MONITORING OF MEDICINES APPRAISED BY NICE AND AWMSG

SUMMARY
This report has been prepared by the Welsh Analytical Prescribing Support Unit (WAPSU), part of the All Wales Therapeutics and Toxicology Centre (AWTTC).

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1.0 INTRODUCTION

Medicines are funded by NHS Wales following advice from two sources: the National Institute for Health and Care Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG). Recommendations should be implemented by health boards within three months of the issue of NICE advice or the endorsement of the AWMSG recommendation by the Minister for Health and Social Services in Wales.

This is a summary of a report detailing the usage of medicines either appraised by NICE or AWMSG, or where a statement of advice, due to nonsubmission, has been issued by AWMSG. The report includes all advice issued up to 31 March 2013 and is intended as a working document to support health boards in monitoring prescribing activity. An updated appraisal monitoring document analysing advice and prescribing data to 31 March 2014 will be available in September 2014.

A medicine may be the subject of more than one AWMSG or NICE appraisal and some NICE appraisals include more than one medicine. Many appraised medicines are licensed for more than one indication, which means that a medicine may have a positive recommendation for one indication and a negative recommendation or statement of advice for another indication. Some medicines may have extensive use for an established indication that has not undergone the appraisal process.

Two systems are used to retrieve medicines usage data: the Comparative Analysis System for Prescribing Audit (CASPA) version 1.0.4.8 (NHS Wales Shared Services Partnership [NWSSP]) and the Medusa data warehouse. CASPA provides a record of all WP10 prescriptions (issued by GPs in Wales for patients receiving NHS treatment) and WP10HP prescriptions (issued by hospitals in NHS Wales) forwarded to Prescribing Services, NWSSP, for processing and payment following dispensing. Medusa stores information on medicines issued by all hospitals in Wales. Combining data obtained from these two systems provides challenges, as CASPA and Medusa report data via different measurement criteria. Due to the limitations of both systems it is not possible to link the prescribing of a medicine to a specific indication.

2.0 APPRAISALS OVERVIEW

Up to 31 March 2013:
- AWMSG undertook 166 appraisals on 126 medicines. Of these, 130 appraisals resulted in a positive recommendation for a specific indication and 36 appraisals resulted in a negative recommendation for a specific indication.
- 95 statements of advice were issued confirming a medicine could not be endorsed for use for a particular indication in Wales due to company nonsubmission for appraisal (90 currently active).
- NICE undertook 277 appraisals (including reviews and terminated appraisals); some of these cover technologies and procedures in addition to medicines.

3.0 NICE/AWMSG RECOMMENDED MEDICINES

In total 194 medicines have received a positive recommendation for use by NICE or AWMSG for one or more indications. NHS Wales spend on these medicines for the financial year 2012–2013 was £138,365,823. Expenditure is increasing as additional medicines receive positive recommendation through the appraisal process.

There are ten medicines with a positive recommendation from NICE or AWMSG that have not been prescribed within NHS Wales. Five of these medicines are licensed and recommended for specialist indications; the lack of usage may therefore be due to no
patients requiring treatment at present. Two are recommended for indications where alternative, similar medicines are also licensed; analysis shows these alternatives are being prescribed. The other three received positive recommendation during the first quarter of 2013, therefore usage will not be apparent at date of analysis.

4.0 NICE/AWMSG NON-RECOMMENDED MEDICINES

For the financial year 2012–2013, NHS Wales spent £2,287,543 on 34 medicines not recommended for use by NICE or AWMSG for a specific indication. This figure excludes medicines with a positive recommendation for another indication (15 medicines) and those medicines with established use for an alternative indication (2 medicines). Dasatinib and bevacizumab make up the majority of this spend (£1,406,831).

NICE TA223 on peripheral arterial disease recommends naftidrofuryl oxalate as an option for the treatment of intermittent claudication in people with peripheral arterial disease for whom vasodilator therapy is considered appropriate after taking into account other treatment options. It does not recommend the use of cilostazol, pentoxifylline or inositol nicotinate and recommends review of patients currently receiving these medicines and discontinuation when appropriate. NHS Wales expenditure on these three non-recommended drugs was £173,652 for the financial year 2012–2013; the majority being in primary care.

5.0 AWMSG MEDICINES WITH A STATEMENT OF ADVICE

Of the 90 statements of advice that are currently active:

- 34 are for medicines that have not been prescribed within NHS Wales; many of these medicines have not been launched in the UK.
- 21 are for medicines that have a positive recommendation from NICE/AWMSG for a different indication or population; it is therefore not possible to establish whether usage is attached to the indication covered by the statement of advice.
- 11 are for medicines with other established indications that have not been through the NICE or AWMSG appraisal process due to the criteria for appraisal; it is therefore not possible to establish whether usage is attached to the indication covered by the statement of advice.

Expenditure on the remaining 24 medicines with an AWMSG statement of advice for the year 2012–2013 was £608,239. Brentuximab vedotin accounts for 40% of this expenditure; a statement of advice was issued in March 2013 for two of its indications. NICE has not scheduled an appraisal for either of these indications.

6.0 OTHER POINTS TO CONSIDER

Several of the medicines with a NICE/AWMSG non-recommendation or an AWMSG statement of advice may have been funded via the Individual Patient Funding Requests process; this is a potential area for further review.

Some of the cancer medicines with a NICE/AWMSG non-recommendation or an AWMSG statement of advice, including dasatinib, bevacizumab and brentuximab vedotin, are included in the NHS England Cancer Drugs Fund.

Although certain medicines are not recommended for use by NICE or AWMSG, reviewing and possibly discontinuing them may not achieve savings equivalent to the full cost of the medicines, as alternative medicines are likely to be prescribed instead.
REFERENCES