Formulary Adherence Checklist for NICE Technology Appraisals About Medicines

Midlands and Lancashire Commissioning Support Unit

This spreadsheet is updated monthly and details Pan Mersey APC adherence to current NICE Technology Appraisals.
All guidelines refer to adults unless indicated.

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release*** (N.B. if exact date is not specified in NICE documentation, the last day of the month published will be employed)	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***					
			Yes *(mark 'x' if applicable)*	***N/A to APC*** *(mark 'x' if applicable)*	***Date of APC website upload***	***Time to implement*** *(days)*	***Notes*** *(e.g. Additional stipulations, rationale, method of making available)*	***Pan Mersey Notes***
2016-17								
Cetuximab and panitumumab for previously untreated metastatic colorectal cancer (TA439)	29/03/2017	**Cetuximab:** recommended as an option for previously untreated epidermal growth factor receptor (EGFR)-expressing, RAS wild-type metastatic colorectal cancer in adults in combination with: • 5-fluorouracil, folinic acid and oxaliplatin (FOLFOX) or • 5-fluorouracil, folinic acid and irinotecan (FOLFIRI). **Panitumumab:** recommended as an option for previously untreated RAS wild-type metastatic colorectal cancer in adults in combination with: • FOLFOX or • FOLFIRI. The drugs are recommended only when the companies provide them with the discounts agreed in their patient access schemes.		x				NHSE Commissioned. Link added to formulary 30/03/17.
Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (terminated appraisal) (TA438)	29/03/2017	NICE is unable to make a recommendation about the use in the NHS of alectinib for anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer previously treated with crizotinib because no evidence submission was received from Roche, but will review this decision if the company decides to make a submission.		x				NHSE Commissioned. Link added to formulary 30/03/17.
Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal) (TA437)	22/03/2017	NICE was unable to make a recommendation about the use in the NHS of ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy because no evidence submission was received from Janssen-Cilag, but will review this decision if the company decides to make a submission.		x				NHSE Commissioned. Link added to formulary 30/03/17.
Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal) (TA436)	22/03/2017	NICE was unable to make a recommendation about the use in the NHS of bevacizumab for treating epidermal growth factor receptor mutation-positive non-small-cell lung cancer because no evidence submission was received from Roche, but will review this decision if the company decides to make a submission.		x				NHSE Commissioned. Link added to formulary 30/03/17.

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2016-17								
Tenofovir alafenamide for treating chronic hepatitis B (terminated appraisal) (TA435)	22/03/2017	NICE was unable to make a recommendation about the use in the NHS of tenofovir alafenamide for treating chronic hepatitis B because no evidence submission was received from Gilead, but will review this decision if the company decides to make a submission		x				NHSE Commissioned. Link added to formulary 30/03/17.
Elotuzumab for previously treated multiple myeloma (terminated appraisal) (TA434)	22/03/2017	NICE was unable to make a recommendation about the use in the NHS of elotuzumab for previously treated multiple myeloma because no evidence submission was received from Bristol–Myers Squibb, but will review this decision if the company decides to make a submission.		x				NHSE Commissioned. Link added to formulary 30/03/17.
Apremilast for treating active psoriatic arthritis (TA433)	22/02/2017	**Apremilast**, alone or in combination with disease-modifying antirheumatic drugs (DMARDs), is recommended as an option for treating active psoriatic arthritis in adults only if: •they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints and •their disease has not responded to adequate trials of at least 2 standard DMARDs, given either alone or in combination and •the company provides apremilast with the discount agreed in the patient access scheme.	x		30/03/2017	36	This guidance replaces the previous NICE TA on apremilast for treating active psoriatic arthritis (TA372).	Pan Mersey Red statement approved 29/03/17
Everolimus for advanced renal cell carcinoma after previous treatment (TA432)	22/02/2017	**Everolimus** is recommended as an option for treating advanced renal cell carcinoma that has progressed during or after treatment with vascular endothelial growth factor targeted therapy, only if the company provides it with the discount agreed in the patient access scheme.		x			This guidance replaces NICE TA219. Everolimus was previously available via the Cancer Drugs Fund.	NHSE Commissioned. Link added to formulary 03/03/17.
Mepolizumab for treating severe refractory eosinophilic asthma (TA431)	25/01/2017	**Mepolizumab**, as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults, only if: •the blood eosinophil count is 300 cells/microlitre or more in the previous 12 months **and** •the person has agreed to and followed the optimised standard treatment plan **and** •has had 4 or more asthma exacerbations needing systemic corticosteroids in the previous 12 months **or** •has had continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months **and** •the company provides the drug with the discount agreed in the patient access scheme.		x				NHSE Commissioned. Link added to formulary 27/01/17.
Sofosbuvir–velpatasvir for treating chronic hepatitis C (TA430)	25/01/2017	**Sofosbuvir–velpatasvir** is recommended as an option for treating chronic hepatitis C in adults, as specified in table, only if the company provides the drug with the discount agreed in the simple discount agreement.		x				NHSE Commissioned. Link added to formulary 27/01/17.

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2016-17								
Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation (TA429)	25/01/2017	**Ibrutinib alone** is recommended as an option for treating chronic lymphocytic leukaemia in adults: •who have had at least 1 prior therapy or •who have a 17p deletion or TP53 mutation, and in whom chemo-immunotherapy is unsuitable and •only when the company provides ibrutinib with the discount agreed in the patient access scheme		x				NHSE Commissioned. Link added to formulary 27/01/17.
Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy (TA428)	11/01/2017	**Pembrolizumab** is recommended as an option for treating locally advanced or metastatic PD-L1-positive non-small-cell lung cancer in adults who have had at least one chemotherapy (and targeted treatment if they have an epidermal growth factor receptor [EGFR]- or anaplastic lymphoma kinase [ALK]-positive tumour), only if: •pembrolizumab is stopped at 2 years of uninterrupted treatment and no documented disease progression, and •the company provides pembrolizumab with the discount agreed in the patient access scheme revised		x				NHSE Commissioned. Link added to formulary 27/01/17.
Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib (TA427)	11/01/2017	**Pomalidomide**, in combination with low-dose dexamethasone, is recommended as an option for treating multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib, only when the company provides pomalidomide with the discount agreed in the patient access scheme		x			This guidance replaces TA338.	NHSE Commissioned. Link added to formulary 27/01/17 and link to TA338 removed.
Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia (TA426)	21/12/2016	**Imatinib** is recommended as an option for untreated, chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults. **Dasatinib and nilotinib** are recommended as options for untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults. The drugs are recommended only if the companies provide them with the discounts agreed in the relevant patient access schemes.		x			This guidance replaces TA251 and partially updates NICE technology appraisal guidance on imatinib for chronic myeloid leukaemia (TA70).	NHSE Commissioned. Link added to formulary 21/12/16 and link to TA251 removed.
Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia. (TA425)	21/12/2016	**Dasatinib and nilotinib** are recommended as options for treating only chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if: •they cannot have imatinib, or their disease is imatinib-resistant and •the companies provide the drugs with the discounts agreed in the relevant patient access schemes.		x			This guidance replaces TA241 and partially updates NICE technology appraisal guidance on imatinib for chronic myeloid leukaemia (TA70).	NHSE Commissioned. Link added to formulary 21/12/16 and link to TA241 removed.

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			Yes *(mark 'x' if applicable)*	***N/A to APC*** *(mark 'x' if applicable)*	***Date of APC website upload***	***Time to implement*** *(days)*	***Notes*** *(e.g. Additional stipulations, rationale, method of making available)*	***Pan Mersey Notes***
2016-17								
Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer (TA424)	21/12/2016	**Pertuzumab**, in combination with trastuzumab and chemotherapy, is recommended as an option for the neoadjuvant treatment of adults with human epidermal growth factor receptor 2 (HER2)‑positive breast cancer; that is, in patients with HER2-positive, locally advanced, inflammatory or early-stage breast cancer at high risk of recurrence. It is recommended only if the company provides pertuzumab with the discount agreed in the patient access scheme.		x				NHSE Commissioned. Link added to formulary 21/12/16.
Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens (TA423)	21/12/2016	**Eribulin** is recommended as an option for treating locally advanced or metastatic breast cancer in adults, only when: •it has progressed after at least 2 chemotherapy regimens (which may include an anthracycline or a taxane, and capecitabine) •the company provides eribulin with the discount agreed in the patient access scheme.		x			This guidance replaces TA250.	NHSE Commissioned. Link added to formulary 21/12/16 and link to TA250 removed.
Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (TA422)	21/12/2016	**Crizotinib** is recommended as an option for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults. The drug is recommended only if the company provides it with the discount agreed in the patient access scheme.		x			This guidance replaces TA296.	NHSE Commissioned. Link added to formulary 21/12/16 and link to TA296 removed.
Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (TA421).	21/12/2016	**Everolimus,** in combination with exemestane, is recommended as an option for treating advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer in postmenopausal women without symptomatic visceral disease that has recurred or progressed after a non-steroidal aromatase inhibitor. Everolimus is recommended only if the company provides it with the discount agreed in the patient access scheme.		x			This guidance replaces TA295.	NHSE Commissioned. Link added to formulary 21/12/16 and link to TA295 removed.
Ticagrelor for preventing atherothrombotic events after myocardial infarction (TA420)	14/12/2016	**Ticagrelor**, in combination with aspirin, is recommended as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event	x		26/01/2017	43		Pan Mersey Amber Initiated statement approved 25/01/16

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2016-17								
Apremilast for treating moderate to severe plaque psoriasis (TA419)	23/11/2016	**Apremilast** is recommended as an option for treating chronic plaque psoriasis in adults whose disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and ultraviolet‑A light), or when these treatments are contraindicated or not tolerated, only if: •the disease is severe, as defined by a total Psoriasis Area Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 •treatment is stopped if the psoriasis has not responded adequately at 16 weeks; an adequate response is defined as: >a 75% reduction in the PASI score (PASI 75) from when treatment started or >a 50% reduction in the PASI score (PASI 50) and a 5‑point reduction in DLQI from start of treatment •the company provides apremilast with the discount agreed in the patient access scheme.	x		26/01/2017	64	This guidance replaces NICE TA368.	Pan Mersey Red statement approved 25/01/17
Dapagliflozin in triple therapy for treating type 2 diabetes (TA418)	23/11/2016	**Dapagliflozin** in a triple therapy regimen is recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea.	x		26/01/2017	64		Pan Mersey Green statement approved 25/01/17
Nivolumab for previously treated advanced renal cell carcinoma (TA417)	23/11/2016	**Nivolumab** is recommended as an option for previously treated advanced renal cell carcinoma in adults, when the company provides nivolumab with the discount agreed in the patient access scheme.		x				NHSE Commissioned. Link added to formulary 24/11/16.
Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer (TA416)	26/10/2016	**Osimertinib** is recommended as an option for use within the Cancer Drugs Fund for treating locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer in adults whose disease has progressed only: •after first-line treatment with an EGFR tyrosine kinase inhibitor and •if the conditions in the managed access agreement		x				NHSE Commissioned. Link added to formulary 03/11/16.
Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor (TA415)	26/10/2016	**Certolizumab pegol**, in combination with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot tolerate, other disease-modifying antirheumatic drugs (DMARDs) including at least 1 tumour necrosis factor‑alpha (TNF‑alpha) inhibitor, only if: •disease activity is severe and •rituximab is contraindicated or not tolerated	x		01/12/2016	36	The drug is recommended only if the company provides it with the discount agreed in the PAS.	Pan Mersey Red Statement approved 30/11/16

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2016-17								
Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma (TA414)	26/10/2016	Cobimetinib in combination with vemurafenib is **not recommended** within its marketing authorisation for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation.		x				NHSE Commissioned. Link added to formulary 03/11/16.
Elbasvir–grazoprevir for treating chronic hepatitis C (TA413)	26/10/2016	**Elbasvir–grazoprevir** is recommended, as an option for treating genotype 1 or 4 chronic hepatitis C in adults, as specified in appraisal document, only if the company provides the drug at the same price or lower than that agreed with the Commercial Medicines Unit.		x				NHSE Commissioned. Link added to formulary 03/11/16.
Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion (TA409)	28/09/2016	**Aflibercept** is recommended as an option within its marketing authorisation for treating visual impairment in adults caused by macular oedema after branch retinal vein occlusion.	x		03/11/2016	36	The drug is recommended only if the company provides it with the discount agreed in the PAS.	Pan Mersey Red Statement approved 02/11/16
Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer [TA406]	28/09/2016	**Crizotinib** is recommended as an option for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults.		x			The drug is recommended only if the company provides it with the discount agreed in the PAS.	NHSE Commissioned. Link added to formulary 30/09/16.
Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors [TA407]	28/09/2016	**Secukinumab** is recommended as an option for treating active ankylosing spondylitis in adults whose disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF‑alpha inhibitors)	x		03/11/2016	36	The drug is recommended only if the company provides it with the discount agreed in the PAS. Assess the response to secukinumab after 16 weeks of treatment and only continue if there is clear evidence of response, defined as: •a reduction in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score to 50% of the pre-treatment value or by ≥2 units and •a reduction in the spinal pain visual analogue scale (VAS) by ≥2 cm. 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	Pan Mersey Red statement approved 02/11/16
Pegaspargase for treating acute lymphoblastic leukaemia [TA408]	28/09/2016	**Pegaspargase**, as part of antineoplastic combination therapy, is recommended as an option for treating acute lymphoblastic leukaemia in children, young people and adults		x			only when they have untreated newly diagnosed disease.	NHSE Commissioned. Link added to formulary 30/09/16.
Talimogene laherparepvec for treating unresectable metastatic melanoma [TA410]	28/09/2016	**Talimogene laherparepvec** is recommended, in adults, as an option for treating unresectable, regionally or distantly metastatic (Stage IIIB, IIIC or IVM1a) melanoma that has not spread to bone, brain, lung or other internal organs		x			only if: •treatment with systemically administered immunotherapies is not suitable and •the company provides talimogene laherparepvec with the discount agreed in the PAS.	NHSE Commissioned. Link added to formulary 30/09/16.

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2016-17								
Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer [TA411]	28/09/2016	**Necitumumab**, in combination with gemcitabine and cisplatin, is not recommended for adults with locally advanced or metastatic epidermal growth factor receptor (EGFR)-expressing squamous non-small-cell lung cancer that has not been treated with chemotherapy		x				NHSE Commissioned. Link added to formulary 30/09/16.
Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases [TA412]	28/09/2016	**Radium‑223 dichloride** is recommended as an option for treating hormone-relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases in adults		x			only if: •they have already had docetaxel or •docetaxel is contraindicated or is not suitable for them. The drug is only recommended if the company provides radium‑223 dichloride with the discount agreed in the PAS.	NHSE Commissioned. Link added to formulary 30/09/16.
Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel (TA391)	24/08/16 Updated	**Cabazitaxel** in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone‑relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy		x			only if: •the person has an eastern cooperative oncology group (ECOG) performance status of 0 or 1 •the person has had ≥ 225mg/m^2 docetaxel •treatment with cabazitaxel is stopped when the disease progresses or after a maximum of 10 cycles (whichever happens first). In addition, cabazitaxel is recommended only if the company provides it with the discount in the PAS agreed with the Dept of Health, and NHS trusts purchase cabazitaxel in accordance with the commercial access agreement between the company and NHS England, either in pre‑prepared intravenous infusion bags, or in vials, at a reduced price that includes a further discount reflecting the average cost of waste per patient When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate. [N.B. this guidance has been re-issued (previously published May 2016) after a change to the commercial arrangements so that NHS trusts also have the option of purchasing cabazitaxel in vials]	NHSE Commissioned. Link already in formulary 25/08/16.
Bosutinib for previously treated chronic myeloid leukaemia (TA401)	24/08/2016	**Bosutinib** is recommended as an option for chronic, accelerated and blast phase Philadelphia chromosome positive chronic myeloid leukaemia in adults		x			when: •they have previously had ≥ 1 tyrosine kinase inhibitor, and •imatinib, nilotinib and dasatinib are not appropriate, and •the company provides bosutinib with the discount agreed in the PAS (as revised in 2016).	NHSE Commissioned. Link added to formulary 25/08/16.

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2016-17								
Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin (TA402)	24/08/2016	**Pemetrexed** is recommended as an option for the maintenance treatment of locally advanced or metastatic non-squamous non-small-cell lung cancer in adults.		x			when: •their disease has not progressed immediately after 4 cycles of pemetrexed and cisplatin induction therapy •their Eastern Cooperative Oncology Group (ECOG) performance status is 0 or 1 at the start of maintenance treatment and, •the company provides the drug according to the terms of the commercial access agreement as agreed with NHS England (N.B. any enquiries from NHS organisations about the commercial access agreement should be directed to productsupply@lilly.com). When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.	NHSE Commissioned. Link added to formulary 25/08/16.
Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer (TA403)	24/08/2016	**Ramucirumab**, in combination with docetaxel, is not recommended for treating locally advanced or metastatic non-small-cell lung cancer in adults whose disease has progressed after platinum-based chemotherapy		x				NHSE Commissioned. Link added to formulary 25/08/16.
Degarelix for treating advanced hormone-dependent prostate cancer (TA404)	24/08/2016	**Degarelix** is recommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases	x		29/09/2016	36	Only if the commissioner can achieve at least the same discounted drug cost as that available to the NHS in June 2016	Pan Mersey Amber Retained statement approved 28/09/16
Trifluridine–tipiracil for previously treated metastatic colorectal cancer (TA405)	24/08/2016	**Trifluridine–tipiracil** is recommended as an option for treating metastatic colorectal cancer		x			•in adults who have had previous treatment with available therapies including fluoropyrimidine-, oxaliplatin- or irinotecan-based chemotherapies, anti-vascular endothelial growth factor (VEGF) agents and anti-epidermal growth factor receptor (EGFR) agents, or when these therapies are not suitable, and •only when the company provides trifluridine–tipiracil with the discount agreed in the PAS.	NHSE Commissioned. Link added to formulary 25/08/16.
Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation [TA398]	27/07/2016	Lumacaftor–ivacaftor is not recommended for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.		x				NHSE Commissioned. Link added to formulary 28/07/16.
Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts [TA399]	27/07/2016	Azacitidine is not recommended for treating acute myeloid leukaemia with more than 30% bone marrow blasts in people of 65 years or older who are not eligible for haematopoietic stem cell transplant.		x				NHSE Commissioned. Link added to formulary 28/07/16.
Nivolumab in combination with ipilimumab for treating advanced melanoma [TA400]	27/07/2016	Nivolumab in combination with ipilimumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma.		x			Only when the company provides ipilimumab with the discount agreed in the PAS.	NHSE Commissioned. Link added to formulary 28/07/16.

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2016-17								
Adalimumab for treating moderate to severe hidradenitis suppurativa [TA392]	22/06/2016	**Adalimumab** is recommended as an option for treating active moderate to severe hidradenitis suppurativa in adults whose disease has not responded to conventional systemic therapy.		x			Only if the company provides it at the price agreed in the PAS. Assess the response to adalimumab after 12 weeks of treatment, and only continue if there is clear evidence of response, defined as: • a reduction of 25% or more in the total abscess and inflammatory nodule count and • no increase in abscesses and draining fistulas.	NHSE Commissioned. Link added to formulary 01/07/16.
Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia [TA393]	22/06/2016	**Alirocumab** is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia.	x		28/07/2016	36	Only if: • Low density lipoprotein concentrations are persistently above the thresholds specified in the guidance despite maximal tolerated lipid lowering therapy (that is, either the maximum dose has been reached or further titration is limited by intolerance, as defined in NICE's guideline on familial hypercholesterolaemia). • The company provides alirocumab with the discount agreed in the PAS.	Pan Mersey Red statement approved 27/07/16.
Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia [TA394]	22/06/2016	**Evolocumab** is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia.	x		28/07/2016	36	Only if • the dosage is 140 mg every 2 weeks • low-density lipoprotein concentrations are persistently above the thresholds specified in the guidance despite maximal tolerated lipid-lowering therapy (that is, either the maximum dose has been reached, or further titration is limited by intolerance, as defined in NICE's guideline on familial hypercholesterolaemia) • the company provides evolocumab with the discount agreed in the PAS.	Pan Mersey Red statement approved 27/07/16.
Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer [TA395]	22/06/2016	**Ceritinib** is recommended as an option for treating advanced anaplastic lymphoma kinase positive non‑small‑cell lung cancer in adults who have previously had crizotinib.		x			Only if the company provides it with the discount agreed in the PAS.	NHSE Commissioned. Link added to formulary 01/07/16.
Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma [TA396]	22/06/2016	**Trametinib** in combination with **dabrafenib** is recommended as an option for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation		x			Only when the company provides trametinib and dabrafenib with the discounts agreed in the PAS's.	NHSE Commissioned. Link added to formulary 01/07/16.

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release*** (N.B. if exact date is not specified in NICE documentation, the last day of the month published will be employed)	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***					
			Yes *(mark 'x' if applicable)*	***N/A to APC*** *(mark 'x' if applicable)*	***Date of APC website upload***	***Time to implement*** *(days)*	***Notes*** *(e.g. Additional stipulations, rationale, method of making available)*	***Pan Mersey Notes***
2016-17								
Belimumab for treating active autoantibody-positive systemic lupus erythematosus [TA397]	22/06/2016	**Belimumab** is recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in adults		x			Only if all of the following apply: • there is evidence for serological disease activity (defined as positive anti-double-stranded DNA and low complement) and a Safety of Estrogen in Lupus National Assessment – Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score of greater than or equal to 10 despite standard treatment. • treatment with belimumab is continued beyond 24 weeks only if the SELENA-SLEDAI score has improved by 4 points or more. • the company provides belimumab with the discount agreed in the PAS. • the conditions for data collection, monitoring, patient eligibility and consent, ongoing treatment, cost to the NHS, and review by NICE laid out in the guidance are met	NHSE Commissioned. Link added to formulary 01/07/16.
Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes	25/05/2016	Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control.	x		30/06/2016	36	Only if: •a dipeptidyl peptidase‑4 (DPP‑4) inhibitor would otherwise be prescribed and •a sulfonylurea or pioglitazone is not appropriate.	Pan Mersey Green statement approved 29/06/16
Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel [TA391]	25/05/2016	**Cabazitaxel** in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone‑relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy.		x			Only if: •the person has an eastern cooperative oncology group (ECOG) performance status of 0 or 1 •the person has had 225 mg/m2 or more of docetaxel •treatment with cabazitaxel is stopped when the disease progresses or after a maximum of 10 cycles (whichever happens first) •NHS trusts purchase cabazitaxel in pre‑prepared intravenous‑infusion bags, not in vials, and •the company provides cabazitaxel with the discount agreed in the PAS. When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.	NHSE Commissioned. Link added to formulary 27/05/16. Replaces TA255.

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release*** (N.B. if exact date is not specified in NICE documentation, the last day of the month published will be employed)	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***					
			Yes *(mark 'x' if applicable)*	***N/A to APC*** *(mark 'x' if applicable)*	***Date of APC website upload***	***Time to implement*** *(days)*	***Notes*** *(e.g. Additional stipulations, rationale, method of making available)*	***Pan Mersey Notes***
2016-17								
Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction [TA388]	27/04/2016	**Sacubitril valsartan** is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction. *Note: 30 day implementation period*	x		06/05/2016	9	Only in people: •with New York Heart Association (NYHA) class II to IV symptoms and •with a left ventricular ejection fraction of 35% or less and •who are already taking a stable dose of angiotensin‑converting enzyme (ACE) inhibitors or angiotensin II receptor‑blockers (ARBs). Treatment with sacubitril valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE CG108. Legal requirement remains for implementation within 3 months. However because sacubitril valsartan was made available through the Early Access to Medicines scheme, NHS England has indicated that this guidance will be implemented within 30 days.	Pan Mersey Amber Initiated statement approved 29/06/16 (replaced temporary Red statement approved 06/05/16).
Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer [TA389]	27/04/2016	**Paclitaxel** as monotherapy or in combination with platinum, and **pegylated liposomal doxorubicin hydrochloride** (PLDH) as monotherapy or in combination with platinum, are recommended as options for treating recurrent ovarian cancer. **Trabectedin** in combination with PLDH, **gemcitabine** in combination with carboplatin, and **topotecan** are not recommended for treating the first recurrence of platinum‑sensitive ovarian cancer. **Topotecan** is also not recommended for treating recurrent platinum‑resistant or platinum‑refractory ovarian cancer.		x			The appraisal committee was unable to make recommendations on the use of trabectedin with PLDH, gemcitabine with carboplatin, and topotecan for treating platinum‑sensitive ovarian cancer beyond the first recurrence.	NHSE Commissioned. Link added to formulary 03/05/16. (Replaces TA91 & TA222.)
Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated [TA387]	27/04/2016	**Abiraterone** in combination with prednisone or prednisolone 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; only when the company rebates the drug cost of abiraterone from the 11th month until the end of treatment for people who remain on treatment for more than 10 months.	NHSE Commissioned. Link added to formulary 03/05/16.
			12	42				
			% "Yes"	**% "N/A"**	–	**Average implement time** (days)		
Adherence statistics for 2016-17			100%	100%		**39**		

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