - pregnant women
    - women who have given birth in the previous 12 months
    - people with specified medical conditions
- These certificates are issued by the NHS BSA; prior to 1 October 2002, Health Authorities issued them.

- (*Other*)

- war pensioners, but only in respect of prescriptions for their accepted disablement and an exemption certificate is held. These certificates are issued by Veterans UK, (prior to April 2014, the Service Personnel & Veterans Agency).
- no declaration / declaration not specific: If a patient is entitled to free prescriptions, they must tick the appropriate box on the back of the prescription form to say why they do not have to pay and sign the declaration on the prescription form.

If it is not clear what category applies, the group is shown as no declaration. Where the patient has claimed two or more categories, they are classified as declaration not specific.

- (*NHS LIS*), NHS Low Income Scheme in respect of means tested entitlement:
  - people and their partners receiving Income Support (including any qualifying young person<sup>1</sup> included in the award)
  - people and their partners receiving Income Based Jobseeker's Allowance (including any qualifying young person included in the award)
  - people and their partners receiving Income Related Employment and Support Allowance (from October 2008)
  - partners aged under 60 of recipients of Pension Credit Guarantee Credit
  - people and their partners (including any qualifying young person included in the tax credit award) with annual income for tax credit purposes below the qualifying level who qualify for:
    - Working tax credit with child tax credit
    - Working tax credit which includes a disability or severe disability element
    - Child tax credit and not eligible for Working Tax Credit
  - people and their partners who are named on a valid NHS Low Income Scheme charges certificate HC2 for full help.
- Previously, NHS Low Income Scheme groups included the following which are now included in the above:
  - partners aged under 60 of recipients of Minimum Income Guarantee – up to September 2003
  - people and their partners receiving full working families tax credit or maximum credit reduced by a specified amount from October 1999 to 5 April 2004
  - people and their partners receiving full Disabled Person's Tax Credit or maximum credit reduced by a specified amount from October 1999 to 5 April 2004
- (*No Charge Contraceptives*): prescribed contraceptives are free and do not attract a prescription charge.
- (*personally administered*), Personally administered Items: - these are free of charge. Dispensing doctors submit claims for all items dispensed unlike prescribing doctors who only submit claims to the NHS BSA in respect of personally administered items. It is, therefore, not known whether or not a dispensing doctor has personally administered an item. Items personally administered by dispensing doctors are, therefore defined as all items for products that are indicated on the NHS BSA drug database as products that can be personally administered.

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<sup>1</sup> A "qualifying young person" is a young person aged 16 to 19 who meets the criteria for a child benefit award, this may continue to their 20th birthday.



## 10 Equivalent statistical publications in other UK Countries

318. The statistics used in this publication are based on figures published annually in the "Prescription Cost Analysis", National Statistic for England (see paragraph 2).
319. The Health and Social Care Information Centre does not collect or supply similar figures for the other UK countries; Northern Ireland, Scotland and Wales. PCA figures for these countries are published by the responsible body in each country.
320. Below are summary details from each of these bodies, covering publications equivalent to this National Statistic and the annual PCA publications, taken from their websites which existed at the time of this publication - links to their websites are given on the PCA publication page on our website.
321. These details represent our interpretation of what is available and should be taken as a guide only. Queries should be addressed to the appropriate responsible organisation.

### Data for Wales: published by 'Welsh Government'

#### Equivalent "Prescriptions dispensed in the community" publication

322. The "Welsh Government" produces the "Prescriptions dispensed in the community in Wales" National Statistic, annually in March. This is similar to both the "Prescription Cost Analysis: England" and "Prescriptions Dispensed in the Community: England" National Statistics.

This includes details on the following topics: -

- the number of items dispensed over the last 11 years
- the average number of items dispensed per head over the last 11 years
- cost over the last 11 years
- cost per item over the last 11 years
- the average cost per head over the last 11 years
- the number of items dispensed over the last two years by BNF Chapter
- cost over the last two years by BNF Chapter
- the average number of items dispensed per head over the last two years by BNF Chapter
- the average cost per item over the last two years by BNF Chapter
- top 25 prescription items by chemical name
- top 25 prescription items by net ingredient cost and chemical name

323. The above publication is based on PCA in Wales, details of which are given below.

#### Equivalent PCA publication

324. PCA in Wales is published by calendar year.
325. Coverage is similar to PCA in England in terms of type of dispensers and prescribers included and that all prescriptions included are those dispensed in Wales only.



The data fields published are

- cost in NIC (equivalent to NIC in England)
- items
- quantity
- cost per item

326. All individual preparations are listed – no suppression of preparations which are rarely dispensed.

327. Figures are published at the following levels of aggregation.

- Overall total
- BNF Chapter
- BNF Section
- BNF Sub – paragraph
- Chemical
- Product (PCA in England excludes this level of aggregation)
- Individual preparations

328. PCA in England includes aggregation by BNF Paragraph.

329. The “of which class 2” field is not given in PCA for Wales.

### **Link to publication**

<http://wales.gov.uk/statistics-and-research/prescriptions-dispensed-community/?lang=en>

## **Data for Northern Ireland (NI) - published by 'Business Services Organisation'**

### **Equivalent "Prescriptions dispensed in the community" publication**

330. The "Business Services Organisation" produces "Counts and Cost of prescriptions".

331. This includes details on the following topics

- the number of items dispensed by year
- the cost of items dispensed by year
- the average cost per head by year
- the average cost per item by year

### **Equivalent PCA publication**

332. PCA in Northern Ireland (NI) is published by calendar year and is available by Local Commissioning Group. (Coverage is assumed to be similar to PCA in England in terms of type of dispensers and prescribers included and that all prescriptions included are those dispensed in NI only).

333. The data fields published are:

- ingredient cost before discount
- items
- quantity
- cost per item
- quantity per item

334. All individual preparations are listed – no suppression of preparations which are rarely dispensed.

335. Figures are published at the following levels of aggregation.

- BNF Chapter
- BNF Section
- Individual preparations

336. PCA in England includes more levels of aggregation than this and the "of which class 2" field is not given in PCA for NI.

### **Link to publication**

<http://www.hscbusiness.hscni.net/services/1806.htm>

## Data for Scotland: - published by 'ISD Scotland'

### Equivalent “Prescriptions dispensed in the community” publication

337. “ISD Scotland” produce the “Prescribing and Medicines: PCA Financial Year” National Statistic, annually in June. This is similar to the “Prescriptions Dispensed in the Community: England” National Statistic.
338. This includes details on the following topics: -
- the top 10 drugs by costs and by the number of items dispensed for the current year
  - generic prescribing rates over the last ten years and by Scottish Health Board for the most recent two years
  - overall cost and the overall number of items dispensed over the last ten years
  - the average cost per head and the average number of items dispensed per head
339. The above publication is based on PCA in Scotland, details of which are given below.

### Equivalent PCA publication

340. PCA in Scotland is published by financial year.
341. Coverage is similar to PCA in England in terms of type of dispensers and prescribers included and that all prescriptions included are those dispensed in Scotland only.
342. The data fields published are
- paid gross ingredient cost (equivalent to NIC, in England)
  - items
  - quantity
  - cost per item
  - quantity per item
343. Figures are published at the following levels of aggregation.
- BNF Chapter
  - BNF Section
  - BNF Sub – section
  - Chemical
  - Individual preparations
344. PCA in England includes more levels of aggregation than this and the “of which class 2” field is not given in PCA for Scotland.

### Link to publication

<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Community-Dispensing/Prescription-Cost-Analysis/>

# Appendices

## Appendix 1 - Tables

<b>Table</b>	<b>Description</b>	<b>Page</b>
A1	Number and cost of items, cost per item, number of items and cost per head, 2004 to 2014	118
A2	Top 20 drugs by NIC, 2014	119
A3	Top 20 drugs by items dispensed, 2014	120
A4	Number of prescription items, percentage of total items, net ingredient cost (NIC), percentage of total NIC and average NIC per prescription item, for items dispensed in the community by charged prescriptions and those categories where no prescription charge is made, 2004 to 2011	121-122
A5	Generic prescribing and dispensing, percentage by class, 2004 - 2014	123
A6	Number, net ingredient cost (NIC) and average NIC per prescription item by class of preparation, 2004 - 2014	124
A7	Generic prescribing and dispensing, by British National Formulary Chapters, 2013 and 2014	125
A8	Number of items dispensed, net ingredient cost (NIC) and average NIC per prescription item by British National Formulary chapters, 2013 and 2014	126
A9	Prescribing data for the top 20 British National Formulary sections by NIC, 2014	127
A10	Prescribing data for the top 20 British National Formulary sections by increase in NIC, 2013 and 2014	128
A11	Prescribing data for the top 20 British National Formulary sections by decrease in NIC, 2013 and 2014	129

**Table A1: Number and total net ingredient cost (NIC) of prescription items, average NIC per prescription item, average number of prescription items and average NIC of prescription items per head of population and England population, 2004 to 2014**

Year	Number (million)	Total NIC (£ million)	Average NIC per prescription item (£)	Average number of prescription items per head of population	NIC per head of population (£)	England population (million)
2004	686.1	8,079.6	11.78	13.7	161.24	50.1
2005	720.3	7,936.6	11.02	14.3	157.27	50.5
2006	752.0	8,196.8	10.90	14.8	161.47	50.8
2007	796.3	8,372.7	10.51	15.6	163.83	51.1
2008	842.5	8,325.5	9.88	16.4	161.77	51.5
2009	886.0	8,539.4	9.64	17.1	164.82	51.8
2010	926.7	8,834.4	9.53	17.7	169.13	52.2
2011	961.5	8,805.1	9.16	18.1	165.80	53.1
2012	1,000.5	8,523.1	8.52	18.7	159.33	53.5
2013	1,030.1	8,625.1	8.37	19.1	160.18	53.8
2014	1,064.6	8,852.6	8.32	19.6	162.98	54.3
Annual increase (%)						
2004 to 2005	5.0%	-1.8%	-6.4%	4.2%	-2.5%	0.2%
2005 to 2006	4.4%	3.3%	-1.1%	3.8%	2.7%	0.6%
2006 to 2007	5.9%	2.1%	-3.5%	5.2%	1.5%	0.7%
2007 to 2008	5.8%	-0.6%	-6.0%	5.1%	-1.3%	0.7%
2008 to 2009	5.2%	2.6%	-2.5%	4.5%	1.9%	0.7%
2009 to 2010	4.6%	3.5%	-1.1%	3.7%	2.6%	0.8%
2010 to 2011	3.8%	-0.3%	-3.9%	2.1%	-2.0%	1.7%
2011 to 2012	4.1%	-3.2%	-7.0%	3.3%	-3.9%	0.7%
2012 to 2013	3.0%	1.2%	-1.7%	2.1%	0.5%	0.7%
2013 to 2014	3.3%	2.6%	-0.7%	2.6%	1.7%	0.9%
Average annual increase (%) 2004 to 2014	4.5%	0.9%	-3.4%	3.7%	0.1%	0.8%

**Table A2: Net ingredient cost (NIC) for the 20 drugs which had the greatest NIC in 2014**

Position last year	BNF Chemical Name	* Used in	Net ingredient cost (£millions)	BNF Section Name	BNF Section
1	Fluticasone Propionate (Inh)		394.5	Corticosteroids (Respiratory)	3.2
2	Enteral Nutrition		259.6	Oral Nutrition	9.4
3	Pregabalin		248.8	Antiepileptics	4.8
5	Budesonide	*	192.7		
4	Tiotropium		191.3	Bronchodilators	3.1
6	Glucose Blood Testing Reagents		174.0	Drugs Used In Diabetes	6.1
7	Beclometasone Dipropionate	*	122.6		
12	Metformin Hydrochloride		96.2	Drugs Used In Diabetes	6.1
8	Levothyroxine Sodium		91.9	Thyroid And Antithyroid Drugs	6.2
11	Other Food For Special Diet Preps		87.6	Oral Nutrition	9.4
9	Co-Codamol (Codeine Phos/Paracetamol)		85.3	Analgesics	4.7
10	Paracetamol		85.1	Analgesics	4.7
15	Colecalciferol		81.0	Vitamins	9.6
14	Mesalazine (Systemic)		80.3	Chronic Bowel Disorders	1.5
17	Sitagliptin		79.5	Drugs Used In Diabetes	6.1
13	Insulin Glargine		78.8	Drugs Used In Diabetes	6.1
16	Influenza		75.4	Vaccines And Antisera	14.4
19	Solifenacin		73.4	Drugs For Genito-Urinary Disorders	7.4
22	Hydrocortisone	*	72.5		
18	Insulin Aspart		71.8	Drugs Used In Diabetes	6.1

\* budesonide, includes use in BNF Sections 1.5 chronic bowel disorders, 3.2 corticosteroids (respiratory) and 12.2 drugs acting on the nose.

\* beclometasone dipropionate, includes use in BNF Section 3.2 corticosteroids (respiratory), 12.2 drugs acting on the nose and 13.4 topical corticosteroids.

\*hydrocortisone, includes use in BNF Sections 1.5 chronic bowel disorders, 1.7, local preparations for anal and rectal disorders, 6.3 corticosteroids (endocrine), 12.1 drugs acting on the ear and 13.4 topical corticosteroids

**Table A3: Number of items dispensed for the 20 drugs which had the greatest number of items dispensed in 2014**

Position last year	BNF Chemical Name	* Used in multiple sections	Number of items dispensed (millions)	BNF Section Name	BNF Section
1	Simvastatin		37.8	Lipid-Regulating Drugs	2.12
2	Aspirin	*	29.8		
4	Omeprazole		28.8	Antisecretory Drugs+Mucosal Protectants	1.3
3	Levothyroxine Sodium		28.8	Thyroid And Antithyroid Drugs	6.2
5	Ramipril		26.0	Hypertension and Heart Failure	2.5
6	Amlodipine		24.3	Nit,Calc Block & Other Antianginal Drugs	2.6
7	Paracetamol		23.2	Analgesics	4.7
10	Atorvastatin		22.2	Lipid-Regulating Drugs	2.12
8	Salbutamol		21.8	Bronchodilators	3.1
9	Lansoprazole		21.6	Antisecretory Drugs+Mucosal Protectants	1.3
11	Metformin Hydrochloride		18.8	Drugs Used In Diabetes	6.1
12	Colecalciferol		18.1	Vitamins	9.6
14	Bisoprolol Fumarate		17.8	Beta-Adrenoceptor Blocking Drugs	2.4
15	Co-Codamol (Codeine Phos/Paracetamol)		15.6	Analgesics	4.7
13	Bendroflumethiazide		14.7	Diuretics	2.2
16	Citalopram Hydrobromide		14.1	Antidepressant Drugs	4.3
17	Amoxicillin		13.0	Antibacterial Drugs	5.1
18	Furosemide		12.6	Diuretics	2.2
19	Amitriptyline Hydrochloride		11.9	Antidepressant Drugs	4.3
20	Warfarin Sodium		11.6	Anticoagulants And Protamine	2.8

\*aspirin includes use in BNF Sections 2.9 antiplatelets and 4.7 analgesics



## Prescriptions Dispensed in the Community: England 2004-14

Table A4. Number of prescription items, percentage of total items, net ingredient cost (NIC), percentage of total NIC and average NIC per prescription item, for items dispensed in the community by charged prescriptions and those categories where no prescription charge is made, 2004 to 2011

### England

Year	Charged Prescriptions						Free Prescriptions					
	Charged at the point of dispensing		Pre-payment certificate		Total Charged		Elderly		Young		Maternity/Medical	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Number of prescription items (millions)</b>												
<b>All Dispenser Types</b>												
2004	57.8	8.4	32.2	4.7	90.0	13.1	391.4	57.0	41.1	6.0	50.1	7.3
2005	56.5	7.8	33.1	4.6	89.5	12.4	409.5	56.9	42.5	5.9	52.6	7.3
2006	55.8	7.4	34.4	4.6	90.2	12.0	440.8	58.6	42.7	5.7	55.0	7.3
2007	56.7	7.1	34.1	4.3	90.8	11.4	469.1	58.9	42.7	5.4	55.6	7.0
2008	57.3	6.8	-	-	-	-	-	-	-	-	-	-
2009	53.2	6.0	-	-	-	-	-	-	-	-	-	-
2010	52.3	5.6	-	-	-	-	-	-	-	-	-	-
2011	51.7	5.4	-	-	-	-	-	-	-	-	-	-
<b>Net Ingredient cost (£millions)</b>												
<b>All Dispenser Types</b>												
2004	808.9	10.0	479.9	5.9	1,288.8	16.0	4,334.0	53.6	353.7	4.4	775.8	9.6
2005	727.0	9.2	453.1	5.7	1,180.1	14.9	4,180.3	52.7	379.7	4.8	779.5	9.8
2006	687.1	8.4	462.7	5.6	1,149.8	14.0	4,401.8	53.7	412.9	5.0	814.9	9.9
2007	661.0	7.9	442.1	5.3	1,103.1	13.2	4,479.1	53.5	426.8	5.1	799.8	9.6
2008	636.1	7.6	-	-	-	-	-	-	-	-	-	-
2009	557.9	6.5	-	-	-	-	-	-	-	-	-	-
2010	541.2	6.1	-	-	-	-	-	-	-	-	-	-
2011	521.8	5.9	-	-	-	-	-	-	-	-	-	-
<b>Average Net Ingredient cost per prescription item (£)</b>												
<b>All Dispenser Types</b>												
2004	14.00		14.89		14.32		11.07		8.61		15.47	
2005	12.87		13.71		13.18		10.21		8.93		14.81	
2006	12.30		13.47		12.75		9.99		9.66		14.81	
2007	11.66		12.96		12.15		9.55		9.99		14.39	
2008	11.11		-		-		-		-		-	
2009	10.48		-		-		-		-		-	
2010	10.35		-		-		-		-		-	
2011	10.10		-		-		-		-		-	

For category definitions see paragraph 322

Data for 2012 to 2014 is available in Chapter 7 Free and Charged Prescriptions

## Prescriptions Dispensed in the Community: England 2004-14

Table A4. Number of prescription items, percentage of total items, net ingredient cost (NIC), percentage of total NIC and average NIC per prescription item, for items dispensed in the community by charged prescriptions and those categories where no prescription charge is made, 2004 to 2011

Table A4 continued, from previous page

Free Prescriptions (continued)											
Year	NHS LIS		No charge contraceptives		Personally administered		Other		Total Free		Grand Total
	Number	%	Number	%	Number	%	Number	%	Number	%	
<b><u>Number of prescription items (millions)</u></b>											
<b>All Dispenser Types</b>											
2004	81.3	11.8	8.2	1.2	17.0	2.5	7.0	1.0	596.1	86.9	686.1
2005	82.6	11.5	8.1	1.1	19.4	2.7	15.9	2.2	630.7	87.6	720.3
2006	84.5	11.2	8.2	1.1	17.0	2.3	13.5	1.8	661.7	88.0	751.9
2007	84.8	10.6	8.2	1.0	17.4	2.2	27.6	3.5	705.5	88.6	796.3
2008	-	-	8.1	1.0	17.4	2.1	-	-	785.2	93.2	842.5
2009	-	-	8.0	0.9	18.0	2.0	-	-	832.8	94.0	886.0
2010	-	-	7.9	0.9	17.9	1.9	-	-	874.4	94.4	926.7
2011	-	-	7.9	0.8	19.4	2.0	-	-	909.9	94.6	961.5
<b><u>Net Ingredient cost (£millions)</u></b>											
<b>All Dispenser Types</b>											
2004	951.2	11.8	62.1	0.8	224.8	2.8	89.1	1.1	6,790.8	84.0	8,079.6
2005	938.2	11.8	62.7	0.8	235.5	3.0	180.6	2.3	6,756.4	85.1	7,936.6
2006	961.5	11.7	67.1	0.8	222.6	2.7	166.2	2.0	7,047.1	86.0	8,196.8
2007	945.0	11.3	70.8	0.8	226.0	2.7	322.5	3.9	7,270.0	86.8	8,373.1
2008	-	-	73.9	0.9	226.2	2.7	-	-	7,689.4	92.4	8,325.5
2009	-	-	74.7	0.9	224.5	2.6	-	-	7,981.5	93.5	8,539.4
2010	-	-	78.8	0.9	220.6	2.5	-	-	8,293.2	93.9	8,834.4
2011	-	-	81.6	0.9	225.3	2.6	-	-	8,283.3	94.1	8,805.1
<b><u>Average Net Ingredient cost per prescription item (£)</u></b>											
<b>All Dispenser Types</b>											
2004	11.70		7.56		13.22		12.69		11.39		11.78
2005	11.36		7.69		12.13		11.38		10.71		11.02
2006	11.38		8.22		13.06		12.32		10.65		10.90
2007	11.14		8.68		12.96		11.67		10.31		10.52
2008	-		9.18		12.98		-		9.79		9.88
2009	-		9.36		12.46		-		9.58		9.64
2010	-		9.96		12.33		-		9.48		9.53
2011	-		10.27		11.60		-		9.10		9.16

For category definitions see paragraph 322

Data for 2012 to 2014 is available in Chapter 7 Free and Charged Prescriptions

**Table A5: Generic prescribing and dispensing, 2004 - 2014: all items excluding dressings and appliances. Percentage of total by class.**

Year	All items excluding dressings and appliances			Total
	Prescribed generically (class 1 and 2)	Prescribed and dispensed generically (class 1)	Prescribed generically, dispensed and reimbursed as proprietary (class 2)	
<b>Prescription items</b>				<b>Millions</b>
2004	79.1%	57.8%	21.3%	667.6
2005	80.1%	59.3%	20.8%	700.7
2006	81.8%	62.2%	19.6%	730.3
2007	82.6%	64.1%	18.5%	773.2
2008	82.6%	65.0%	17.7%	818.6
2009	82.8%	66.1%	16.7%	861.0
2010	82.7%	67.4%	15.4%	900.1
2011	83.0%	68.9%	14.1%	933.2
2012	83.6%	72.7%	10.8%	970.2
2013	83.9%	75.2%	8.7%	997.6
2014	84.1%	76.5%	7.7%	1,028.2
<b>Net ingredient cost</b>				<b>£ millions</b>
2004	71.1%	26.3%	44.7%	7,677.6
2005	70.8%	26.4%	44.4%	7,500.6
2006	71.9%	29.5%	42.4%	7,724.0
2007	71.8%	29.1%	42.7%	7,868.4
2008	70.3%	26.2%	44.1%	7,790.7
2009	69.9%	28.3%	41.5%	7,966.6
2010	69.3%	29.6%	39.7%	8,232.0
2011	68.3%	29.8%	38.5%	8,164.4
2012	66.3%	34.7%	31.7%	7,840.4
2013	65.3%	36.6%	28.8%	7,888.3
2014	65.5%	37.0%	28.4%	8,055.6

**Table A6: Number, net ingredient cost (NIC) and average NIC per prescription item by class of preparation, 2004 - 2014**

Year	Class of preparation				All classes
	Prescribed and dispensed generically (class 1)	Prescribed generically, dispensed & reimbursed as proprietary (class 2)	Prescribed and dispensed as proprietary (class 3)	Dressing and appliances (class 4)	
Number of prescription items (million)					
2004	385.6	142.3	139.6	18.5	686.1
2005	415.3	145.8	139.6	19.6	720.3
2006	454.2	142.9	133.2	21.7	752.0
2007	495.5	142.9	134.9	23.1	796.3
2008	531.8	144.7	142.1	23.9	842.5
2009	569.2	143.5	148.4	25.0	886.0
2010	606.3	138.3	155.5	26.6	926.7
2011	642.8	131.3	159.1	28.4	961.5
2012	705.8	105.1	159.3	30.3	1,000.5
2013	750.2	86.4	161.0	32.5	1,030.1
2014	786.2	78.9	163.1	36.3	1,064.6
Net ingredient cost (£million)					
2004	2,021.8	3,435.3	2,220.5	402.0	8,079.6
2005	1,978.8	3,332.0	2,189.9	436.0	7,936.6
2006	2,276.5	3,274.8	2,172.7	472.8	8,196.8
2007	2,287.2	3,363.0	2,218.2	504.2	8,372.7
2008	2,039.3	3,433.9	2,317.5	534.7	8,325.5
2009	2,256.7	3,309.7	2,400.2	572.9	8,539.4
2010	2,434.3	3,271.8	2,525.9	602.4	8,834.4
2011	2,433.4	3,143.7	2,587.3	640.7	8,805.1
2012	2,717.1	2,482.8	2,640.5	682.7	8,523.1
2013	2,885.1	2,269.7	2,733.5	736.8	8,625.1
2014	2,984.5	2,290.5	2,780.6	797.0	8,852.6
Average net ingredient cost per prescription item (£)					
2004	5.24	24.13	15.91	21.67	11.78
2005	4.77	22.85	15.68	22.24	11.02
2006	5.01	22.92	16.31	21.81	10.90
2007	4.62	23.54	16.44	21.87	10.51
2008	3.83	23.73	16.31	22.38	9.88
2009	3.96	23.07	16.18	22.94	9.64
2010	4.01	23.66	16.25	22.66	9.53
2011	3.79	23.94	16.27	22.58	9.16
2012	3.85	23.62	16.57	22.57	8.52
2013	3.85	26.28	16.98	22.68	8.37
2014	3.80	29.01	17.05	21.94	8.32

**Table A7: Generic prescribing and dispensing, based on items, by British National Formulary Chapters, 2013 and 2014**

BNF Chapter	% Prescribed generically		% Dispensed generically	
	2013	2014	2013	2014
01: Gastro-intestinal system	84.3%	84.2%	79.5%	80.5%
02: Cardiovascular system	96.5%	96.7%	93.0%	93.9%
03: Respiratory system	63.8%	64.7%	40.0%	42.0%
04: Central nervous system	91.0%	91.1%	82.4%	82.9%
05: Infections	98.6%	98.6%	94.0%	96.3%
06: Endocrine system	83.4%	83.6%	77.1%	77.3%
07: Obstetrics, gynaecology, & urinary-tract disorders	64.1%	66.2%	34.4%	39.9%
08: Malignant disease & immunosuppression	80.3%	82.0%	75.2%	77.4%
09: Nutrition & blood	53.5%	53.5%	46.3%	47.9%
10: Musculoskeletal & joint diseases	90.5%	90.5%	79.6%	80.3%
11: Eye	68.4%	69.4%	47.4%	48.7%
12: Ear, nose & oropharynx	53.7%	54.6%	27.0%	40.9%
13: Skin	47.3%	47.9%	26.1%	28.4%
14: Immunological products & vaccines	52.6%	56.5%	52.1%	56.0%
15: Anaesthesia	59.6%	56.2%	44.7%	43.1%
Other	46.8%	32.8%	45.6%	31.4%
Total (excluding dressings and appliances)	83.9%	84.1%	75.2%	76.5%

**Table A8 Number of items dispensed, net ingredient cost (NIC) and average NIC per prescription item by British National Formulary chapters, 2013 and 2014**

BNF Chapter	Prescription items				Net ingredient cost				Average net ingredient		
	2013	2014	Increase	% Change	2013	2014	% Change	Increase	2013	2014	% Change
01: Gastro-intestinal system	87.6	91.9	4.4	5.0%	454.2	492.2	8.4%	38.0	5.19	5.35	3.2%
02: Cardiovascular system	307.4	313.3	5.9	1.9%	979.7	1,003.5	2.4%	23.8	3.19	3.20	0.5%
03: Respiratory system	66.0	69.5	3.5	5.2%	1,109.3	1,122.4	1.2%	13.2	16.80	16.15	-3.9%
04: Central nervous system	187.5	195.6	8.2	4.4%	1,878.3	1,875.2	-0.2%	-3.1	10.02	9.58	-4.3%
05: Infections	48.7	48.7	0.0	0.1%	237.0	236.0	-0.4%	-1.0	4.87	4.85	-0.5%
06: Endocrine system	95.9	99.6	3.7	3.9%	1,136.1	1,224.1	7.8%	88.1	11.84	12.29	3.7%
07: Obstetrics, gynaecology, & urinary-tract	25.1	26.5	1.4	5.7%	367.0	340.4	-7.3%	-26.6	14.63	12.83	-12.3%
08: Malignant disease & immunosuppression	4.2	4.3	0.1	2.4%	238.3	231.9	-2.7%	-6.4	56.27	53.51	-4.9%
09: Nutrition & blood	51.7	54.7	3.0	5.8%	581.2	621.5	6.9%	40.3	11.24	11.36	1.0%
10: Musculoskeletal & joint diseases	32.5	33.3	0.8	2.5%	203.9	212.2	4.0%	8.2	6.28	6.37	1.5%
11: Eye	20.4	20.7	0.3	1.6%	137.9	139.5	1.2%	1.6	6.75	6.73	-0.4%
12: Ear, nose & oropharynx	11.9	12.3	0.4	3.4%	76.1	78.1	2.6%	2.0	6.42	6.37	-0.8%
13: Skin	41.7	40.4	-1.4	-3.3%	306.5	298.1	-2.7%	-8.4	7.34	7.38	0.5%
14: Immunological products & vaccines	14.2	14.5	0.3	2.1%	122.5	125.5	2.5%	3.0	8.64	8.68	0.4%
15: Anaesthesia	1.5	1.6	0.1	6.0%	18.6	21.0	13.2%	2.4	12.50	13.35	6.8%
Other	1.4	1.2	-0.2	-11.5%	41.9	33.9	-19.1%	-8.0	30.43	27.82	-8.6%
Dressings & appliances	32.5	36.3	3.8	11.8%	736.8	797.0	8.2%	60.2	22.68	21.94	-3.3%
<b>Overall Total</b>	<b>1,030.1</b>	<b>1,064.6</b>	<b>34.5</b>	<b>3.3%</b>	<b>8,625.1</b>	<b>8,852.6</b>	<b>2.6%</b>	<b>227.5</b>	<b>8.37</b>	<b>8.32</b>	<b>-0.7%</b>

**Table A9: Net ingredient cost (NIC), number of items dispensed and average NIC per item in 2013 and 2014 for the 20 British National Formulary sections with had the greatest NIC in 2014**

BNF Section - with name and position in previous year			Net ingredient cost			Prescription items			Average net ingredient cost		
			2013	2014	% Change	2013	2014	% Change	2013	2014	% Change
6.1	Drugs Used In Diabetes	1	793.8	849.1	7.0%	44.6	46.7	4.8%	17.81	18.18	2.1%
3.2	Corticosteroids (Respiratory)	2	676.9	700.3	3.4%	18.8	19.6	4.3%	35.94	35.64	-0.8%
4.7	Analgesics	3	514.4	535.4	4.1%	66.5	68.6	3.0%	7.73	7.81	1.0%
4.8	Antiepileptics	4	439.9	486.5	10.6%	19.0	21.1	10.6%	23.09	23.09	0.0%
9.4	Oral Nutrition	5	351.9	375.6	6.7%	9.0	8.9	-1.8%	39.00	42.38	8.7%
3.1	Bronchodilators	6	310.5	324.3	4.4%	29.3	30.6	4.6%	10.61	10.60	-0.1%
4.3	Antidepressant Drugs	7	282.1	265.0	-6.1%	53.3	57.1	7.2%	5.29	4.64	-12.3%
2.12	Lipid-Regulating Drugs	9	241.7	233.7	-3.3%	66.8	68.4	2.5%	3.62	3.41	-5.6%
7.4	Drugs For Genito-Urinary Disorders	8	251.6	232.5	-7.6%	14.2	15.6	10.2%	17.76	14.89	-16.2%
5.1	Antibacterial Drugs	12	192.0	197.6	2.9%	41.6	41.7	0.2%	4.61	4.74	2.8%
2.6	Nit,Calc Block & Other Antianginal Drugs	11	198.1	194.6	-1.8%	45.9	47.0	2.5%	4.32	4.14	-4.1%
2.5	Hypertension and Heart Failure	10	198.6	175.2	-11.8%	68.7	70.1	2.1%	2.89	2.50	-13.6%
4.2	Drugs Used In Psychoses & Rel.Disorders	13	155.9	157.7	1.2%	10.0	10.5	5.2%	15.64	15.04	-3.8%
10.1	Drugs Used In Rheumatic Diseases & Gout	14	150.7	154.1	2.3%	24.2	24.4	0.8%	6.23	6.32	1.5%
20.3	Wound Management & other Dressings	15	138.8	142.4	2.6%	5.6	5.7	1.2%	24.78	25.14	1.4%
2.8	Anticoagulants And Protamine	30	93.8	138.6	47.8%	11.9	13.2	10.7%	7.88	10.52	33.6%
6.2	Thyroid And Antithyroid Drugs	20	111.2	130.1	17.0%	28.3	29.4	3.7%	3.93	4.43	12.8%
8.3	Sex Hormones & Antag In Malig Disease	17	125.9	129.1	2.6%	2.6	2.7	3.8%	47.63	47.08	-1.2%
1.3	Antisecretory Drugs+Mucosal Protectants	16	137.9	128.8	-6.6%	54.4	57.7	6.1%	2.54	2.23	-11.9%
14.4	Vaccines And Antisera	18	122.1	125.3	2.6%	14.2	14.5	2.1%	8.61	8.66	0.5%

**Table A10: Net ingredient cost (NIC), number of items dispensed and average NIC per item in 2013 and 2014 for the 20 British National Formulary sections which had the greatest actual increase in NIC between 2013 and 2014**

BNF Section - with name and position in previous year			Net ingredient cost				Prescription items (millions)			Average net ingredient		
			2013	2014	Increase	% Change	2013	2014	% Change	2013	2014	% Change
6.1	Drugs Used In Diabetes	6	793.8	849.1	55.3	7.0%	44.6	46.7	4.8%	17.81	18.18	2.1%
4.8	Antiepileptics	2	439.9	486.5	46.6	10.6%	19.0	21.1	10.6%	23.09	23.09	0.0%
2.8	Anticoagulants And Protamine	8	93.8	138.6	44.8	47.8%	11.9	13.2	10.7%	7.88	10.52	33.6%
9.4	Oral Nutrition	4	351.9	375.6	23.7	6.7%	9.0	8.9	-1.8%	39.00	42.38	8.7%
1.2	Antispasmod.&Other Drgs Alt.Gut Motility	53	35.7	59.0	23.4	65.5%	4.3	4.5	5.8%	8.34	13.05	56.4%
3.2	Corticosteroids (Respiratory)	11	676.9	700.3	23.3	3.4%	18.8	19.6	4.3%	35.94	35.64	-0.8%
4.7	Analgesics	9	514.4	535.4	21.0	4.1%	66.5	68.6	3.0%	7.73	7.81	1.0%
6.3	Corticosteroids (Endocrine)	23	73.9	94.9	21.0	28.4%	7.9	8.2	4.0%	9.33	11.53	23.5%
6.2	Thyroid And Antithyroid Drugs	5	111.2	130.1	18.9	17.0%	28.3	29.4	3.7%	3.93	4.43	12.8%
3.1	Bronchodilators	12	310.5	324.3	13.8	4.4%	29.3	30.6	4.6%	10.61	10.60	-0.1%
2.4	Beta-Adrenoceptor Blocking Drugs	16	79.2	92.5	13.3	16.8%	33.6	34.9	3.8%	2.36	2.65	12.6%
1.6	Laxatives	7	104.2	117.5	13.3	12.7%	17.8	18.3	3.0%	5.85	6.40	9.4%
21.22	Emollients	29	15.3	25.9	10.6	69.2%	2.4	4.2	74.4%	6.33	6.14	-3.0%
21.2	Catheters	14	97.4	107.5	10.0	10.3%	1.0	1.1	5.0%	96.16	101.03	5.1%
9.6	Vitamins	13	116.3	125.1	8.7	7.5%	23.9	26.0	8.9%	4.87	4.81	-1.2%
23.60	Ileostomy Bags	20	62.4	68.0	5.6	9.0%	0.5	0.5	7.2%	134.23	136.51	1.7%
5.1	Antibacterial Drugs	193	192.0	197.6	5.6	2.9%	41.6	41.7	0.2%	4.61	4.74	2.8%
9.5	Minerals	18	42.7	48.0	5.3	12.3%	2.0	2.2	6.9%	21.22	22.29	5.1%
1.5	Chronic Bow el Disorders	32	95.4	100.5	5.2	5.4%	2.3	2.3	3.2%	42.07	42.97	2.1%
10.3	Soft-Tissue Disorders & Topical Pain Rel	49	40.5	44.9	4.5	11.1%	7.0	7.6	8.2%	5.77	5.92	2.6%



**Table A11: Net ingredient cost (NIC), number of items dispensed and average NIC per item in 2013 and 2014 for the 20 British National Formulary sections which had the greatest actual decrease in NIC between 2013 and 2014**

BNF Section - with name and position in previous year			Net ingredient cost (£millions)				Prescription items (millions)			Average net ingredient cost per item (£)		
			2013	2014	Decrease	% Change	2013	2014	% Change	2013	2014	% Change
3.3	Cromoglycate, Rel, Leukotriene Antagonists	200	32.6	8.3	-24.4	-74.6%	1.9	2.1	10.7%	17.59	4.03	-77.1%
2.5	Hypertension and Heart Failure	204	198.6	175.2	-23.5	-11.8%	68.7	70.1	2.1%	2.89	2.50	-13.6%
7.4	Drugs For Genito-Urinary Disorders	175	251.6	232.5	-19.1	-7.6%	14.2	15.6	10.2%	17.76	14.89	-16.2%
4.3	Antidepressant Drugs	1	282.1	265.0	-17.1	-6.1%	53.3	57.1	7.2%	5.29	4.64	-12.3%
4.10	Drugs Used In Substance Dependence	199	96.4	79.7	-16.7	-17.3%	5.7	5.2	-9.1%	16.95	15.41	-9.1%
4.1	Hypnotics And Anxiolytics	3	104.6	88.9	-15.8	-15.1%	16.5	16.4	-0.8%	6.35	5.43	-14.4%
4.11	Drugs for Dementia	202	60.2	45.7	-14.4	-24.0%	2.5	3.0	18.0%	23.60	15.20	-35.6%
19.2	Selective Preparations	41	29.7	19.2	-10.5	-35.3%	0.8	0.6	-24.6%	35.06	30.11	-14.1%
7.3	Contraceptives	186	97.7	88.0	-9.7	-10.0%	8.8	8.7	-1.0%	11.11	10.10	-9.1%
8.2	Drugs Affecting The Immune Response	196	96.5	86.8	-9.7	-10.1%	1.4	1.4	-0.2%	67.50	60.85	-9.9%
1.3	Antisecretory Drugs+Mucosal Protectants	201	137.9	128.8	-9.0	-6.6%	54.4	57.7	6.1%	2.54	2.23	-11.9%
2.12	Lipid-Regulating Drugs	205	241.7	233.7	-8.0	-3.3%	66.8	68.4	2.5%	3.62	3.41	-5.6%
13.2	Emollient & Barrier Preparations	17	105.4	98.7	-6.7	-6.4%	17.0	15.6	-8.2%	6.20	6.32	1.9%
6.6	Drugs Affecting Bone Metabolism	197	30.6	25.3	-5.3	-17.2%	8.7	8.5	-1.3%	3.54	2.97	-16.1%
4.6	Drugs Used In Nausea And Vertigo	195	44.9	39.7	-5.2	-11.6%	7.9	7.6	-3.7%	5.70	5.23	-8.2%
4.5	Drugs used in the Treatment of Obesity	19	19.7	15.4	-4.4	-22.1%	0.6	0.5	-7.8%	34.98	29.56	-15.5%
5.2	Antifungal Drugs	194	21.9	17.6	-4.3	-19.5%	2.2	2.1	-1.0%	10.15	8.25	-18.7%
13.5	Preparations For Eczema And Psoriasis	36	56.9	52.8	-4.1	-7.2%	1.4	1.4	2.0%	41.85	38.08	-9.0%
2.6	Nit, Calc Block & Other Antianginal Drugs	15	198.1	194.6	-3.5	-1.8%	45.9	47.0	2.5%	4.32	4.14	-4.1%
5.3	Antiviral Drugs	187	13.5	11.6	-2.0	-14.5%	0.8	0.8	4.2%	16.86	13.83	-17.9%

## Appendix 2: Additional analysis of therapeutic areas of major interest.

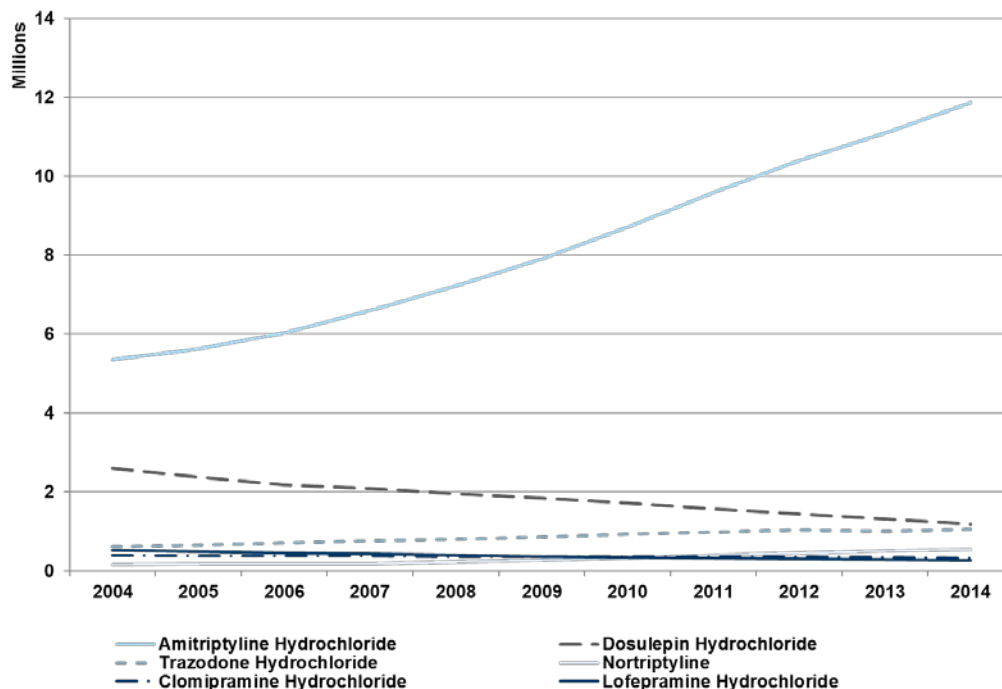
This section contains additional analysis, including time trend analysis, on BNF Sections covering therapeutic areas which have generated public and political interest during 2014.

### BNF Section 4.3 Antidepressant Drugs

Includes medicines for depressive illness, generalised anxiety disorder (GAD), obsessive-compulsive disorder, and panic attacks.

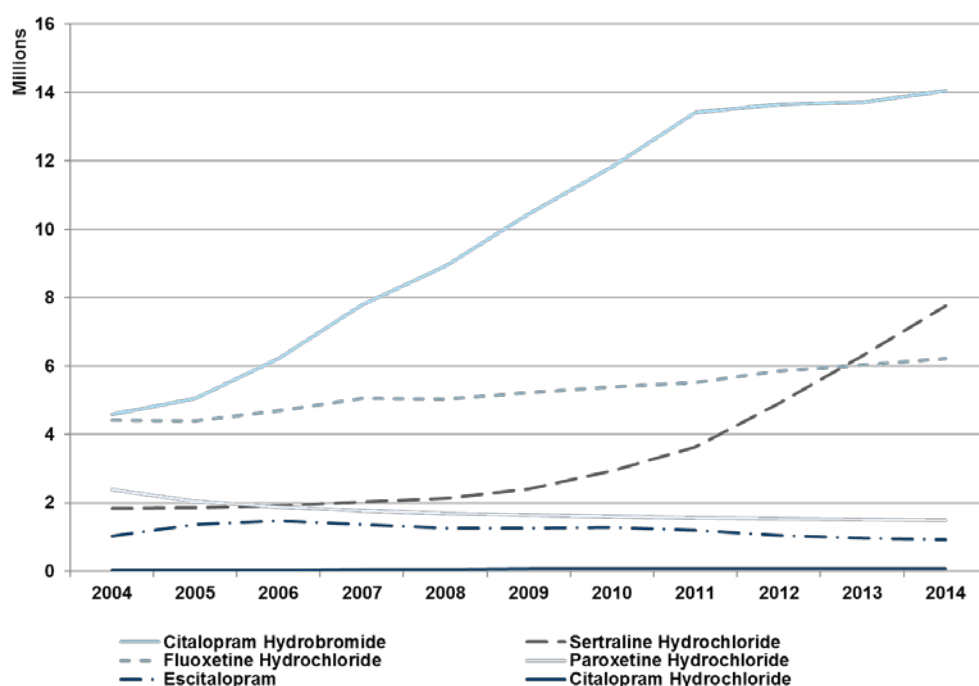
345. Figure 44, Figure 45 and Figure 46 show the use of antidepressant drugs in each year since 2004, by drug type: tricyclic and related antidepressant drugs, selective serotonin re-uptake inhibitors (SSRIs) and other antidepressant drugs. (Monoamine-oxidase inhibitors have been excluded.) Note that for clarity, only the leading medicines by items dispensed
346. Figure 44 shows that, with the exception of amitriptyline hydrochloride (which is also used for other indications such as nerve pain and nocturnal enuresis), use of the tricyclic antidepressants is low compared with the SSRIs. Use of dosulepin has fallen since 2004 with use of trazadone increasing to a similar level.

**Figure 44 Tricyclic and Related Antidepressant Drugs, Items dispensed**



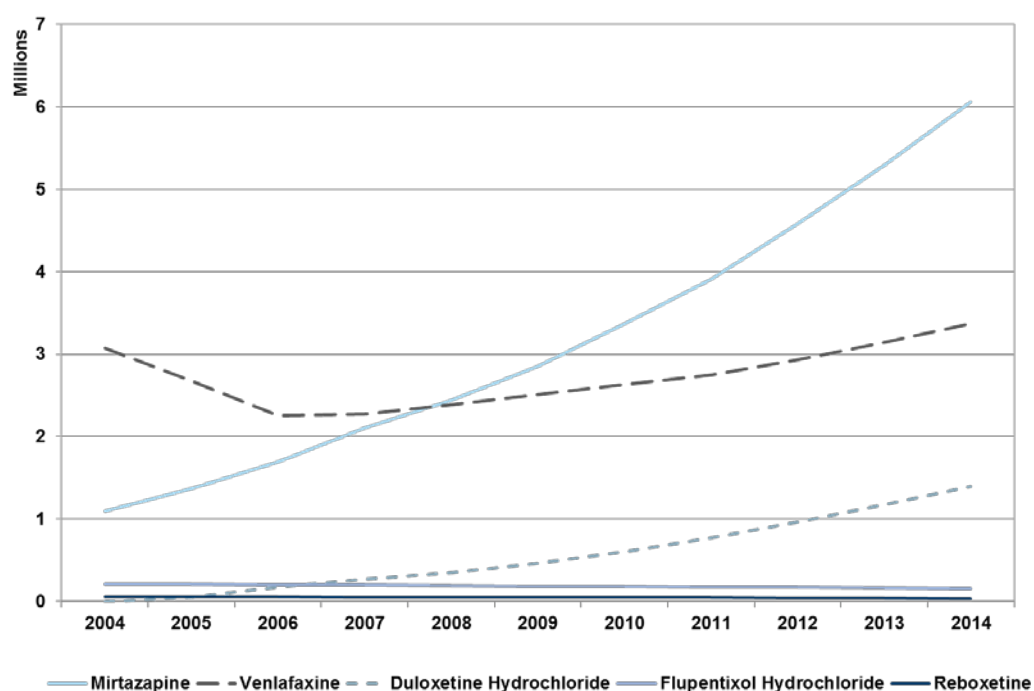
347. Figure 45 shows that use of citalopram has increased over the period but the rate of growth is now declining; sertraline is now the second leading medicine in this area ahead of fluoxetine - use has more than doubled since 2011.

**Figure 45 Selective Serotonin Re-Uptake Inhibitors, Items dispensed**



348. Of the other antidepressant drugs, seen in Figure 46, use of the leading three medicines continues to rise. Use of venlafaxine, which fell in the first two years shown, has now risen back to the level seen in 2004.

**Figure 46 Other Antidepressant Drugs, Items dispensed**

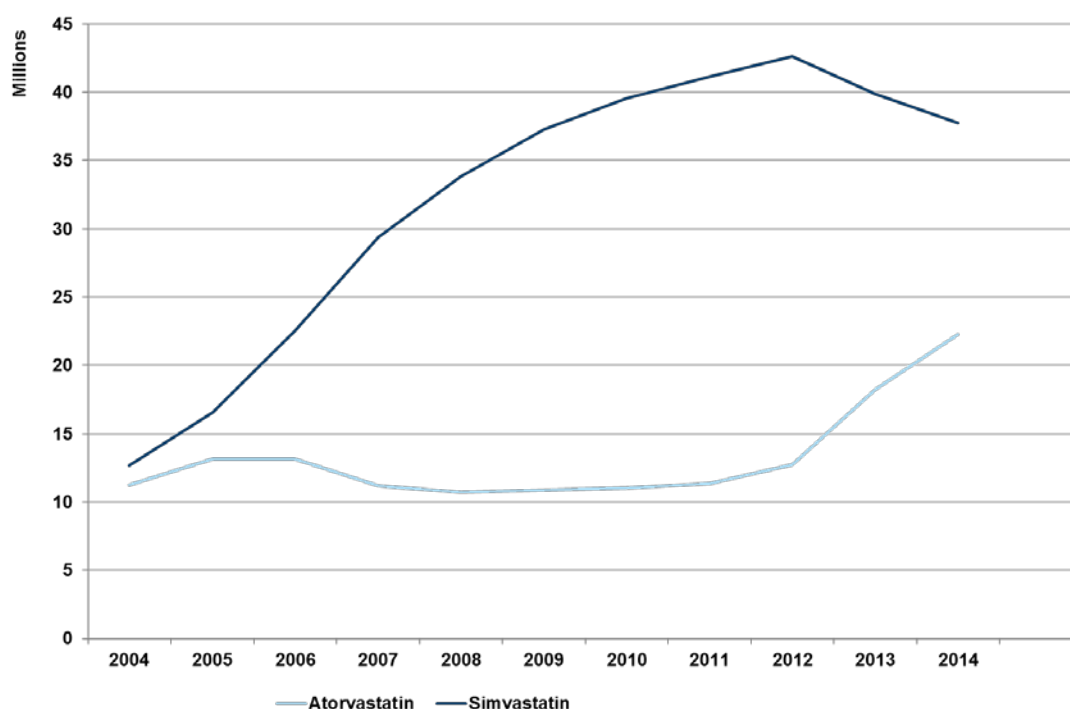


## BNF Section 2.12 Lipid-regulating drugs – atorvastatin and simvastatin only

Includes statin medicines to help lower the amount of cholesterol in the blood and reduce the risk of heart attacks and strokes.

349. The two leading statins in terms of volume of items dispensed are atorvastatin and simvastatin - 60m items combined in 2014. The charts below show the use and the cost for these two medicines in each year since 2004.
350. Figure 47 shows that use of simvastatin increased rapidly from 2005 as use of atorvastatin remained relatively stable until 2012. For much of this period simvastatin had a more established evidence base, and was cheaper than atorvastatin.
351. In mid-2012 generic versions of atorvastatin were available following the patent expiry and use has risen sharply in the last two years. In contrast, use of simvastatin has fallen in these two years.

**Figure 47 Simvastatin and Atorvastatin, Items dispensed**



352. Figure 48 shows the costs associated with this pattern of use – costs for simvastatin were lower than atorvastatin for much of the period until the price of atorvastatin fell in 2012 at the time of patent expiry. Costs for atorvastatin are now lower than simvastatin although the average cost per item for simvastatin remains lower.

**Figure 48 Simvastatin and Atorvastatin, Net Ingredient Cost**

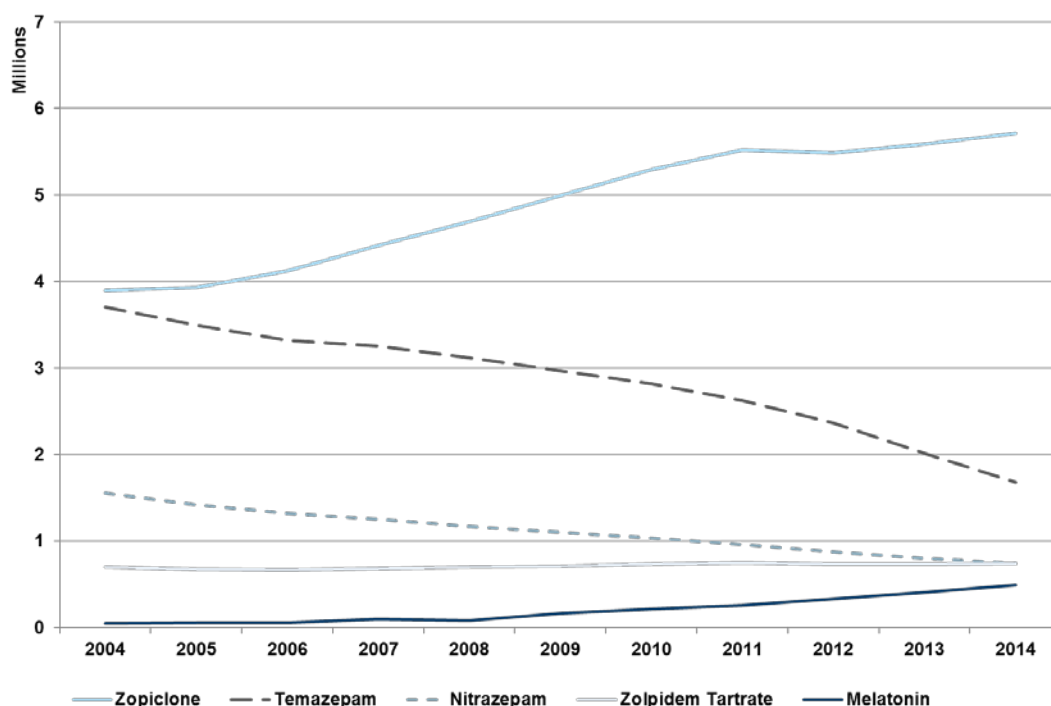


## BNF Section 4.1 Hypnotics & Anxiolytics

Includes hypnotics used to treat insomnia and anxiolytics. Benzodiazepines are the most commonly used type of these drugs; they are recommended for short-term use only.

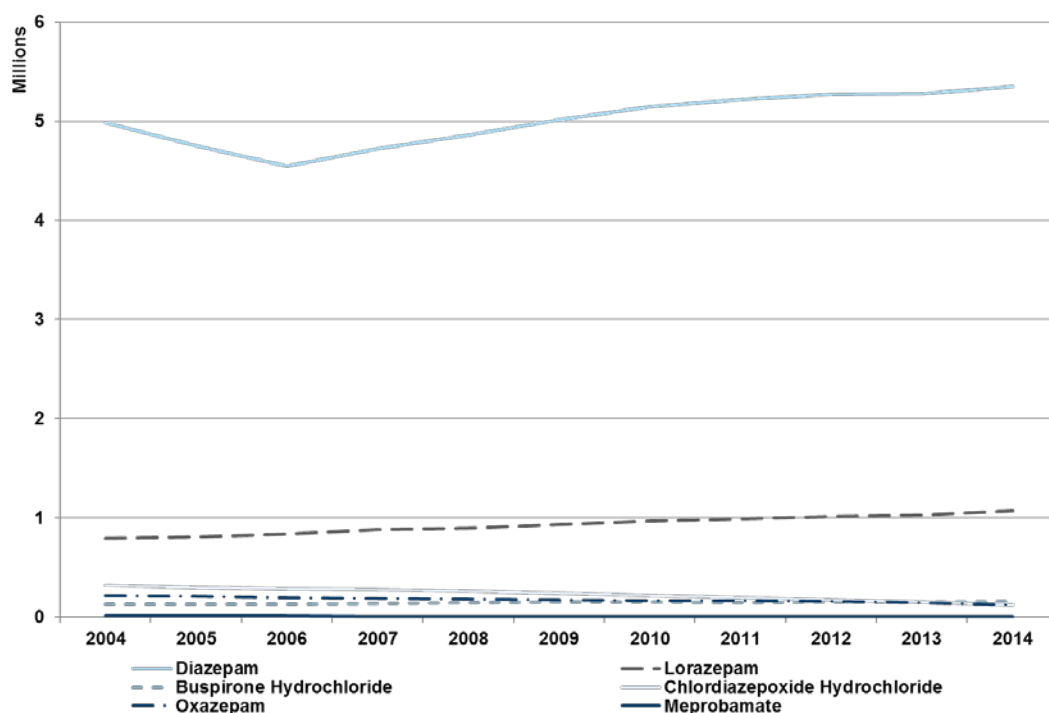
353. The charts below, show the use of hypnotics and anxiolytics in each year since 2004, (only medicines with over 100,000 items dispensed in 2014 are shown). Benzodiazepine medicines are shown with dotted lines in each chart.
354. Figure 49 shows that use of benzodiazepine hypnotics has fallen since 2004, while use of zopiclone and melatonin has increased. Use of Zolpidem has remained stable. Use of temazepam (now a controlled drug) has fallen further this year.

Figure 49 Hypnotics, Items dispensed



355. Figure 50 shows that the most commonly used anxiolytics are benzodiazepines and use of the leading two, diazepam and lorazepam, has increased since 2004. Use of the others continues to decrease.

Figure 50  
Figure 51 Anxiolytics, Items dispensed

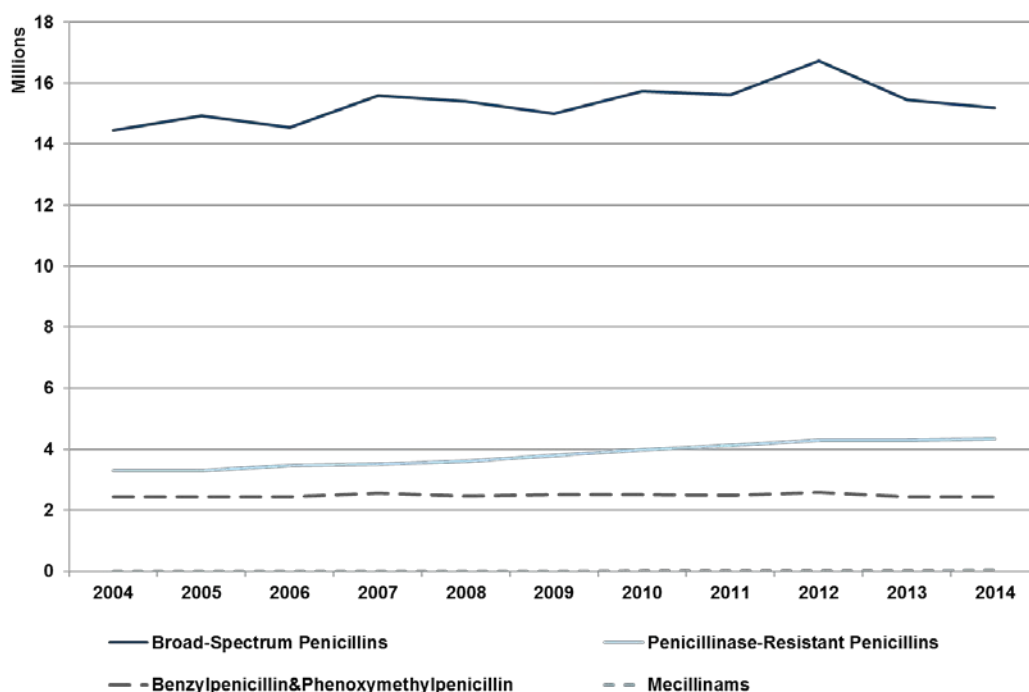


## BNF Section 5.1 Antibacterial Drugs

These are grouped into 13 separate paragraphs within the BNF classifications.

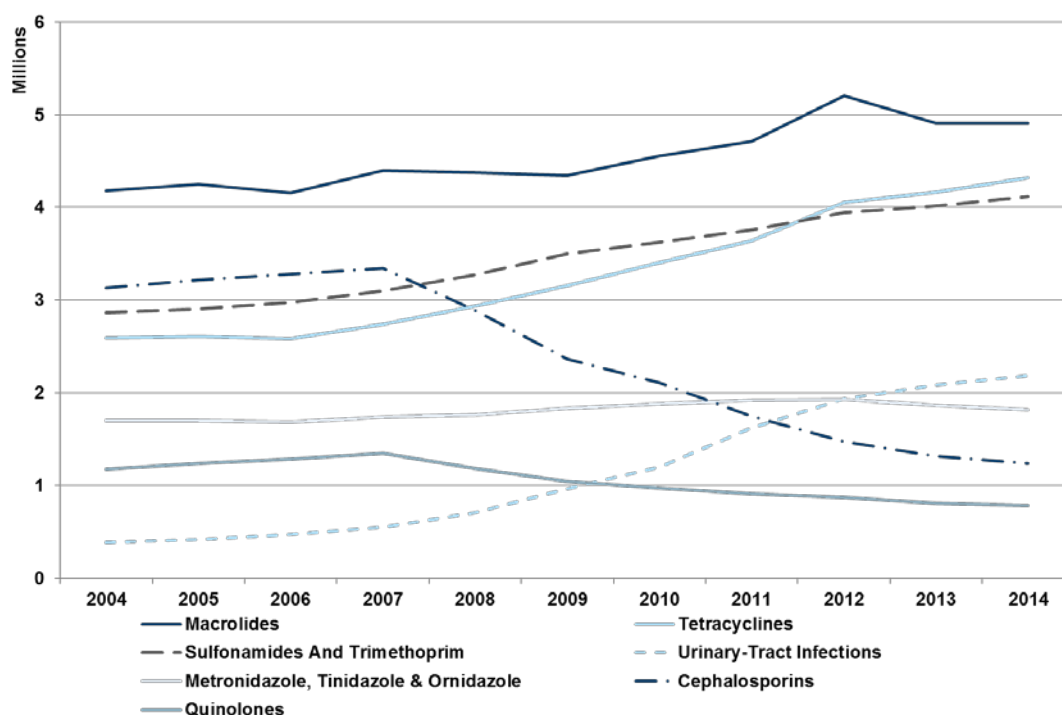
356. Figure 51, Figure 52 and Figure 53 show the use of specific groups of antibacterial medicines in each year, since 2004. The volume of prescribing within these groups is varied so the tables each show a subset of these groups, for clarity.
357. BNF Paragraph 5.1.1 contains the penicillin medicines, which are the most widely used antibacterial. Figure 51 shows the number of items dispensed, by penicillin sub-group (BNF sub-paragraph), since 2004. (Antipseudomonal penicillins have been excluded.)

**Figure 52 Penicillins by group, Items dispensed**



358. The broad-based penicillins (such as amoxicillin) are the most widely used. Their use clearly fluctuates year by year but there has been a gradual rise since 2004. Use has dropped however, over the last two years.
359. Use of the penicillinase-resistant penicillins (such as flucloxacillin) has also increased over the period. Use of benzylpenicillin & phenoxyethylpenicillin (penicillin V) has remained stable.
360. Figure 52 shows the use of the other antibacterial medicine groups in each year since 2004 (where more than 100,000 items were dispensed in 2014). The penicillin group shown in Figure 51 above is excluded from this chart.

**Figure 53 Antibacterial Groups, items dispensed (excluding penicillins and groups with less than 100,000 items dispensed in 2014),**



361. Prescribing has generally increased since 2004, except for the cephalosporin antibiotics and the quinolones and, more recently, metronidazole and tinidazole.

Use of the following groups continues to rise:

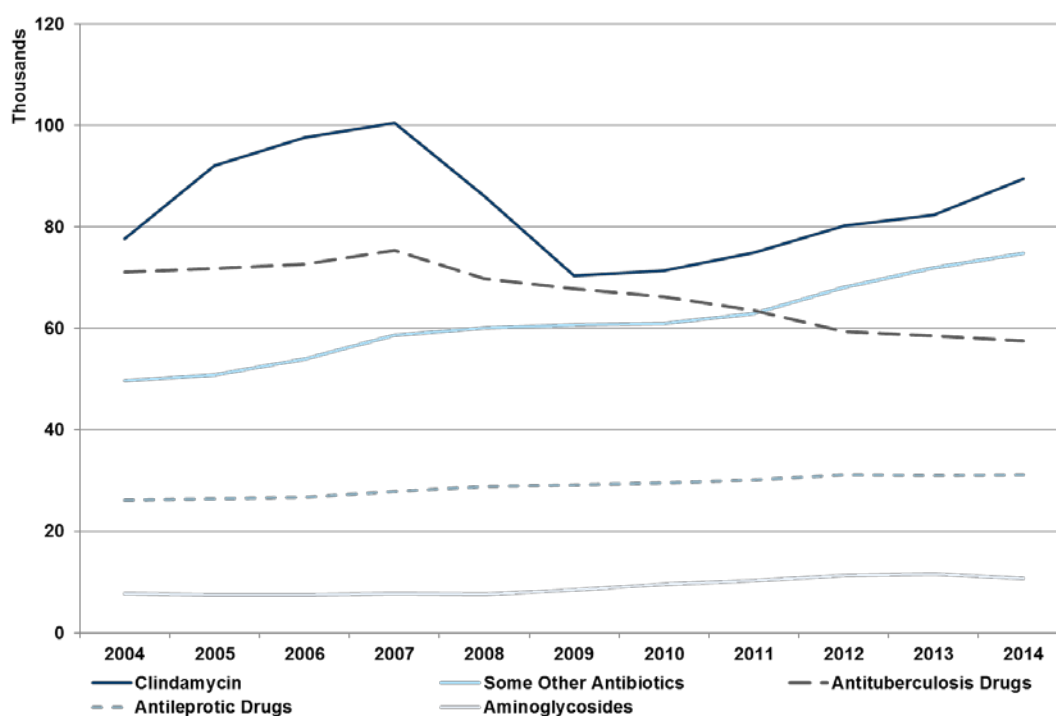
- medicines for urinary-tract infections,
- tetracycline medicines
- sulfonamide medicines and trimethoprim

362. Figure 53 shows the use of the remaining medicine groups in each year since 2004 (where less than 100,000 items were dispensed in 2014).

363. Prescribing of clindamycin continues to rise, along with the 'some other antibiotics' group – this group consists largely of colistimethate sodium formulations used to treat cystic fibrosis.

364. Use of antituberculosis medicines continues to fall.



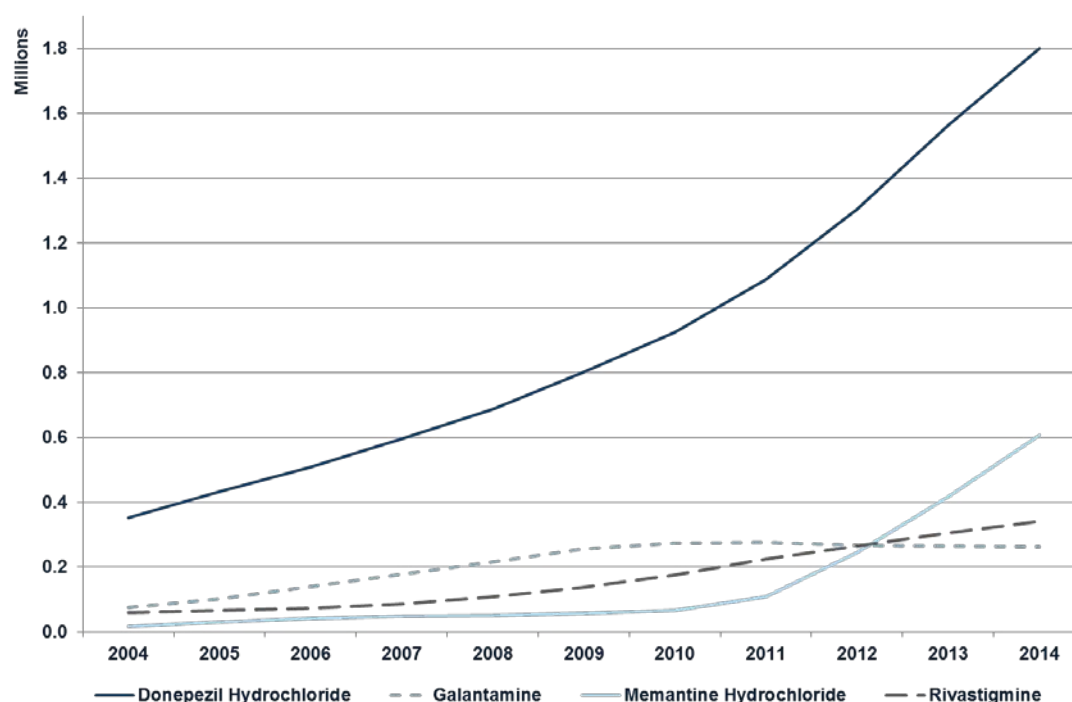
**Figure 54 Antibacterial Groups (with less than 100,000 items dispensed in 2014), Items dispensed**


## BNF Section 4.11 Drugs used for dementia

Includes medicines used in the treatment of Alzheimer's disease by slowing the rate of cognitive decline. Treatment is initiated and supervised by specialists.

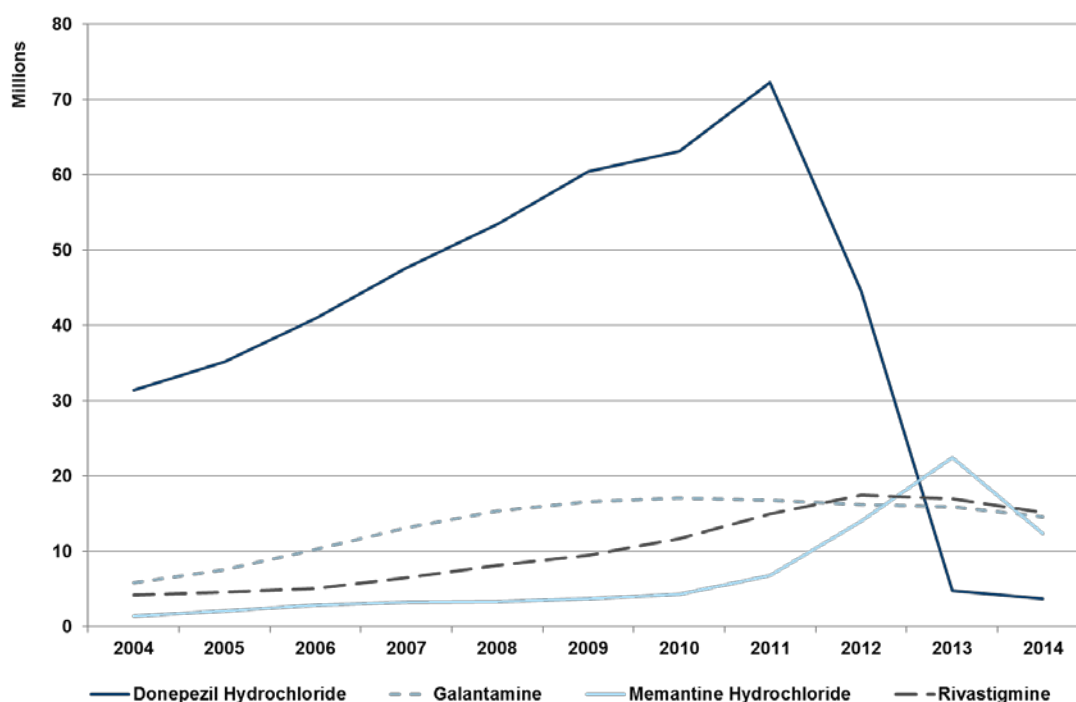
365. Figure 54 shows the use of these medicines in each year since 2004. Use of all medicines except galantamine has risen. Use of memantine increased by 46 per cent in 2014.
366. NICE guidance (see National Institute for Health and Care Excellence (NICE)) recommends donepezil, galantamine and rivastigmine as options for managing mild to moderate Alzheimer's disease. Memantine is recommended as an option for managing moderate Alzheimer's disease for people who cannot tolerate the other medicines, and as an option for managing severe Alzheimer's disease.

Figure 55 Drugs for Dementia, Items



367. The chart below, Figure 55, shows the net ingredient cost for these medicines in each year since 2004. Costs for donepezil hydrochloride fell substantially following the expiry of the patent and the availability of generic formulations in 2012.
368. Costs for memantine hydrochloride rose until 2013; generic alternatives became available then and the use of branded products fell. Prices were also reduced under the category M scheme, as were those for rivastigmine.

Figure 56 Drugs for Dementia, Net Ingredient Cost

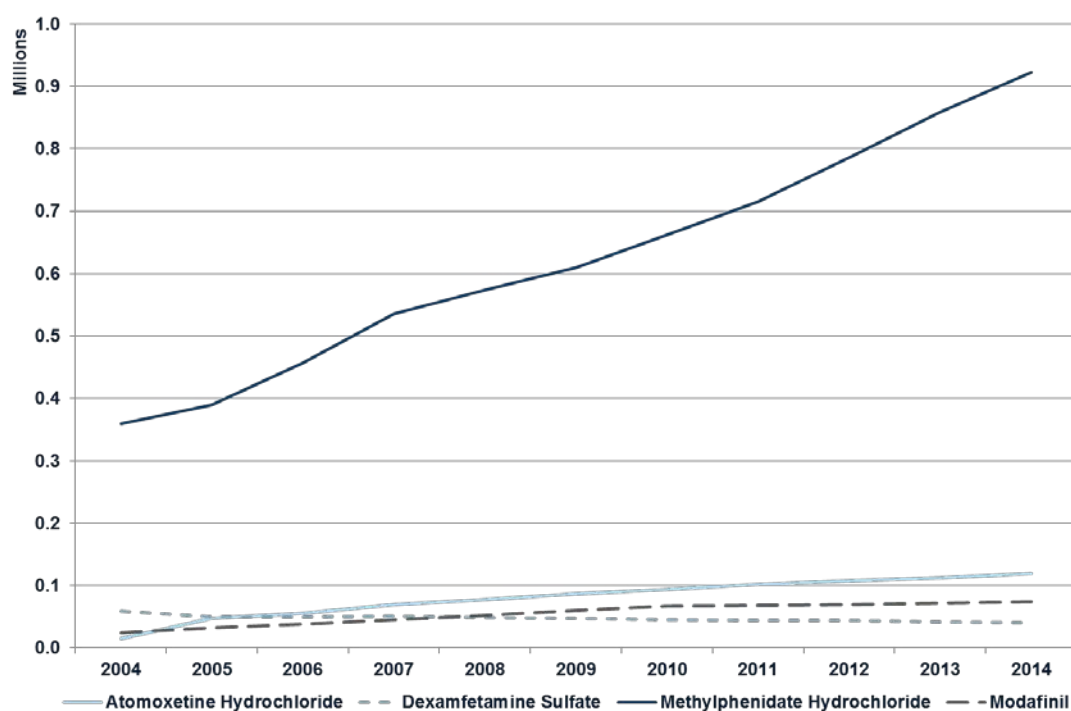


## BNF Section 4.4 CNS stimulants and drugs used in ADHD

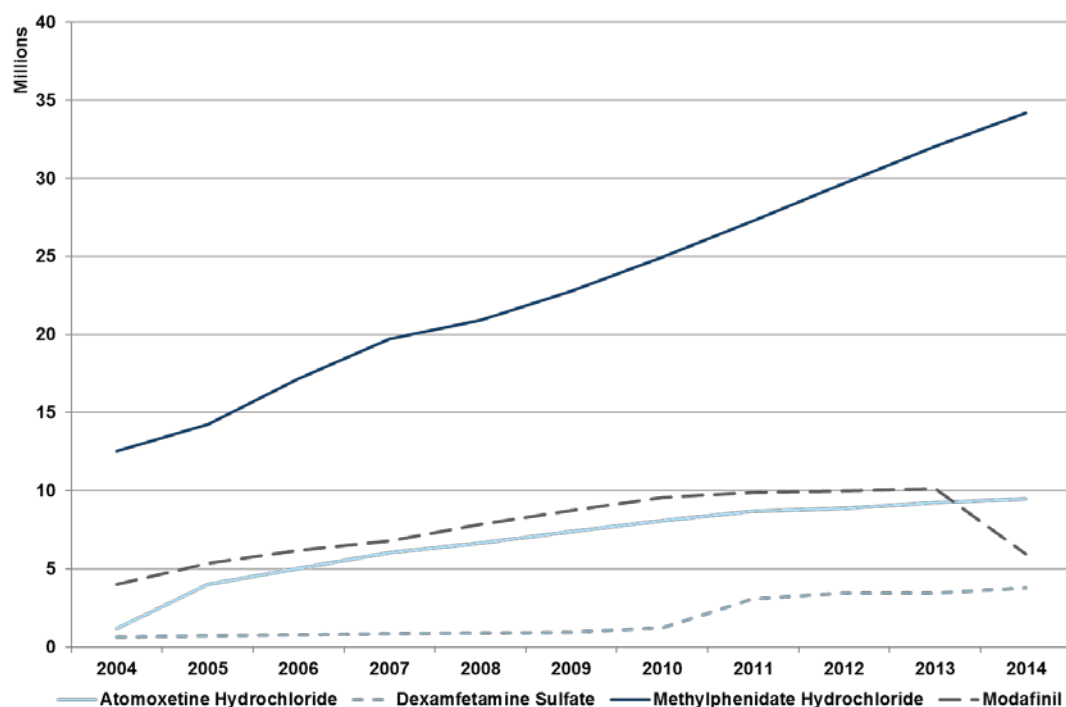
Includes medicines that are prescribed for the management of Attention Deficit Hyperactivity disorder (ADHD), as part of a treatment programme under a shared care arrangement between a specialist and a GP.

369. The chart below, Figure 56, shows the use of the leading four medicines (in terms of items dispensed in 2014, in this section) for each year since 2004. Figure 57 shows the associated costs for each year.
370. Methylphenidate hydrochloride is the leading medicine for ADHD. Use has increased steadily since 2004. Use of dexamfetamine, which is used as an alternative treatment but is also used in narcolepsy, has fallen.
371. Costs for Modafinil fell by 41 per cent (£4.2m) in 2014 with generic versions becoming available and prices reduced under the category M scheme.

**Figure 57 CNS Stimulants and drugs used in ADHD, Items dispensed**



**Figure 58 CNS Stimulants and drugs used in ADHD, Net Ingredient Cost**

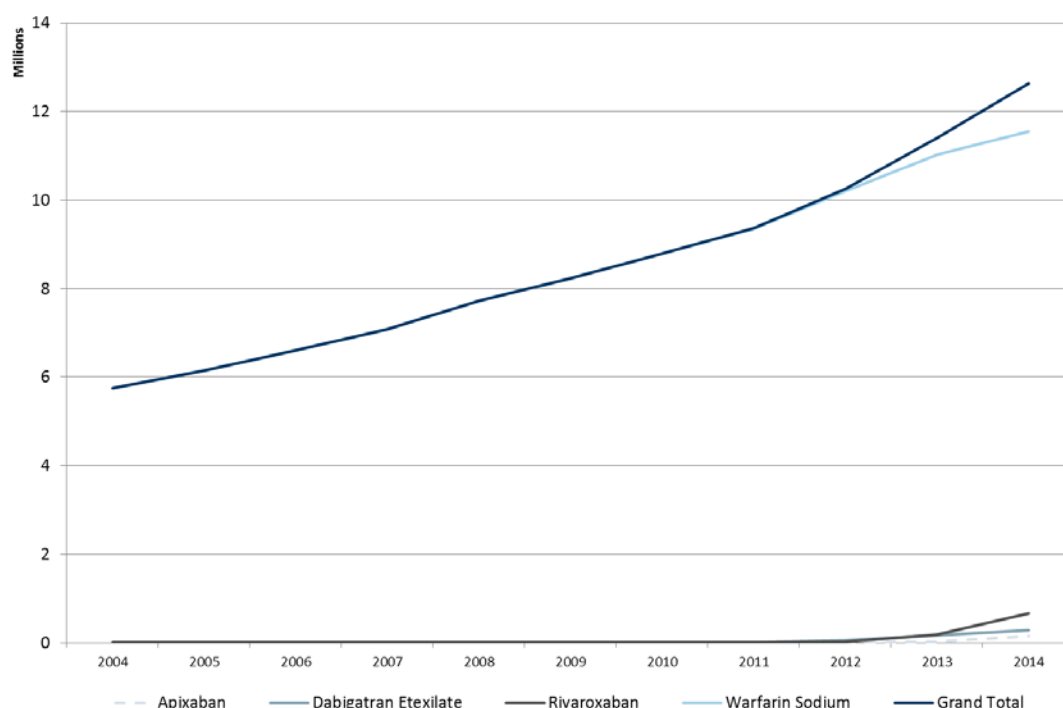


## BNF Section 2.8 Anticoagulants and protamine

Includes medicines used to prevent blood clots from forming or stabilising existing ones to prevent embolisms. The medicines are also used for the long-term prevention of strokes.

25. The chart below, Figure 58, shows the use of warfarin sodium and the newer oral-anticoagulant medicines apixiban, dabigatran etexilate and rivaroxaban, and all these combined. Warfarin sodium was the only medicine available until 2012 when the new medicines appeared, and is still the most widely used although the rate of increase from year to year has started to reduce.

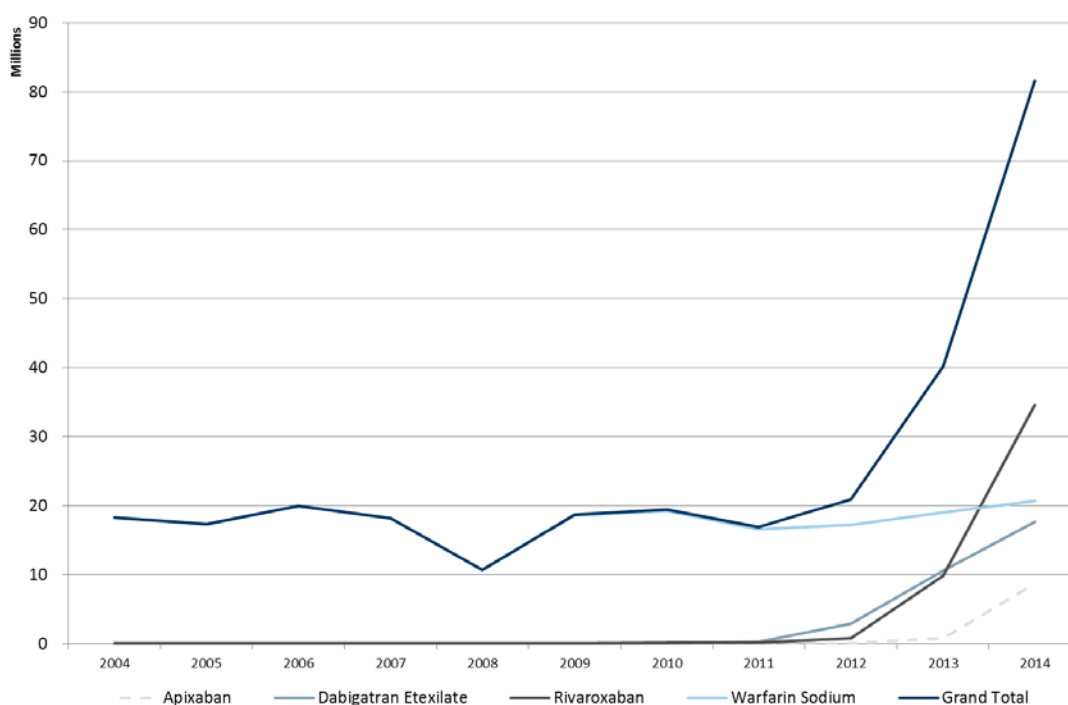
**Figure 59 Anticoagulants and protamine. Items dispensed**



25. The chart below, Figure 59, shows the cost of warfarin sodium and the new anticoagulant medicines. Costs rise sharply in 2012 and 2013 as the new medicines are first used.

The average cost per item for each of the four medicines in 2014 is

warfarin	£1.79
apixiban	£56.00
dabigatran etexilate	£62.03
rivaroxaban	£53.00

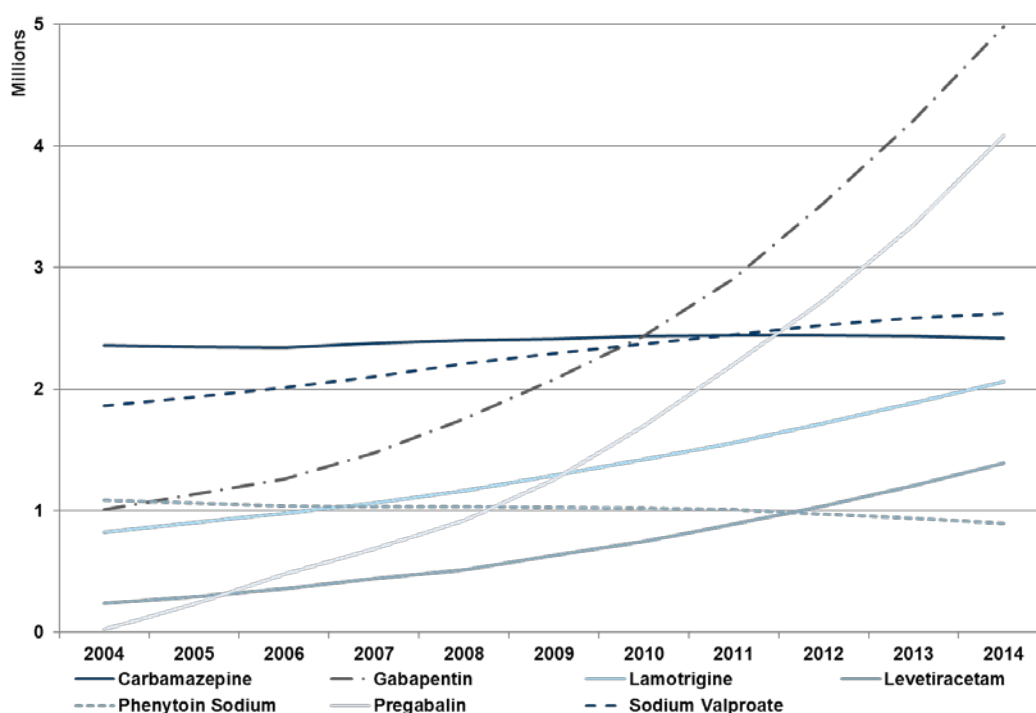
**Figure 60 Anticoagulants and protamine Net Ingredient Cost**

## BNF Section 4.8 Antiepileptic drugs

Includes medicines to prevent seizures, and to assist recovery during a seizure (status epilepticus)

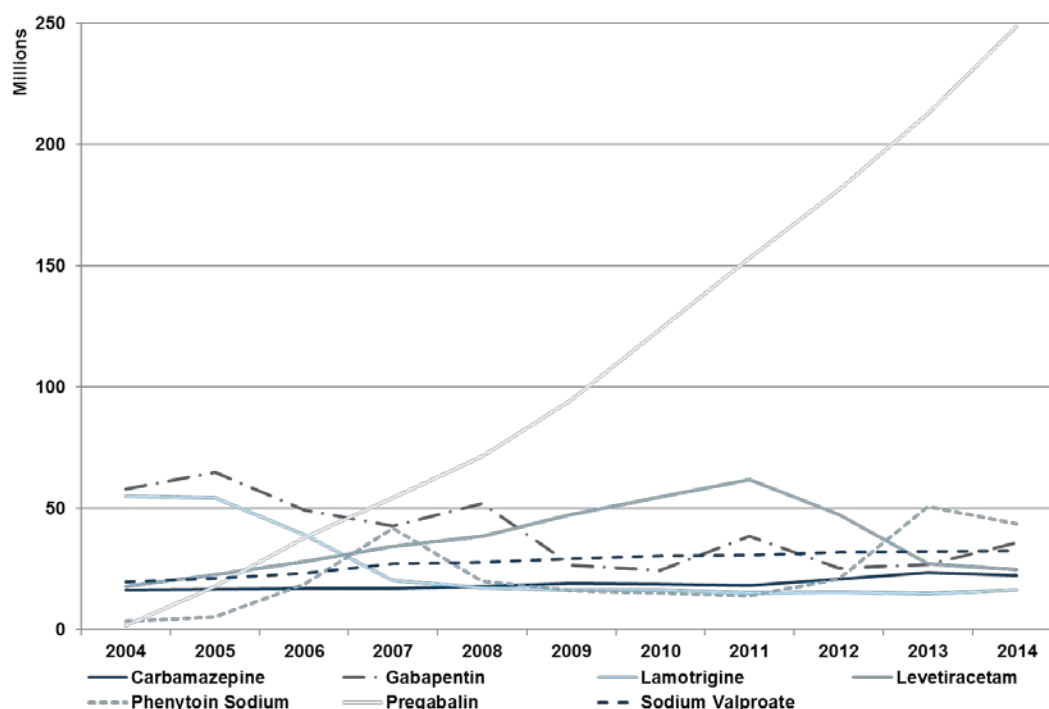
372. Figure 60 below shows the number of items dispensed in each year for the medicines where more than 1m items were dispensed in 2004 (carbamazepine, sodium valproate, phenytoin sodium and gabapentin) and where more than 1m items were dispensed in 2014 (lamotrigine, levetiracetam and pregabalin) combined. Of the four medicines from 2004, gabapentin and sodium valproate use has increased, carbamazepine use has remained static and use of phenytoin sodium has fallen. Use of the three medicines from 2014 has also increased over the period.

**Figure 61 Antiepileptic drugs, Items (where more than 1m items were dispensed in both 2004 and 2014)**



373. Figure 61 below show the net ingredient costs for these medicines over the same period; the chart is dominated by the rising costs for pregabalin.
374. Costs for sodium valproate and carbamazepine have risen steadily over the period but costs for the other medicines have been more changeable. Generic versions of gabapentin appeared in 2005 and subsequent category M price changes are in evidence as the costs rise and fall.
375. Generic alternatives and category M price changes for levetiracetam appear in 2011, hence the fall in costs that follows; the same scenario occurs for lamotrigine, from 2005. With phenytoin sodium there have been price changes both increasing and lowering costs over the period.

Figure 62 Antiepileptic drugs, Net Ingredient Cost (£)



## BNF Section 13.8 Sunscreens and Camouflagers

	2014	Since 2013		Since 2004	
Items dispensed	0.5m	↑	10.2%	42,000	↑ 84.7% 0.2m
Cost (NIC)	£13.9m	↑	13.3%	£1.6m	↑ 280.3% £10.3m

376. Use of these medicines has risen since 2004 and their costs have risen by £10.3m. In 2014, the leading treatment in this section, by the number of items dispensed, was diclofenac sodium gel, for actinic keratosis, a dry skin condition caused by long-term exposure to the sun over several years. Use of this has increased by 4.8 per cent since 2013.
377. The increase in use of fluorouracil (sunscreens) was greater, 14.4 per cent. This is used to treat superficial malignant and pre-malignant skin lesions. Use of a newer treatment, ingenol mebutate, increased by 9,297 items, increasing costs by £0.6m.
378. Use of 'other sunscreens' increased by 8.1 per cent - these include lotions and creams with sun protection factors of over 30, and ultraviolet radiation protection. These preparations are regarded as medicines when prescribed for skin protection for specific medical conditions, as recognised by the Advisory Committee on Borderline Substances (ABCS) (see paragraph 16 ). The cost of these products was £1.4m in 2014.



## BNF Section 13.9 Shampoo and other preparations for scalp & hair conditions

	2014		Since 2013			Since 2004	
Items dispensed	1.7m	↑	2.3%	37,856	↑	19.2%	0.3m
Cost (NIC)	£10.3m	↑	0.1%	£8,902	↑	64.1%	£4.0m

379. The leading products in this section are shampoos, containing ketoconazole and coal tar. These are used for persistent or severe dandruff, or for dermatitis of the scalp. Use of these has increased in 2014 along with selenium sulfide shampoo, containing antimicrobial agents.

## BNF Section 9.9 Foods

	2014		Since 2013			Since 2004	
Items dispensed	0.2m	↑	0.6%	1k	↑	139.7%	0.1m
Cost (NIC)	£6.4m	↑	12.3%	£1.0m	↑	56.4%	£5.7m

380. Many products listed in this section will be non-medicinal products but they will be formulated for use by people with certain medical conditions, for example, milk powders for infants with allergies to cows' milk.

381. Some of these products are recognised as medicines and if approved by the Advisory Committee on Borderline Substances (ACBS) (see Advisory Committee on Borderline Substances (ACBS)) they are accepted as a borderline substance and are listed in both the Drug Tariff (see The Drug Tariff) and the BNF. The prescribing of such products should occur only where there is a clinical need. Prescriptions for products not listed can still be dispensed. Use of these products is low, 0.2m items in 2014, which has changed little since 2013; costs have risen by 12.3 per cent, (£1.0m).

382. Use of 'TwoCal liquid' has increased by 24.1 per cent with costs rising in line, by £0.4m. This is used to tube-feed patients at risk from malnutrition. Use of 'similac alimentum' (powdered milk for children with an allergy to cows' milk) has also increased, from 1,059 items in 2013, to over 8,156 items in 2014; costs have risen by £0.3m. Use of 'SMA powdered milk' fell by over 10,634 items, reducing costs by £0.2m.

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