NHS
Dorset
Clinical Commissioning Group

Dorset Medicines Advisory Group (DMAG) Annual Report for 2015/2016

1. Introduction

Background

1.1 The Dorset Medicines Advisory Group (DMAG) is a stakeholder group for the health community to ensure sound local decision making about medicines.

1.2 The Group reports directly to the Clinical Commissioning Committee Chairs (CCC). It supports the Clinical Delivery Groups (CDGs) to ensure the medicines implications of their priorities can be delivered. The Group work programme is delivered by its existing working groups or specific task and finish groups who work with the CDGs to ensure timely, consistent and robust review.

1.3 The Group also supports Public Health Dorset to take account of medicines implications in delivery of their priorities to ensure consistency across the health community.

1.4 Provider Trusts, as stakeholders, contribute to the agenda of the Group and the DMAG receives input from the local drug and therapeutics committees (D&Ts).

Definition

1.5 Throughout this report, where the term Dorset Medicines Advisory Group, or its abbreviation, DMAG, is used, this also refers to the work undertaken by the group that was previously known by the name Dorset Health Technologies Forum (HTF). The Health Technologies Forum became Dorset Medicines Advisory Group in September 2013, with updated terms of reference, to reflect the changes to the local commissioning structure in the NHS brought about by the Health and Social Care Act 2012. The reconfiguration was undertaken to ensure adherence to the recommendations within “Innovation, Health and Wealth” published December 2011 and the NICE good practice guidance on the developing and updating local formularies published December 2012 which has been converted into the Medicines Practice Guideline 1, published March 2014 with updates in 2015.

The purpose and aims of the Group

1.6 DMAG assumes the responsibility for promoting cost-effective, rational use of medicines across the Dorset health community by:

- Horizon scanning, advising and supporting clinical commissioning decisions on the introduction of new drugs in the local health community, ensuring a consistent approach across the county;
- Supporting the inclusion of drugs recommended through NICE Technology Appraisals on the pan-Dorset formulary, and identification of any commissioning issues related to the inclusion of such drugs;
- Allocation of a 'traffic light status' for individual drugs (see 4.3);
- Ongoing maintenance, implementation, review and updating of the pan Dorset formulary;
- Development of local clinical guidelines and shared care guidelines for drugs with an 'amber' shared care traffic light status;
- Input into CDGs with regard to pharmaceutical interventions and recommendations on their place in relevant treatment pathways

Membership

1.7 Membership of DMAG comprises a wide variety of professional, clinical, commissioning, managerial, and organisational backgrounds, and comprises the following attendees:

- NHS Provider organisations (x4):
  - Trust drug and therapeutics chair;
  - Chief Pharmacist.
- NHS Dorset CCG:
  - Medicines optimisation group chair;
  - CCG prescribing lead (Chair from March 2015);
  - Locality prescribing lead (1 from each cluster);
  - Director of Quality (Chair until September 2014, delegated from Clinical Commissioning Group Chair);
  - Chief Pharmacist;
  - Senior Pharmacists;
  - Locality pharmacist with responsibility to support DMAG;
  - Service Delivery/CDG representative.
- Patient and public representative;
- Local Authority Public Health representative;
- NHS England Specialised Commissioning representative (when applicable).

Attendance at DMAG meetings

1.8 The Group meets bi-monthly. There were six meetings in the 2015/16 financial year. The CCG has been represented at every meeting. The Acute Trust Chief Pharmacists are considering representing each other at future meetings to minimise the time spent away from their departments. This puts an onus of communication on the

personnel attending the meeting, especially as Trust Drug and Therapeutic Committee chair representatives have not been frequent attendees. Within the terms of reference members of the group are encouraged that where they are unable to attend a nominated deputy attends.

2. Drugs classified under the Traffic Lights System (April 2015 – March 2016)

Red	Amber	Green	Not recommended
Secukinumab (Sept 2015)	Brimonidine Tartrate Gel 0.33% (Mirvaso®) for Rosacea (May 2015)	Anoro Ellipta® (July 2015)	Pevanti® (prednisolone) (May 2015)
Aflibercept (Sept 2015)	Naltrexone(Adepend®) for alcohol dependence (May 2015)	DuoResp Spiromax® (July 2015)	Saxagliptin (removed) (Sept 2015)
Ciclosporin (Ikervis®) (Mar 2016)	Acamprosate (Campral EC®) in adults of working age for alcohol dependence (May 2015)	Eklira Genuair® (July 2015)	Airflusal® (Mar 2016)
Idarucizumab (Praxbind®) (Mar 2016)	Buprenorphine In Opioid Dependence (May 2015)	Ultibro® (July 2015)	Ketovite ® (removed) (Mar 2016)
	Methadone In Opioid Dependence (May 2015)	Incruse° (July 2015)	
	Naltrexone In Opioid Dependence (May 2015)	Fosfomycin (re-categorised to green) (July 2015)	

Red	Amber	Green	Not recommended
	Rivaroxaban in ACS Amber (but with consultant cardiologist initiation) (May 2015)	Edoxaban (Sept 2015)	
	Aliskiren (May 2015)	Theical D3® (Sept 2015)	
	Dronedarone (May 2015)	Naloxegol (Sept 2015)	
	Ticagrelor (May 2015)	Ivermectin (Soolantra®) (Nov 2015)	
	Invokana® (canagliflozin) (May 2015) Updated to GREEN: When used with oral hyperglycaemics in patients with Type 2 Diabetes AMBER : When used with insulin in patients with Type 2 Diabetes) (Jan 2016)	Spiolto Respimat ® (Nov 2015)	

Red	Amber	Green	Not recommended
	Forxiga® (dapagliflozin) (May 2015) Updated to GREEN: When used with oral hyperglycaemics in patients with Type 2 Diabetes AMBER : When used with insulin in patients with Type 2 Diabetes) (Jan 2016)	Treclin® (Nov 2015)	
	Jardiance® (empagliflozin) (May 2015) Updated to GREEN: When used with oral hyperglycaemics in patients with Type 2 Diabetes AMBER : When used with insulin in patients with Type 2 Diabetes) (Jan 2016)	Gaviscon Advance® (re-categorised to green (Nov 2015)	
	Sitagliptin (re-categorised to amber) (Nov 2015)	Pravastatin ® (Nov 2015)	
	Linagliptin (re-categorised to amber) (Nov 2015)		

Red	Amber	Green	Not recommended
	Fluvastatin (re-categorised to amber) (Nov 2015)		
	Bezafibrate (re-categorised to amber) (Nov 2015)		
	Nuvaring® (without shared care upon specialist initiation) (Mar 2016)		
	Allpresan® cream (Mar 2016)		
	Lamotrigine (re-categorised to amber) (Mar 2016)		
	Levetiracetam (re-categorised to amber) (Mar 2016)		
	Renavit® (Mar 2016)		

2.1 Clinical guidelines ratified:

- The NOAC concise guide (July 2015) – updated (Jan 2016)
- Guidance on pharmacological options to delay menstruation (July 2015)
- Pathway for the use of biologics in psoriatic arthritis (Sept 2015)
- Pathway for the management of chronic constipation (Nov 2015)
- Updated guidelines for anticoagulants in AF (Jan 2016)
- Primary care treatment pathway for management of elevated INR (Jan 2016)
- Primary care treatment of DVT (with NOAC) pathway (Jan 2016)
- Psoriasis Pathway (Mar 2016)
- Management of Hyperhidrosis (Mar 2016)
- Asthma inhaler guidance (Mar 2016)
- COPD treatment pathway (Mar 2016)

2.2 Shared care agreements ratified:

- Shared Care Guideline for the Management of Patients on Brimonidine Tartrate Gel 0.33% (Mirvaso®) for Rosacea (May 2015)
- Shared care guideline for the management of patients on naltrexone (adepend®) for alcohol dependence (May 2015)
- Shared care guidelines for prescribing Acamprosate in adults of Working age (campral ec®) (May 2015)
- Shared care guideline for opioid substitution therapy (May 2015)
- Shared care guidelines for prescribing Aliskiren (rasilez®)(May 2015)
- Shared Care Guideline for prescribing Dronedarone (Multaq) for the treatment of non-permanent atrial fibrillation (May 2015)
- Shared care guidelines for prescribing ticagrelor for acute coronary syndromes (ACS) (May 2015)
- Shared care guidelines for Lithium (Sept 2015)
- Shared care guidelines for Edoxaban (Sept 2015)
- Shared care guidelines for Midodrine (Nov 2015)
- Shared care guidelines for drugs in Alzheimer's Disease (Mar 2016)

2.3 Other recommendations:

- Commissioning statement on Pevanti® (prednisolone) 2.5mg, 5mg, 10mg, 20mg and 25mg tablets (May 2015)
- Commissioning statement on the use of opioid substitution drugs in opioid dependence (May 2015)
- Commissioning statement on the use of rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome (TA335) (May 2015)
- Commissioning statement on the use of Invokana® 100 mg tablets (canagliflozin), Forxiga® 5 mg & 10 mg tablets (dapagliflozin) and Jardiance® 10mg & 25mg tablets (empagliflozin) for combination therapy for treating type 2 diabetes (May 2015)
- Vitamin D guidance (July 2015)
- The commissioning statement for prucalopride has been amended to reflect the licence change as it can now be used by men. (July 2015)

- The commissioning statement for NICE TA 341, apixaban, for the treatment and secondary prevention of DVT and/or PE (July 2015)
- Commissioning statement to support the implementation of NICE TA 342 (July 2015)
- Commissioning statement for Vedolizumab in Crohn's NICE TA 352 (Sept 2015)
- Commissioning statement for Secukinumab in plaque psoriasis NICE TA 350 (Sept 2015)
- Commissioning statement for Edoxaban in DVT and PE NICE TA 354 (Sept 2015)
- Commissioning statement for Aflibercept in diabetic macular oedema (Sept 2015)
- Commissioning statement for Dexamethasone intravitreal implant in diabetic macular oedema NICE TA 349 (Sept 2015)
- Commissioning statement for Toujeo® (Sept 2015)
- Commissioning statement for biosimilar insulin glargine (Sept 2015)
- Commissioning statement for Edoxaban in AF (Nov 2015)
- Guidance for bronchodilator delivery and nebulizer trial (Nov 2015)
- Commissioning statement to support the use of Vortioxetine in major depressive disorder NICE TA367 (Jan 2016)
- Commissioning statement to omalizumab in accordance with NICE TA 339 for previously treated chronic spontaneous urticaria. (Jan 2016)
- Commissioning statement on the use of Ciclosporin (Ikervis®) for treating dry eye disease that has not improved despite treatment with artificial tears TA369 (Mar 2016)
- The guideline for the management of psoriasis (Mar 2016)
- The guidance on the management of hyperhidrosis (Mar 2016)
- Commissioning statements to support the implementation of NICE TA 375 biologic use in rheumatoid arthritis and in ankylosing spondylitis and non-radiographic axial spondyloarthritis (TA383) (Mar 2016)
- Commissioning statement for adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed (NICE TA 375) (Mar 2016)
- Commissioning statement for TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (NICE TA 383)(Mar 2016)

2.4 **Formulary documents/chapters completed or approved:**

3. NICE guidance

NICE Technology Appraisals

3.1 All NICE technology appraisals which are the responsibility of the CCG are considered through the DMAG. This totaled 19 technology appraisals in 15/16. The CCG has ensured that funding is available for all drugs approved for use by the NICE TA process within the required three month statutory period. Where necessary a CDG within the CCG has worked closely with relevant provider Trusts to facilitate the implementation of the NICE TA drugs within a new or existing service. The NICE TA adherence checklist is updated regularly and published within the CCG website to demonstrate adherence to NICE. In addition 31 published technology appraisals which were the responsibility of NHS England were noted by DMAG.

Evidence summaries and Clinical Guidelines

3.2 The DMAG and their working groups use relevant evidence summaries and clinical guidelines in their development of new pathways involving medicines and evaluations of new and existing drugs.

4. Other topics

New formulary website

4.1 The Dorset formulary moved to its own dedicated website in November 2014. This demonstrates that this is a health community formulary, enhancing access for users. Further progress has been the launch of an app to access the site, and in the future a pilot to integrate the formulary into GP practice systems. The collaborative working continues through the formulary working group to manage the site and its content.

Drug safety information

4.2 The DMAG retains a standing item on its agenda to consider safety notices for medicines. The main source of this information is the Medicines and Healthcare Regulatory Agency "Drug Safety Update", but safety alerts from the European Medicines Agency (EMA) are also recorded. Examples of safety information acted on in 2015/16 include:

- Resources to support the minimisation of the risk of distress and death from inappropriate doses of naloxone
- Update on SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin): risk of diabetic ketoacidosis
- Medicines related to valproate: risk of abnormal pregnancy outcomes
- Interaction of Methotrexate and Trimethoprim
- Use of salbutamol and asthma UK safety guidance

All GP practices in the area were advised to review patients for whom these alert were pertinent. The formulary has been updated to reflect these safety alerts.

5. Summary

5.1 Dorset Medicines Advisory Group continues as the forum to bring together clinical decision making and promote the cost-effective use of medicines across the health economy. All local organisations remain committed to it. The Clinical Services Review will impact on medicines use in the future and having the DMAG in place should stand the health economy in good stead. Further information regarding the formation and remit of Regional Area Prescribing Committees at the request of the Department of Health are awaited at the time of writing. How these may interact and impact on the Dorset Medicines Advisory Group will be considered during 2016/17.

6. Recommendation

6.1 The CCG Board is requested to acknowledge the details of this report.