Healthcare Improvement Scotland

Supporting better quality health and social care for everyone in Scotland

National Cancer Medicines Advisory Group (NCMAG) Programme

Implementation of NCMAG Advice 2026 Report

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Contents

Background

A key aim of the National Cancer Medicines Advisory Group (NCMAG) programme is to deliver national advice that supports equitable access to safe and effective off label and off patent uses of cancer medicines, to improve outcomes for patients across NHSScotland. NCMAG proposals are submitted by specialist clinicians with support from across Scotland. NCMAG advice is shared with health boards, lead clinicians and national groups. Implementation of NCMAG advice is dependent on local governance and service decisions, including health board formulary submission. The NCMAG programme has been issuing advice since 2022, therefore a 3-year evaluation, based on self-reported information from across Scotland, was undertaken to assess the impact of advice issued to date and provide assurance that the programme is meeting its aims.

The evaluation of the impact of NCMAG, including implementation of advice, and any barriers to implementation, provides reassurance that NCMAG is delivering its aims and supports its ongoing work.

Methods

A survey was designed and shared with lead cancer pharmacists in each health board in July 2025. At that time, 21 NCMAG advice statements had been published—19 supported and 2 not supported — covering 10 tumour types, with most supported advice relating to off label medicine uses (n=13). The survey included a series of questions to capture information on the formulary process, whether NCMAG advice had been, or was in the process of being, implemented, and, if not, the reasons for non-implementation. The survey also explored any delays and barriers to implementation. Where direct survey responses were not received, follow-up contact with lead cancer pharmacists was undertaken to confirm local formulary position. The evaluation is intended to provide system level assurance rather than external validation.

Results

Returns were received between August and December 2025. Eight health boards submitted a direct response, accounting for 78% of the Scottish population. Boards from within WoSCAN and NCA each submitted three direct responses, and the South East Scotland Cancer Network (SCAN) submitted two direct responses. For the remaining health boards, direct contact with the lead cancer pharmacists confirmed the local position for NCMAG supported medicines, leading to responses which covered all 14 Scottish health boards (Appendix 1).

Terminology used within results:

- Implemented or are in process of adding to formulary: This is where boards have either added the NCMAG supported medicine use to their medicines formulary or are in the process of doing so – indicating support for routine access to the medicine use.
- Not implemented as disease not treated locally: This covers boards where cancer units do not treat a full range of cancers. In these cases, although the medicine use is not added to

the local formulary, patients who are resident in the board will be able to routinely access treatments through their regional cancer centre.

- Not implemented and not planning to: The board has chosen not to add the medicine use onto their local formulary and patients who are resident in these boards will not be able to routinely access treatment.

NCMAG supported medicines uses

The survey covered 19 NCMAG-supported medicine uses, of which 16 relate to cancer treatment and three relate to cancer prevention.

Across Scotland's 14 health boards, eleven health boards (78%) have implemented, or are in the process of implementing, all 16 NCMAG supported cancer treatments and, seven boards (50%) have implemented, or are in the process of implementing, all 19 NCMAG-supported medicine uses that are applicable to services delivered locally (see Table 1). The remaining boards have implemented most, but not all, supported uses.

Where a health board has not implemented one or more NCMAG-supported uses, this has been based on specific local circumstances rather than a general lack of support for NCMAG advice. Reasons include situations where the relevant condition is not treated locally within the board, with patients instead accessing treatment through their regional cancer centre (3 boards); instances of clinician choice where an alternative treatment option is available and considered more appropriate locally (3 boards); and delays to implementation arising from differences in timing between regional decision-making and local formulary processes (1 board).

Table 1 – Cancer Treatments and Formulary Implementation Status

NCMAG Advice Reference See appendix 2 for details	Number of boards which have implemented or are in process of adding to formulary	Number of boards that have not implemented as disease not treated locally	Number of boards not implemented and not planning to
NCMAG 102	14	0	0
NCMAG 103	14	0	0
NCMAG 104	14	0	0
NCMAG 105	14	0	0
NCMAG 106	14	0	0
NCMAG 107	11	3[a]	0
NCMAG 109	14	0	0
NCMAG 110	14	0	0

NCMAG 111	11	3[a]	0
NCMAG 116	11	2[a]	1
NCMAG 117	12	1[a]	0
NCMAG 118	11	3[a]	0
NCMAG 119	12	1[b]	1
NCMAG 120	12	1[b]	1
NCMAG 121	11	3[a]	0
NCMAG 122	11	3[a]	0

[a] Treatment is available for patients resident in boards where medicine use is not on local formulary via regional cancer center

[b] Delay to implementation, following another regional approach in interim

Breast cancer prevention proposals (NCMAG 113,114,115)

Three NCMAG supported decisions (NCMAG 113, 114 and 115) are for breast cancer prevention. These proposals were submitted to support national guidelines and pathway development in this important area in Scotland. Eight out of the 14 health boards have added or are in the process of adding these to their formularies, with the remaining six boards yet to implement. Reasons cited were further information awaited from local breast cancer team; on-going discussions with primary care teams; or local clinicians did not support use.

Time to Implementation and Barriers

The length of time taken for NCMAG supported medicine uses to be added to formularies varied across the boards: 29% implemented decisions within 3 months, 42% took 3-6 months and the remaining 29% took longer than 9 months to implement. Whilst the majority of NCMAG supported medicines have been implemented into formularies widely across NHS Scotland, the survey highlighted some generic barriers to timely implementation that relate to all new medicines or medicine indications supported or approved for use in NHSScotland. Reported issues included workload and/or capacity challenges and lengthy formulary processes with additional paperwork requiring considerable staff time.

Strengths and limitations

This evaluation provides system-wide insight into the implementation of NCMAG-supported medicine uses across NHSScotland. A key strength is the comprehensive coverage achieved, with responses obtained or local positions confirmed for all 14 Scottish health boards, supported by regional cancer network engagement.

Data were collected from lead cancer pharmacists who are directly involved in cancer medicines governance and formulary decision-making, providing confidence that the findings reflect national patterns of adoption and access.

The findings should, however, be interpreted in context. Data are self-reported and have not been independently audited against local formularies or prescribing activity. Implementation includes medicines that have been added to formularies as well as those in the process of being added, and access via regional cancer centres where services are not delivered locally. As such, this evaluation provides assurance on governance decisions and access routes rather than direct measurement of patient-level uptake or outcomes.

Discussion

Since publication of first NCMAG advice in 2022 informal feedback has suggested its routine acceptance into the cancer medicines clinical governance landscape in NHSScotland. Confirmatory evidence from this survey indicates a high level of uptake of NCMAG-supported medicine uses across NHSScotland, with any non-implementation reflecting service configuration, clinical judgement or governance timing rather than disagreement with NCMAG advice Variations in implementation of breast cancer prevention medicines are explained by complex pathways which include breast surgeons, clinical genetics, oncologists and primary care, and are still under development in some regions.

Barriers relating to staff resource and local governance processes are not specific to NCMAG advice. Directors of Pharmacy have raised concerns that CEL17 (2010) has not been updated to include guidance on management of NCMAG advice, which remains an outstanding issue. Reassuringly, however, lack of CEL17 advice was not cited by any of the respondents as a barrier to implementation.

The survey findings indicate systematic implementation of NCMAG advice onto formularies. This provides important assurance that NCMAG is meeting its key aim of supporting equity of access to these medicine uses across NHSScotland. Once for Scotland advice following standardised assessment methodology has replaced local individual medicine requests for these medicines, resulting in process efficiency and broader access for patients across Scotland. There has been consistent clinician and pharmacist engagement in the programme with incorporation of many supported medicines into national cancer clinical management pathways, demonstrating clinically impactful advice. Health board endorsement of NCMAG's independent health technology assessment of off-label and off-patent medicines, which previously had no mechanism for national oversight, is demonstrated by the routine integration of NCMAG-supported medicine uses into the medicines' governance landscape. The NCMAG programme contributes to a lifecycle approach to cancer medicine uses assessment in NHS Scotland, supporting a value-based approach to use of medicines. Future integration of NCMAG advice into NHS Scotland's Medicines Governance policy would help to consolidate the governance structure.

Conclusions

Health board and regional network respondents, whose governance arrangements cover all NHSScotland, reported a high level of implementation of NCMAG advice for off label and off patent cancer medicine uses. A high level of confidence in the NCMAG programme was demonstrated and no barriers to implementation were identified that were specific to NCMAG advice. These findings suggest that NCMAG advice is clinically impactful and that NCMAG is making strong progress towards its aim of supporting equitable access to safe and effective off label and off patent cancer medicines across Scotland.

Appendix 1: Health Board and Cancer Network Coverage

Board	Formulary	Regional Cancer Network	% Scottish population
Grampian [a]	Grampian	NCA	9.1
Shetland	Grampian	NCA	0.42
Orkney	Grampian	NCA	0.4
Greater Glasgow & Clyde [a]	Greater Glasgow & Clyde [b]	WoSCAN	23.66
Forth Valley [a]	Forth Valley [b]	WoSCAN	5.57
Ayrshire and Arran [a]	Ayrshire and Arran [b]	WoSCAN	6.66
Lanarkshire	Lanarkshire [b]	WoSCAN	11.92
Highland [a]	NHS Highland	NCA	6.01
Western Isles	NHS Highland	NCA	0.47
Lothian [a]	East Region Formulary (ERF)	SCAN	16.73
Fife	East Region Formulary	SCAN	6.73
Borders	East Region Formulary	SCAN	2.07
Dumfries & Galloway (D&G) [a]	Oncology – ERF Haematology – Dumfries & Galloway [b]	SCAN / WoSCAN	2.71
Tayside [a]	Tayside	NCA	7.54

Key NCA: North Cancer Alliance; WoSCAN: West of Scotland Cancer Network; SCAN: South East Scotland Cancer Network

[a] Direct survey responses

[b] WoSCAN prescribing advisory sub-group (PASG) reviews all cancer medicines decisions from NCMAG and Scottish Medicines Consortium, then issue recommendations which WoSCAN boards take through their local formulary process where relevant (for cancer treatments delivered locally).

Appendix 2: NCMAG Supported Advice

NCMAG No	Medicine Name	Indication	Cancer type	Label status
102	Abiraterone plus prednisolone	Adults with high-risk hormone-sensitive non-metastatic prostate cancer.	Prostate	Off label/off patent
103	Lenalidomide plus dexamethasone	Adults with previously untreated multiple myeloma who are not eligible for transplant, and are suitable for thalidomide-containing regimen.	Multiple Myeloma	Off patent
104	Carfilzomib plus dexamethasone	Once weekly dosing of carfilzomib for adult patients with multiple myeloma who have received at least one prior therapy.	Multiple Myeloma	Off label
105	Trastuzumab	The treatment duration of 6-months, or 9 cycles, for adult patients categorised as lower risk with human epidermal growth factor receptor 2 (HER2) positive early breast cancer (EBC) in the neo-adjuvant and adjuvant treatment pathways.	Breast	Off label
106	Nivolumab	Treatment of patients with pleural or peritoneal mesothelioma; second or subsequent line.	Mesothelioma	Off label
107	Dabrafenib plus trametinib	Treatment of patients with locally advanced or metastatic anaplastic thyroid cancer with BRAF V600E mutation and with no satisfactory locoregional treatment options	Thyroid	Off label
109	Pemetrexed plus cisplatin	Adjuvant treatment for patients with completely resected stage II to IIIA non squamous non–small-cell lung cancer.	Lung	Off label
110	Abiraterone	Treatment for newly diagnosed low-risk hormone sensitive metastatic prostate cancer patients who are not suitable for currently available on-label alternatives.	Prostate	Off label

111	Sunitinib	Second line treatment of adult patients with poor or intermediate risk advanced/metastatic renal cell carcinoma who have received nivolumab in combination with ipilimumab as first line treatment.	Renal cell carcinoma	Off label
113	Anastrozole	The primary prevention of breast cancer in post-menopausal people at moderate or high risk.	Breast cancer prevention	On label/ off patent
114	Raloxifene	The primary prevention of breast cancer in post-menopausal people at moderate or high risk who are not suitable for on-label alternatives.	Breast cancer prevention	Off label
115	Tamoxifen	The primary prevention of breast cancer in people at moderate or high risk.	Breast cancer prevention	On label/ off patent
116	Dasatinib	For the treatment of adult patients with newly diagnosed Philadelphia chromosome–positive (Ph+) acute lymphoblastic leukaemia integrated with chemotherapy.	acute lymphoblastic leukaemia	Off label/ off patent
117	Dasatinib	For the treatment of adult patients with Philadelphia chromosome–positive (Ph+) acute lymphoblastic leukaemia with resistance or intolerance to prior therapy.	acute lymphoblastic leukaemia	Off patent
118	Trametinib	For patients with low grade serious ovarian carcinoma after at least one line of platinum-based chemotherapy.	Ovarian	Off label
119	Pomalidomide in combination with dexamethasone	For treatment of adult patients with multiple myeloma who have received at least one prior treatment regimen including lenalidomide, and where more effective alternatives are not suitable.	Multiple Myeloma	Off label
120	Pomalidomide in combination with bortezomib plus dexamethasone	For treatment of adult patients with multiple myeloma who have received at least one prior treatment regimen including lenalidomide.	Multiple Myeloma	On label/ off patent

121	Nivolumab in combination with ipilimumab	For neoadjuvant treatment of resectable stage III melanoma.	Melanoma	Off label
122	Pembrolizumab	For neoadjuvant treatment of stage IIIB to IIID or oligometastatic resectable stage IV melanoma.	Melanoma	Off Label

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