

NICE implementation uptake report: pimecrolimus and tacrolimus for atopic eczema

NICE implementation uptake reports provide information on national trends and activity associated with technologies recommended in NICE guidance.

Overview

Prescribing of topical pimecrolimus and tacrolimus in England continued to increase following publication of the NICE guidance. Since the NICE guidance was published, updated prescribing advice has been issued in Europe recommending greater caution in the use of these medicines. Prescribing of topical pimecrolimus and tacrolimus in England has decreased since these recommendations were introduced.

Pimecrolimus and tacrolimus (skin)

'Pimecrolimus and tacrolimus and for atopic eczema' NICE technology appraisal 82 (August 2004).

NICE recommended that topical pimecrolimus and tacrolimus should not be used to treat mild atopic eczema or as 'first-line' treatments for atopic eczema of any severity. Topical pimecrolimus is recommended for moderate atopic eczema on the face and neck of children aged 2–16 years that has not been controlled by topical corticosteroids. Topical tacrolimus is recommended for moderate to severe atopic eczema in adults and children over 2 years that has not been controlled by topical corticosteroids.

Updated prescribing advice

Since the NICE guidance on topical pimecrolimus and tacrolimus was issued, the European Medicines Evaluation Agency (EMA) has recommended greater caution in the way these medicines are used following a safety review. These changes can be found on the EMA website at:

<http://www.emea.europa.eu/pdfs/general/direct/pr/9888206en.pdf>

Prescriptions: England (at March 2007)

This report provides information on the usage of pimecrolimus cream and tacrolimus ointment for the treatment of atopic eczema in hospitals and in the community in England. The information is derived from the Prescription Cost Analysis (PCA) system and the IMS HEALTH Hospital Pharmacy Audit database. The costs stated in this report are based on list price and are intended to provide an overall measure of uptake.

In the 12 months to March 2007, the prescribing cost of topical pimecrolimus was £925,000 and £2.68 million for topical tacrolimus, as shown in table 1. This is a decrease in usage of pimecrolimus and tacrolimus, as measured in prescribing cost of 28% and 17% respectively compared to the previous 12 months.

The usage decreased following the recommendations relating to the use of these medicines issued by the EMA in March 2006. Figures 1 and 2 show the impact of these recommendations on prescribing rates in England.

It is estimated that this guidance would only apply to a small proportion of people using topical corticosteroids with moderate to severe disease. Ongoing monitoring is necessary to establish the longer term trends in prescribing.

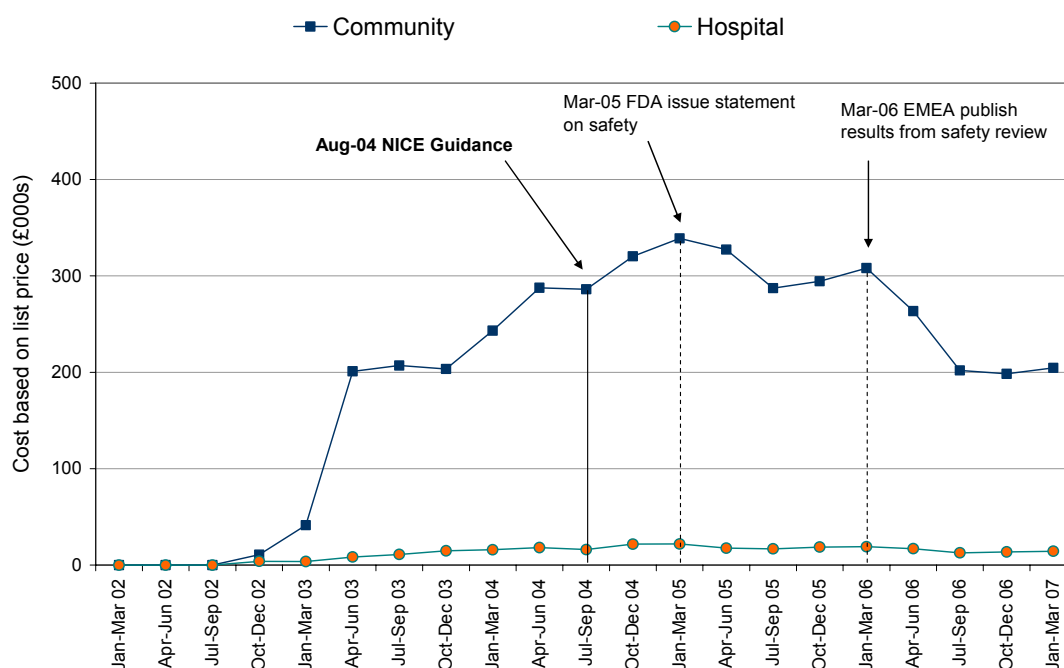
Table 1 Cost of pimecrolimus and tacrolimus in hospitals and the community in England in the 12 months to March 2007

British National Formulary classification		Community dispensing		Hospital pharmacies		Combined cost	
		(£000s)	annual % change	(£000s)	annual % change	(£000s)	annual % change
13.5.3	Pimecrolimus	868	-28.66%	57	-20.56%	925	-28.20%
13.5.4	Tacrolimus	2,281	-16.59%	403	-20.93%	2,684	-17.27%

Sources used: NHS Prescription Cost Analysis; © IMS HEALTH Hospital Pharmacy Audit

Note: The above figures are based on list price. Many hospitals receive discounts from suppliers and this is not reflected in the above figures for hospital costs.

Figure 1 Trends in usage of topical pimecrolimus in England



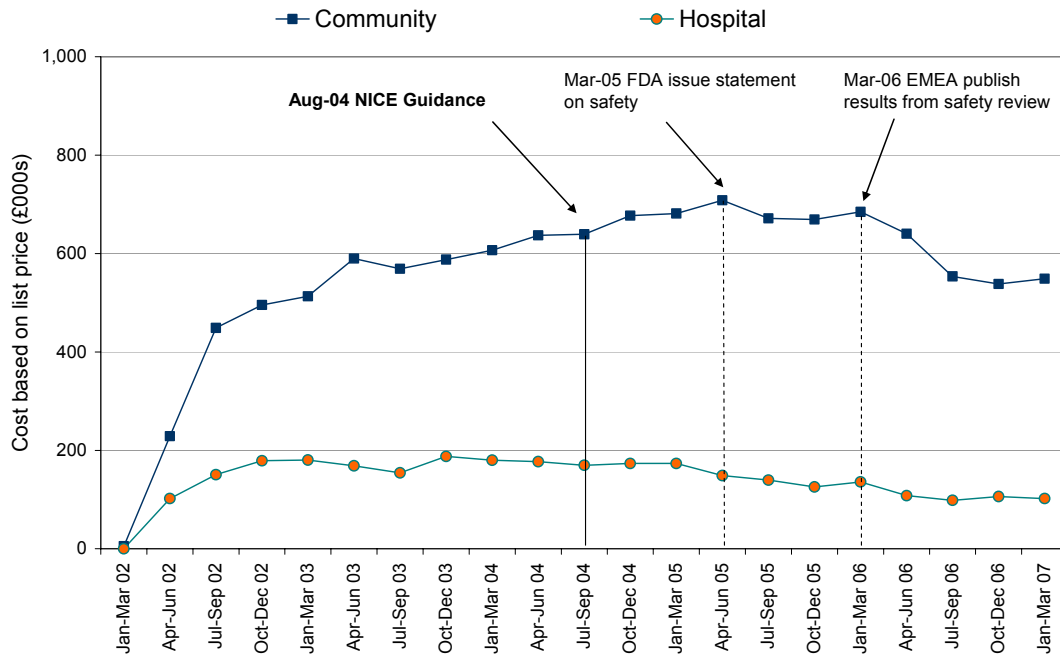
Source(s): NHS Prescription Cost Analysis; © IMS HEALTH Hospital Pharmacy Audit

Abbreviations

FDA is the United States Food and Drug Administration

EMEA is the European Medicines Agency

Figure 2 Trends in usage of topical tacrolimus in England



Source(s): NHS Prescription Cost Analysis; © IMS HEALTH Hospital Pharmacy Audit

Abbreviations

FDA is the United States Food and Drug Administration

EMA is the European Medicines Agency

Definitions of data used in this report

PCA

Prescription information is taken from the Prescription Cost Analysis (PCA) system, supplied by the Prescription Pricing Division of the NHS Business Services Authority, and is based on a full analysis of all prescriptions dispensed in the community, i.e. by community pharmacists and appliance contractors, dispensing doctors, and prescriptions submitted by prescribing doctors for items personally administered in England. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover drugs dispensed in hospitals, including mental health trusts, or private prescriptions.

IMS HEALTH Hospital Pharmacy Audit

IMS HEALTH collects information from pharmacies in hospital trusts in the UK. The section of this database relating to England is available for monitoring the overall usage in drugs appraised by NICE. The IMS HPAI database is based on issues of medicines recorded on hospital pharmacy systems. Issues refer to all medicines supplied from hospital pharmacies: to wards; departments; clinics; theatres; satellite sites and to patients in outpatient clinics and on discharge.

Measures of prescribing

Cost: The net ingredient cost (NIC) is the basic price of a drug listed in the drug tariff, or if not in the drug tariffs the manufacturer's list price. Net ingredient cost is included in PCA information. Estimated costs are also calculated by IMS using the drug tariff and other standard price lists. Many hospitals receive discounts from suppliers and this is not reflected in the estimated cost.

Costs based on the drug tariff provide a degree of standardization allowing comparisons of prescribing data from different sources. The hospital costs stated in this report do not represent the true price paid by the NHS on

medicines. The estimated costs are used as a proxy for utilization and are not suitable for financial planning.

Data limitations (national prescriptions)

National prescriptions data do not link to demographic or to diagnosis information on patients. Therefore, they cannot be used to provide prescribing information on age and sex or for prescribing of specific conditions where the same drug is licensed for more than one indication.