A lifetime of specialist care

Formulary Adherence Checklist for NICE Technology Appraisals About Medicines

Royal Brompton & Harefield NHS
NHS Foundation Trust

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes	***N/A***	***Date of local decision***	***Time to implement*** *(days)*	***Notes*** *(e.g. Additional stipulations, rationale, method of making available)*
Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis [TA386]	23/03/2016	**Ruxolitinib** is recommended as an option for treating disease-related splenomegaly or symptoms in adults with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis.		X			Only in people with intermediate-2 or high-risk disease, and if the company provides ruxolitinib with the discount agreed in the patient access scheme.
Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia [TA385]	24/02/2016	Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults in whom initial statin therapy is contraindicated or is not tolerated. Ezetimibe, co-administered with statin therapy, is recommended as an option when serum total or low-density lipoprotein (LDL) cholesterol concentration is not appropriately controlled (see full guidance for details) and a change from initial statin therapy to an alternative statin is being considered.	X		10/03/2016	15	The guidance should be used with NICE's guidelines on 'cardiovascular disease: risk assessment and reduction, including lipid modification' and 'familial hypercholesterolaemia: identification and management'. When prescribing ezetimibe co-administered with a statin, ezetimibe should be prescribed on the basis of lowest acquisition cost. For the purposes of this guidance, intolerance to initial statin therapy is defined as the presence of clinically significant adverse effects that represent an unacceptable risk to the patient or that may reduce compliance with therapy. For the purposes of this guidance, appropriate control of cholesterol concentrations should be based on individual risk assessment according to national guidance on managing cardiovascular disease in the relevant populations.
Nivolumab for treating advanced (unresectable or metastatic) melanoma [TA384]	18/02/2016	Nivolumab as monotherapy is recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults.		X			
TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis [TA383]	01/02/2016	Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab are recommended as options for treating severe active ankylosing spondylitis, and adalimumab, certolizumab pegol and etanercept are recommended as options for treating severe non-radiographic axial spondyloarthritis in adults whose disease has responded inadequately to, or who cannot tolerate, non-steroidal anti-inflammatory drugs.		X			Infliximab is recommended only if treatment is started with the least expensive infliximab product. The choice of treatment should be made after discussion between the clinician and the patient about the advantages and disadvantages of the treatments available. This may include considering associated conditions such as extra-articular manifestations. If more than 1 treatment is suitable, the least expensive (taking into account administration costs and patient access schemes) should be chosen. The response to adalimumab, certolizumab pegol, etanercept, golimumab or infliximab treatment should be assessed 12 weeks after the start of treatment. Treatment should only be continued if there is clear evidence of response (see full guidance for details). Treatment with another TNF-alpha inhibitor is recommended for people who cannot tolerate, or whose disease has not responded to, treatment with the first TNF-alpha inhibitor, or whose disease has stopped responding after an initial response. When using BASDAI and spinal pain VAS scores, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the responses to the questionnaires, and make any adjustments they consider appropriate.
Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed [TA375]	26/01/2016	Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept, all in combination with methotrexate, are recommended as options for treating rheumatoid arthritis, and adalimumab, etanercept, certolizumab pegol or tocilizumab can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance.		X			Only if disease is severe (i.e. a disease activity score (DAS28) >5.1 and has not responded to intensive therapy with a combination of conventional DMARDs), and the companies provide certolizumab pegol, golimumab, abatacept and tocilizumab as agreed in their PAS's. Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. After initial response within 6 months, withdraw treatment if a moderate EULAR response is not maintained. Start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may need to be varied for some people because of differences in the mode of administration and treatment schedules.
Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal) [TA382]	27/01/2016	Eltrombopag - unable to make a recommendation because no evidence submission was received from Novartis for the technology.		X			Appraisal terminated.

Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated [TA377]	27/01/2016	Enzalutamide is recommended as an option for treating metastatic hormone-relapsed prostate cancer		X			In people who have no or mild symptoms after androgen deprivation therapy has failed, and before chemotherapy is indicated, and only when the company provides it with the discount agreed in the PAS.
Nintedanib for treating idiopathic pulmonary fibrosis [TA379]	27/01/2016	Nintedanib is recommended as an option for treating idiopathic pulmonary fibrosis	X		11/02/2016	15	Only if the person has a forced vital capacity (FVC) between 50% and 80% of predicted; the company provides nintedanib with the discount agreed in the PAS, and treatment is stopped if disease progresses (a confirmed decline in percent predicted FVC of 10% or more) in any 12-month period.
Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy (TA381)	27/01/2016	Olaparib is recommended as an option for treating adults with relapsed, platinum sensitive ovarian, fallopian tube or peritoneal cancer who have BRCA1 or BRCA2 mutations and whose disease has responded to platinum based chemotherapy.		X			Only if patients have had 3 or more courses of platinum based chemotherapy and the drug cost of olaparib for people who remain on treatment after 15 months will be met by the company.
Panobinostat for treating multiple myeloma after at least 2 previous treatments (TA380)	27/01/2016	Panobinostat in combination with bortezomib and dexamethasone is recommended as an option for treating multiple myeloma		X			For 'adult patients with relapsed and/or refractory multiple myeloma who have received at least 2 prior regimens including bortezomib and an immunomodulatory agent' when the company provides panobinostat with the discount agreed in the PAS.
Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases (TA376)	27/01/2016	Radium-223 dichloride is recommended as an option for treating adults with hormone-relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases.		X			Only if previous treatment with docetaxel, and the company provides radium-223 dichloride with the discount agreed in the PAS.
Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy (TA378)	27/01/2016	Ramucirumab alone or with paclitaxel is not recommended for advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy.		X			
Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis [TA373]	16/12/2015	Abatacept, adalimumab, etanercept and tocilizumab - recommended as possible treatments for polyarticular juvenile idiopathic arthritis. Adalimumab and etanercept - recommended as possible treatments for enthesitis-related juvenile idiopathic arthritis. Etanercept - recommended as a possible treatment for psoriatic juvenile idiopathic arthritis.		X			Abatacept and tocilizumab only if the companies provide them with the discounts agreed in the patient access schemes. When more than 1 technology is suitable (taking into account extra-articular manifestations) treatment should be started with the least expensive technology, taking into account administration costs, the dose needed and the product cost per dose.
Apremilast for treating active psoriatic arthritis [TA372]	16/12/2015	Apremilast - not recommended for treating adults with active psoriatic arthritis that has not responded to prior DMARD therapy, or such therapy is not tolerated.		X			
Bortezomib for previously untreated mantle cell lymphoma [TA370]	16/12/2015	Bortezomib - recommended as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable		X			
Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears [TA369]	16/12/2015	Ciclosporin - recommended as an option for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes		X			
Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy [TA374]	16/12/2015	Erlotinib - recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer that has progressed after non-targeted chemotherapy in people with tumours of unknown EGFR-TK mutation status (see notes for conditions of the recommendation), but is not recommended for treating locally advanced or metastatic non-small-cell lung cancer that has progressed after non-targeted chemotherapy in people with tumours that are EGFR-TK mutation-negative. Gefitinib - not recommended for treating locally advanced or metastatic non-small-cell lung cancer that has progressed after non-targeted chemotherapy in people with tumours that are EGFR-TK mutation-		X			Erlotinib is only recommended if the result of an EGFR-TK mutation diagnostic test is unobtainable because of an inadequate tissue sample or poor-quality DNA and the treating clinician considers that the tumour is very likely to be EGFR-TK mutation-positive and the person's disease responds to the first 2 cycles of treatment with erlotinib, and the company provides erlotinib with the discount agreed in the patient access scheme.

Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane [TA371]	16/12/2015	Trastuzumab emtansine- not recommended for treating adults with human epidermal growth factor 2 (HER2) positive, unresectable locally advanced or metastatic breast cancer previously treated with trastuzumab and a taxane.		X			
Apremilast for treating moderate to severe plaque psoriasis [TA368]	25/11/2015	Apremilast - not recommended for treating moderate to severe chronic plaque psoriasis that has not responded to systemic therapy, or systemic therapy is contraindicated or not tolerated.		X			
Daclatasvir for treating chronic hepatitis C [TA364]	25/11/2015	Daclatasvir - recommended as an option for treating chronic hepatitis C.		X			Only if the company provides daclatasvir at the same price or lower than that agreed with the Commercial Medicines Unit. Refer to table in guidance document for specific details of recommendations (e.g. genotypes, liver disease stage, duration of treatment, treated or untreated, ineligible or intolerant to interferon). It is recommended that the decision to treat and prescribing decisions are made by multidisciplinary teams in the operational delivery networks put in place by NHS England, to prioritise treatment for people with the highest unmet clinical need.
Ledipasvir–sofosbuvir for treating chronic hepatitis C [TA363]	25/11/2015	Ledipasvir–sofosbuvir - recommended as an option for treating chronic hepatitis C.		X			Refer to table in guidance document for specific details of recommendations (e.g. genotypes, liver disease stage, duration of treatment). It is recommended that the decision to treat and prescribing decisions are made by multidisciplinary teams in the operational delivery networks put in place by NHS England, to prioritise treatment for people with the highest unmet clinical need.
Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C [TA365]	25/11/2015	Ombitasvir–paritaprevir–ritonavir - recommended with or without dasabuvir, as an option for treating genotype 1 or 4 chronic hepatitis C.		X			Refer to table in guidance document for specific details of recommendations (e.g. genotypes, liver disease stage, duration of treatment, ± ribavirin). It is recommended that the decision to treat and prescribing decisions are made by multidisciplinary teams in the operational delivery networks put in place by NHS England, to prioritise treatment for people with the highest unmet clinical need.
Pembrolizumab for advanced melanoma not previously treated with ipilimumab [TA366]	25/11/2015	Pembrolizumab - recommended as an option for treating advanced (unresectable or metastatic) melanoma that has not been previously treated with ipilimumab.		X			Only when the company provides pembrolizumab with the discount agreed in the patient access scheme
Vortioxetine for treating major depressive episodes [TA367]	25/11/2015	Vortioxetine - recommended as an option for treating major depressive episodes in adults whose condition has responded inadequately to 2 antidepressants within the current episode.		X			
Idelalisib for treating chronic lymphocytic leukaemia [TA359]	28/10/2015	Idelalisib - recommended in combination with rituximab as a treatment for chronic lymphocytic leukaemia (CLL)		X			For untreated CLL in adults with a 17p deletion or TP53 mutation, or for previously-treated CLL when relapsed within 24 months. Idelalisib is recommended only if the company provides the drug with the discount agreed in the simple discount agreement.
Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer [TA360]	28/10/2015	Paclitaxel as albumin-bound nanoparticles (nab-Paclitaxel) in combination with gemcitabine - not recommended for adults with previously untreated metastatic adenocarcinoma of the pancreas.		X			
Paclitaxel as albumin-bound nanoparticles with carboplatin for untreated non-small-cell lung cancer [TA362]	28/10/2015	Paclitaxel - unable to make a recommendation because no evidence submission was received from Celgene for the technology.		X			Appraisal terminated.
Simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C [TA361]	28/10/2015	Simeprevir in combination with sofosbuvir - unable to make a recommendation because no evidence submission was received from Janssen for the technology.		X			Appraisal terminated.
Tolvaptan for treating autosomal dominant polycystic kidney disease [TA358]	28/10/2015	Tolvaptan - recommended as an option for treating autosomal dominant polycystic kidney disease in adults to slow the progression of cyst development and renal insufficiency		X			Only if they have chronic kidney disease stage 2 or 3 at the start of treatment, there is evidence of rapidly progressing disease, and the company provides it with the discount agreed in the patient access scheme.

Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab (TA357)	31/10/2015	Pembrolizumab - recommended as an option for treating advanced (unresectable or metastatic) melanoma.		*X*			*Only after the disease has progressed with ipilimumab and, for BRAF V600 mutation-positive disease, a BRAF or MEK inhibitor, and when the company provides pembrolizumab with the discount agreed in the patient access scheme. Pembrolizumab should be available on the NHS within 3 months of the guidance being issued. Because pembrolizumab was made available in the NHS through the 'early access to medicines' scheme, NHS England has indicated that it will be available on the NHS 30 days after the guidance is issued.*
Edoxaban for preventing stroke and systemic embolism in people with non‑valvular atrial fibrillation (TA355)	30/09/2015	Edoxaban - recommended as an option for preventing stroke and systemic embolism in adults with non-valvular atrial fibrillation with one or more risk factors (congestive heart failure, hypertension, diabetes, prior stroke or transient ischaemic attack, age ≥75 years)	X		30/09/2015	0	The decision about whether to start treatment with edoxaban should be made after an informed discussion between the clinician and the person about the risks and benefits of edoxaban compared with warfarin, apixaban, dabigatran and rivaroxaban. For people considering switching from warfarin, edoxaban's potential benefits should be considered against its potential risks, taking into account the person's level of INR control.
Ruxolitinib for treating polycythaemia vera (TA356)	30/09/2015	Ruxolitinib - unable to make a recommendation because no evidence submission was received from Novartis Pharmaceuticals for the technology.		X			Appraisal terminated.
Bevacizumab for treating relapsed, platinum‑resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (TA353)	31/08/2015	Bevacizumab - unable to make a recommendation because no evidence submission was received from Roche Products for the technology.		X			Appraisal terminated.
Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism (TA354)	31/08/2015	Edoxaban - recommended as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism.	X		31/08/2015	0	
Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy (TA352)	31/08/2015	Vedolizumab - recommended as an option for treating moderately to severely active Crohn's disease.		X			Only if a tumour necrosis factor-alpha inhibitor has failed (i.e. the disease has responded inadequately or has lost response to treatment) or cannot be tolerated or is contraindicated, and the company provides it with the discount agreed in the patient access scheme. Vedolizumab should be given as a planned course of treatment until it stops working or surgery is needed, or until 12 months after the start of treatment, whichever is shorter. At 12 months, people should be reassessed to determine whether treatment should continue. Treatment should only continue if there is clear evidence of ongoing clinical benefit. For people in complete remission at 12 months, consider stopping vedolizumab, resuming treatment if there is a relapse. People who continue vedolizumab should be reassessed at least every 12 months to decide whether continued treatment is justified.
Aflibercept for treating diabetic macular oedema (TA346)	31/07/2015	Aflibercept solution for injection - recommended as an option for treating visual impairment caused by diabetic macular oedema.		X			Only if the eye has a central retinal thickness of ≥400 micrometres at the start of treatment and the company provides aflibercept with the discount agreed in the patient access scheme.
Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy (TA351)	31/07/2015	Cangrelor - unable to make a recommendation because no evidence submission was received from The Medicines Company UK for the technology.		X			Appraisal terminated.
Dexamethasone intravitreal implant for treating diabetic macular oedema (TA349)	31/07/2015	Dexamethasone intravitreal implant - recommended as an option for treating diabetic macular oedema		X			Only if the implant is to be used in an eye with an intraocular (pseudophakic) lens and the diabetic macular oedema does not respond to non-corticosteroid treatment, or such treatment is unsuitable.
Everolimus for preventing organ rejection in liver transplantation (TA348)	31/07/2015	Everolimus - not recommended for preventing organ rejection in people having a liver transplant.		X			
Naloxegol for treating opioid‑induced constipation (TA345)	31/07/2015	Naloxegol - recommended as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives.		X			An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small-cell lung cancer (TA347)	31/07/2015	Nintedanib - recommended in combination with docetaxel as an option for treating locally advanced, metastatic or locally recurrent non-small-cell lung cancer of adenocarcinoma histology that has progressed after first-line chemotherapy		X			Only if the company provides nintedanib with the discount agreed in the patient access scheme.
Secukinumab for treating moderate to severe plaque psoriasis (TA350)	31/07/2015	Secukinumab - recommended as an option for treating adults with plaque psoriasis		X			Only when the disease is severe, and has failed to respond to standard systemic therapies (e.g. ciclosporin, methotrexate and PUVA), or these treatments are contraindicated or not tolerated, and the company provides secukinumab with the discount agreed in the patient access scheme. Secukinumab treatment should be stopped in people whose psoriasis has not responded adequately at 12 weeks, and further treatment cycles are not recommended.
Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia (TA344)	30/06/2015	Ofatumumab - recommended in combination with chlorambucil as an option for untreated chronic lymphocytic leukaemia.		X			Only if the person is ineligible for fludarabine-based therapy and bendamustine is not suitable, and the company provides ofatumumab with the discount agreed in the patient access scheme.
Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia (TA343)	30/06/2015	Obinutuzumab - recommended in combination with chlorambucil, as an option for adults with untreated chronic lymphocytic leukaemia who have comorbidities that make full-dose fludarabine-based therapy unsuitable for them.		X			Only if bendamustine-based therapy is not suitable and the company provides obinutuzumab with the discount agreed in the patient access scheme.
Vedolizumab for treating moderately to severely active ulcerative colitis (TA342)	30/06/2015	Vedolizumab - recommended as an option for treating moderately to severely active ulcerative colitis (UC) in adults.		X			Only if the company provides vedolizumab with the discount agreed in the patient access scheme. Vedolizumab should be given until it stops working or surgery is needed. At 12 months after the start of treatment, people should be reassessed to see whether treatment should continue. Treatment should only continue if there is clear evidence of ongoing clinical benefit. For people in complete remission at 12 months, consider stopping vedolizumab, resuming treatment if there is a relapse. People who continue vedolizumab should be reassessed at least every 12 months to see whether continued treatment is justified.
Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (TA341)	30/06/2015	Apixaban - recommended as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults.	X		30/06/2015	0	
Ustekinumab for treating active psoriatic arthritis (rapid review of technology appraisal guidance 313) (TA340)	30/06/2015	Ustekinumab - recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults		X			Only when treatment with tumour necrosis factor (TNF) alpha inhibitors is contraindicated but would otherwise be considered (as described in NICE TA's 199 and 220), or the person has had treatment with 1 or more TNF–alpha inhibitors. Also only if the company provides the 90 mg dose of ustekinumab for people who weigh >100 kg at the same cost as the 45 mg dose, as agreed in the patient access scheme. Ustekinumab treatment should be stopped if the person's psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis Response Criteria (PsARC) at 24 weeks (see full guidance for details).
Omalizumab for previously treated chronic spontaneous urticaria (TA339)	30/06/2015	Omalizumab- recommended as an option as add-on therapy for treating severe chronic spontaneous urticaria in adults and young people aged 12 years and over.		X			Only if: - the severity of the condition is assessed objectively, e.g. using a weekly urticaria activity score of ≥28; - the person's condition has not responded to standard treatment with H1-antihistamines and leukotriene receptor antagonists; -omalizumab is stopped at or before the 4th dose if the condition has not responded; - omalizumab is stopped at the end of a course of treatment (6 doses) if the condition has responded, to establish whether the condition has gone into spontaneous remission, and is restarted only if the condition relapses; - omalizumab is administered under the management of a secondary care specialist in dermatology, immunology or allergy; - the company provides omalizumab with the discount agreed in the patient access scheme.
			5	42			
			% "Yes"	% "N/A"		Average implement time (days)	
Adherence statistics for 2015-16			12%	88%		6	