Formulary Adherence Checklist for NICE Technology Appraisals About Medicines

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

NHS
Pan Mersey
Area Prescribing Committee

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***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of APC formulary to NICE***						
			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of APC website upload***	***Implement by*** *(30/90 days of TA)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*	***Pan Mersey Notes***
2017-18									
Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer [TA496]	20/12/17	**Ribociclib**, with an aromatase inhibitor, is recommended within its marketing authorisation, as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2‑negative, locally advanced or metastatic breast cancer as initial endocrine-based therapy in adults. Ribociclib is recommended only if the company provides it with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 28/12/17.
Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer [TA495]	20/12/17	**Palbociclib**, with an aromatase inhibitor, is recommended within its marketing authorisation, as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer as initial endocrine-based therapy in adults. Palbociclib is recommended only if the company provides it with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 28/12/17.
Naltrexone–bupropion for managing overweight and obesity [TA494]	12/12/17	**Naltrexone–bupropion** is not recommended within its marketing authorisation for managing overweight and obesity in adults alongside a reduced-calorie diet and increased physical activity.		x		01/02/2018		CCG commissioned, not recommended	Pan Mersey BLACK statement approved 31/01/18.
Cladribine tablets for treating relapsing–remitting multiple sclerosis [TA493]	06/12/17	**Cladribine** tablets are recommended as an option for treating highly active multiple sclerosis in adults, only if the person has: •rapidly evolving severe relapsing–remitting multiple sclerosis, that is, at least 2 relapses in the previous year and at least 1 T1 gadolinium-enhancing lesion at baseline MRI or •relapsing–remitting multiple sclerosis that has responded inadequately to treatment with disease-modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity.		x				NHSE commissioned RED drug	Full drug entry and link added to Pan Mersey formulary 07/12/17.
Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable [TA492]	06/12/17	**Atezolizumab** is recommended for use within the Cancer Drugs Fund as an option for untreated locally advanced or metastatic urothelial carcinoma in adults, for whom cisplatin-based chemotherapy is unsuitable, only if the conditions of the managed access agreement for atezolizumab are followed		x				NHSE commissioned RED drug, CDF	Link added to Pan Mersey formulary 07/12/17.

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Ibrutinib for treating Waldenstrom's macroglobulinaemia (TA491)	22/11/17	**Ibrutinib** is recommended for use in the Cancer Drugs Fund as an option for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 prior therapy, only if the conditions in the managed access agreement for ibrutinib are followed.		x				NHSE commissioned RED drug, CDF	Link added to Pan Mersey formulary 30/11/17.
Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy [TA490]	22/11/17	**Nivolumab** is recommended for use within the Cancer Drugs Fund as an option for treating squamous cell carcinoma of the head and neck in adults whose disease has progressed on platinum-based chemotherapy, only if: •the disease has progressed within 6 months of having chemotherapy •nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression and •the conditions in the managed access agreement are followed.		x				NHSE commissioned RED drug, CDF	Link added to Pan Mersey formulary 30/11/17.
Vismodegib for treating basal cell carcinoma (TA489)	22/11/17	**Vismodegib** is not recommended within its marketing authorisation for treating symptomatic metastatic basal cell carcinoma, or locally advanced basal cell carcinoma that is inappropriate for surgery or radiotherapy, in adults.		x				NHSE commissioned, not recommended	Link added to Pan Mersey formulary 30/11/17.
Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours (TA488)	15/11/17	**Regorafeni**b is recommended as an option for treating unresectable or metastatic gastrointestinal stromal tumours in adults whose disease has progressed on, or who are intolerant to, prior treatment with imatinib and sunitinib, only if: •their Eastern Cooperative Oncology Group (ECOG) performance status is 0 to 1 and •the company provides regorafenib with the discount agreed		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 17/11/17.
Venetoclax for treating chronic lymphocytic leukaemia (TA487)	08/11/17	**Venetoclax** is recommended for use within the Cancer Drugs Fund, within its marketing authorisation, as an option for treating chronic lymphocytic leukaemia, that is, in adults: •with a 17p deletion or TP53 mutation and when a B-cell receptor pathway inhibitor is unsuitable, or whose disease has progressed after a B-cell receptor pathway inhibitor or •without a 17p deletion or TP53 mutation, and whose disease has progressed after both chemo-immunotherapy and a B-cell receptor pathway inhibitor and •only if the conditions in the managed access agreement are followed.		x				NHSE commissioned RED drug, CDF	Link added to Pan Mersey formulary 17/11/17.

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Aflibercept for treating choroidal neovascularisation (TA486)	01/11/17	**Aflibercept** is recommended, within its marketing authorisation, as an option for treating visual impairment because of myopic choroidal neovascularisation in adults, only if the company provides aflibercept with the discount agreed in the patient access scheme. If patients and their clinicians consider both aflibercept and ranibizumab to be suitable treatments, the least costly should be used, taking into account anticipated administration costs, dosage and price per dose.	x		30/11/17	01/12/17	29	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 29/11/17.
Sarilumab for moderate to severe rheumatoid arthritis (TA485)	01/11/17	**Sarilumab**, with methotrexate (MTX), is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs), only if: •disease is severe (a disease activity score [DAS28] of more than 5.1) **and** •the company provides sarilumab with the discount agreed in the patient access scheme. **Sarilumab**, with MTX, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if: •disease is severe (a DAS28 of more than 5.1) and •they cannot have rituximab and •the company provides sarilumab with the discount agreed in the patient access scheme. **Sarilumab**, with MTX, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to rituximab and at least 1 biological DMARD, only if: •disease is severe (a DAS28 of more than 5.1) and •the company provides sarilumab with the discount agreed in the patient access scheme. **Sarilumab** can be used as monotherapy for people who cannot take MTX because it is contraindicated or because of intolerance, when the criteria in sections 1.1 and 1.2 are met.	x		30/11/17	30/01/18	29	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 29/11/17.
Nivolumab for previously treated non-squamous non-small-cell lung cancer (TA484)	01/11/17	**Nivolumab i**s recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic non-squamous non-small-cell lung cancer in adults after chemotherapy, only if: •their tumours are PD-L1 positive and •nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression, and •the conditions in the managed access agreement are followed.		x				NHSE commissioned RED drug, CDF	Link added to Pan Mersey formulary 17/11/17.

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Nivolumab for previously treated squamous non-small-cell lung cancer (TA483)	01/11/17	**Nivolumab** is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic squamous non-small-cell lung cancer in adults after chemotherapy, only if: •nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression, **and** •the conditions in the managed access agreement are followed.		x				NHSE commissioned RED drug, CDF	Link added to Pan Mersey formulary 17/11/17.
Immunosuppressive therapy for kidney transplant in children and young people (TA482)	11/10/17	This guidance makes recommendations on using **basiliximab, rabbit anti-human thymocyte immunoglobulin, tacrolimus (immediate-release and prolonged-release), mycophenolate mofetil, mycophenolate sodium, sirolimus, everolimus and belatacept** after kidney transplant in children and young people. The recommendations apply only to the initial immunosuppressive therapy (induction and maintenance therapy) started around the time of kidney transplant. It was outside the scope of the appraisal to make recommendations on using azathioprine or corticosteroids after kidney transplant in children and young people. Under an exceptional directive from the Department of Health, the appraisal committee was allowed to make recommendations about using drugs outside the terms of their marketing authorisations if there was compelling evidence of their safety and effectiveness.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 11/10/17. (Replaces TA99)
Immunosuppressive therapy for kidney transplant in adults (TA481)	11/10/17	This guidance makes recommendations on using **basiliximab, rabbit anti-human thymocyte immunoglobulin, tacrolimus (immediate-release and prolonged-release), mycophenolate mofetil, mycophenolate sodium, sirolimus, everolimus and belatacept** after kidney transplant in adults. The recommendations apply only to the initial immunosuppressive therapy (induction and maintenance therapy) started around the time of kidney transplant. It was outside the scope of the appraisal to make recommendations on using the standard triple therapy regimen of ciclosporin, azathioprine and a corticosteroid after kidney transplant in adults. Under an exceptional directive from the Department of Health, the appraisal committee was allowed to make recommendations about using drugs outside the terms of their marketing authorisations if there was compelling		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 11/10/17. (Replaces TA85)

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Tofacitinib for moderate to severe rheumatoid arthritis (TA480)	11/10/17	**Tofacitinib**, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying anti-rheumatic drugs (DMARDs), only if: •disease is severe (a disease activity score [DAS28] of more than 5.1) and •the company provides tofacitinib with the discount agreed in the patient access scheme. Tofacitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to, or who cannot have, other DMARDs, including at least 1 biological DMARD, only if: • disease is severe (a DAS28 of more than 5.1) and • they cannot have rituximab and • the company provides tofacitinib with the discount agreed in the patient access scheme. Tofacitinib can be used as monotherapy for adults who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria in sections 1.1 and	x		02/11/17	09/01/18	22	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 01/11/17.
Reslizumab for treating severe eosinophilic asthma (TA479)	04/10/17	**Reslizumab**, as an add-on therapy, is recommended as an option for the treatment of severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids plus another drug, only if: •the blood eosinophil count has been recorded as 400 cells per microlitre or more •the person has had 3 or more severe asthma exacerbations needing systemic corticosteroids in the past 12 months and •the company provides reslizumab with the discount agreed in the patient access scheme. At 12 months: •stop reslizumab if the asthma has not responded adequately or •continue reslizumab if the asthma has responded adequately and assess response each year.		x				NHSE commissioned RED drug	Full drug entry and link added to Pan Mersey formulary 11/10/17.

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Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma (TA478)	04/10/17	**Brentuximab vedotin** is recommended as an option for treating relapsed or refractory systemic anaplastic large cell lymphoma in adults, only if: •they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and •the company provides brentuximab vedotin according to the commercial access agreement with NHS England. 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		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 11/10/17.
Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee (TA477)	04/10/17	**Autologous chondrocyte implantation (ACI)** is recommended as an option for treating symptomatic articular cartilage defects of the knee, only if: • the person has not had previous surgery to repair articular cartilage defects • there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) •the defect is over 2 cm^2 and		x				NHSE commissioned RED drug	Not applicable to add to Pan Mersey formulary.
Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer (TA476)	06/09/17	Paclitaxel as albumin-bound nanoparticles (nab‑paclitaxel) with gemcitabine is recommended as an option for untreated metastatic adenocarcinoma of the pancreas in adults, only if: • other combination chemotherapies are unsuitable and they would otherwise have gemcitabine monotherapy and • the company provides nab‑paclitaxel with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 07/09/17. (Replaces TA360)
Dimethyl fumarate for treating moderate to severe plaque psoriasis (TA475)	06/09/17	**Dimethyl fumarate** is recommended as an option for treating plaque psoriasis in adults, only if the disease: • is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and • has not responded to other systemic therapies, including, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet A radiation), or these options are contraindicated or not tolerated.	x		28/09/17	05/12/17	22	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 27/09/17
Sorafenib for treating advanced hepatocellular carcinoma (TA474)	06/09/17	**Sorafenib** is recommended as an option for treating advanced hepatocellular carcinoma only for people with Child-Pugh grade A liver impairment, only if the company provides sorafenib within the agreed commercial access arrangement.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 07/09/17. (Replaces TA189)

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Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck (TA473)	31/08/17	**Cetuximab** in combination with platinum-based chemotherapy is recommended as an option for treating recurrent or metastatic squamous cell cancer of the head and neck in adults only: •if the cancer started in the oral cavity and •when the company provides the drug in line with the commercial access agreement with NHS England		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 07/09/17. (Replaces TA172)
Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab (TA472)	30/08/17	**Obinutuzumab** in combination with bendamustine followed by obinutuzumab maintenance is recommended for use within the Cancer Drugs Fund as an option for treating adults with follicular lymphoma that did not respond or progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen, only if the conditions in the managed access agreement for obinutuzumab are followed.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 07/09/17.
Eluxadoline for treating irritable bowel syndrome with diarrhoea (TA471)	30/08/17	**Eluxadoline** is recommended as an option for treating irritable bowel syndrome with diarrhoea in adults, only if: • the condition has not responded to other pharmacological treatments (for example, antimotility agents, antispasmodics, tricyclic antidepressants) or • pharmacological treatments are contraindicated or not tolerated, and • it is started in secondary care. Stop eluxadoline at 4 weeks if there is inadequate relief of the symptoms of irritable bowel syndrome with diarrhoea	x		28/09/17	28/11/17	29	CCG Commissioned. Prescribing may transfer to primary care	Pan Mersey AMBER INITIATED statement approved 27/09/17
Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia (terminated appraisal) (TA470)	23/08/17	NICE is unable to make a recommendation about the use in the NHS of ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia because no evidence submission was received from Novartis Pharmaceuticals UK. We will review this decision if the company decides to make a submission		x				N/A	Link added to Pan Mersey formulary 07/09/17.
Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia (terminated appraisal) (TA469)	23/08/17	NICE is unable to make a recommendation about the use in the NHS of idelalisib with ofatumumab for treating chronic lymphocytic leukaemia because no evidence submission was received from Gilead Sciences. We will review this decision if the company decides to make a submission.		x				N/A	Link added to Pan Mersey formulary 07/09/17.
Methylnaltrexone bromide for treating opioid-induced constipation (terminated appraisal) (TA468)	23/08/17	NICE is unable to make a recommendation about the use in the NHS of methylnaltrexone bromide for treating opioid-induced constipation because no evidence submission was received from Swedish Orphan Biovitrum Ltd. We will review this decision if the company decides to make a submission.		x				N/A	Link added to Pan Mersey formulary 07/09/17.
Asfotase alfa for treating paediatric-onset hypophosphatasia (HST6)	02/08/17	**Asfotase alfa** is recommended as an option for treating paediatric-onset hypophosphatasia only: •for people who meet the criteria for treatment within the managed access arrangement (see section 4.18), and •for the duration of this arrangement and in line with the other conditions it specifies, and •when the company provides asfotase alfa with the confidential commercial terms agreed with NHS England		x				NHSE highly specialised technology (HST).	Link added to Pan Mersey formulary 10/08/17.

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Baricitinib for moderate to severe rheumatoid arthritis (TA466)	09/08/17	**Baricitinib**, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs), only if: •disease is severe (a disease activity score [DAS28] of more than 5.1) and •the company provides baricitinib with the discount agreed in the patient access scheme. **Baricitinib,** with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if: •disease is severe (a DAS28 of more than 5.1) and •they cannot have rituximab and •the company provides baricitinib with the discount agreed in the patient access scheme. **Baricitinib** can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria in sections 1.1 and	x		28/09/17	07/11/17	50	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 27/09/17
Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma (TA465)	09/08/17	**Olaratumab**, in combination with doxorubicin, is recommended for use within the Cancer Drugs Fund as an option for advanced soft tissue sarcoma in adults, only if: •they have not had any previous systemic chemotherapy for advanced soft tissue sarcoma •they cannot have curative treatment with surgery or their disease does not respond to radiotherapy •the conditions in the managed access agreement for olaratumab are followed		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 07/09/17.

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Bisphosphonates for treating osteoporosis (TA464)	09/08/17	**Oral bisphosphonates** (alendronic acid, ibandronic acid and risedronate sodium) are recommended as options for treating osteoporosis in adults only if: •the person is eligible for risk assessment as defined in NICE's guideline on osteoporosis (recommendations 1.1 and 1.2) and •the 10‑year probability of osteoporotic fragility fracture is at least 1%. **Intravenous bisphosphonates** (ibandronic acid and zoledronic acid) are recommended as options for treating osteoporosis in adults only if: •the person is eligible for risk assessment as defined in NICE's guideline on osteoporosis (recommendations 1.1 and 1.2) and •the 10‑year probability of osteoporotic fragility fracture is at least 10% or •the 10‑year probability of osteoporotic fragility fracture is at least 1% and the person has difficulty taking oral bisphosphonates (alendronic acid, ibandronic acid or risedronate sodium) or these drugs are contraindicated or not tolerated.	x		28/09/17	07/11/17	50	Oral - CCG commissioned. Prescribing may transfer to primary care. IV - CCG commissioned, hospital-only drugs	Pan Mersey GREEN (oral) and RED (IV) statements approved 27/09/17
Cabozantinib for previously treated advanced renal cell carcinoma (TA463)	09/08/17	**Cabozantinib** is recommended as an option for treating advanced renal cell carcinoma in adults after vascular endothelial growth factor (VEGF)-targeted therapy, only if the company provides cabozantinib with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 07/09/17.
Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma (TA462)	26/07/17	**Nivolumab** is recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults after autologous stem cell transplant and treatment with brentuximab vedotin, when the company provides nivolumab with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 27/07/17.
Roflumilast for treating chronic obstructive pulmonary disease (TA461)	26/07/17	**Roflumilast**, as an add-on to bronchodilator therapy, is recommended as an option for treating severe chronic obstructive pulmonary disease in adults with chronic bronchitis, only if: •the disease is severe, defined as a forced expiratory volume in 1 second (FEV1) after a bronchodilator of less than 50% of predicted normal, **and** •the person has had 2 or more exacerbations in the previous 12 months despite triple inhaled therapy with a long-acting muscarinic antagonist, a long-acting beta-2 agonist and an inhaled corticosteroid. Treatment with roflumilast should be started by a specialist in	x		28/09/17	24/10/17	64	CCG Commissioned. Prescribing may transfer to primary care	Pan Mersey AMBER RECOMMENDED statement approved 27/09/17

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Adalimumab and dexamethasone for treating non-infectious uveitis (TA460)	26/07/17	**Adalimumab** is recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids, only if there is: •active disease (i.e. current inflammation in the eye) **and** •inadequate response or intolerance to immunosuppressants **and** •systemic disease or both eyes are affected (or 1 eye is affected if the second eye has poor visual acuity) **and** •worsening vision with a high risk of blindness (for example, risk of blindness that is similar to that seen in people with macular oedema). Stop adalimumab for non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids if there is 1 of the following: •new active inflammatory chorioretinal or inflammatory retinal vascular lesions, or both **or** •a 2‑step increase in vitreous haze or anterior chamber cell grade **or** •worsening of best corrected visual acuity by 3 or more lines or 15 letters. **Dexamethasone intravitreal implant** is recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults, only if there is: •active disease (i.e. current inflammation in the eye) **and** •worsening vision with a risk of blindness	x	x	28/09/17	24/10/17	64	Dexamethasone is a CCG commissioned PBRe RED drug. Adalimumab is a NHSE commissioned RED drug for this indication.	Pan Mersey RED statement for Dexamethasone approved 27/09/17

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Collagenase clostridium histolyticum for treating Dupuytren's contracture (TA459)	26/07/17	People who meet the inclusion criteria for the ongoing clinical trial (HTA-15/102/04), comparing collagenase clostridium histolyticum (CCH) with limited fasciectomy, are encouraged to participate in the study. 1.2 For people not taking part in the ongoing clinical trial, CCH is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults only if all of the following apply: There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30° or first web contracture) plus up to 2 affected joints. Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon. The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available. One injection is given per treatment session by a hand surgeon in an outpatient setting	x		28/09/17	24/10/17	64	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 27/09/17
Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane (TA458)	19/07/17	**Trastuzumab emtansine** is recommended as an option for treating human epidermal growth factor receptor 2 (HER2)‑positive, unresectable, locally advanced or metastatic breast cancer in adults who previously received trastuzumab and a taxane, separately or in combination. Patients should have either received prior therapy for locally advanced or metastatic disease or developed disease recurrence during or within 6 months of completing adjuvant therapy. Trastuzumab emtansine is recommended only if the company provides it in line with the commercial access agreement with NHS England		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 20/07/17.
Carfilzomib for previously treated multiple myeloma (TA457)	19/07/17	**Carfilzomib** in combination with dexamethasone is recommended as an option for treating multiple myeloma in adults, only if: •they have had only 1 previous therapy, which did not include bortezomib and •the company provides carfilzomib with the discount agreed in the patient access scheme		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 20/07/17.

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of APC website upload***	***Implement by*** *(30/90 days of TA)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*	***Pan Mersey Notes***
Ustekinumab for moderately to severely active Crohn's disease after previous treatment (TA456)	12/07/17	**Ustekinumab** is recommended as an option for treating moderately to severely active Crohn's disease, that is, for adults who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNF‑alpha inhibitor or have medical contraindications to such therapies. The choice of treatment between ustekinumab or another biological therapy should be made on an individual basis after discussion between the patient and their clinician about the advantages and disadvantages of the treatments available. If more than 1 treatment is suitable, the least expensive should be chosen (taking into account administration costs, dosage and price per dose). Ustekinumab should be given until treatment failure (including the need for surgery) or until 12 months after the start of treatment, whichever is shorter. People should then have their disease reassessed in accordance with NICE's recommendations for infliximab and adalimumab for the treatment of Crohn's disease to see whether treatment should continue.	x		27/07/17	10/10/17	15	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 26/07/17
Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people (TA455)	12/07/17	Adalimumab is recommended as an option for treating plaque psoriasis in children and young people aged 4 years or older, only if the disease: •is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and •has not responded to standard systemic therapy, such as ciclosporin, methotrexate or phototherapy, or these options are contraindicated or not tolerated. Etanercept is recommended as an option for treating plaque psoriasis in children and young people aged 6 years or older, only if the disease: •is severe, as defined by a total PASI of 10 or more and •has not responded to standard systemic therapy, such as ciclosporin, methotrexate or phototherapy, or these options are contraindicated or not tolerated. Ustekinumab is recommended as an option for treating plaque psoriasis in children and young people aged 12 years or older, only if the disease: •is severe, as defined by a total PASI of 10 or more •has not responded to standard systemic therapy, such as ciclosporin, methotrexate or phototherapy, or these options are contraindicated or not tolerated. Stop etanercept treatment at 12 weeks, and adalimumab and ustekinumab treatment at 16 weeks, if the psoriasis has not responded adequately. An adequate response is defined as a		x				NHSE commissioned RED drugs for paediatrics.	Link added to Pan Mersey formulary 20/07/17.

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Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)(TA454)	05/07/17	NICE is unable to make a recommendation about the use in the NHS of daratumumab, with lenalidomide and dexamethasone, for treating relapsed or refractory multiple myeloma because no evidence submission was received from Janssen-Cilag.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 06/07/17.
Bortezomib for treating multiple myeloma after second or subsequent relapse (terminated appraisal)(TA453)	05/07/17	NICE is unable to make a recommendation about the use in the NHS of bortezomib for treating multiple myeloma after second or subsequent relapse because no evidence submission was received from Janssen-Cilag.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 06/07/17.
Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation (terminated appraisal)(TA452)	05/07/17	NICE is unable to make a recommendation about the use in the NHS of ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation because no evidence submission was received from Janssen–Cilag.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 06/07/17.
Eliglustat for treating type 1 Gaucher disease (HST5)	28/06/17	**Eliglustat** is recommended within its marketing authorisation for treating type 1 Gaucher disease, that is, for long-term treatment in adults who are cytochrome P450 2D6 poor, intermediate or extensive metabolisers. Eliglustat is only recommended when the company provides it with the discount agreed in the patient access scheme.		x				NHSE highly specialised technology (HST).	Link added to Pan Mersey formulary 10/08/17.
Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia (TA451)	28/06/17	**Ponatinib** is recommended as an option for treating chronic-, accelerated- or blast-phase chronic myeloid leukaemia in adults when: •the disease is resistant to dasatinib or nilotinib or •they cannot tolerate dasatinib or nilotinib and for whom subsequent treatment with imatinib is not clinically appropriate or •the T315I gene mutation is present. **Ponatinib** is recommended as an option for treating Philadelphia-chromosome-positive acute lymphoblastic leukaemia in adults when: •the disease is resistant to dasatinib or •they cannot tolerate dasatinib and for whom subsequent treatment with imatinib is not clinically appropriate or •the T315I gene mutation is present. **Ponatinib i**s recommended only if the company provides the drug with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 29/06/17.
Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia (TA450)	28/06/17	**Blinatumomab** is recommended as an option for treating Philadelphia-chromosome-negative relapsed or refractory precursor B-cell acute lymphoblastic leukaemia in adults, only if the company provides it with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Full drug entry and link added to Pan Mersey formulary 29/06/17.

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Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease (TA449)	28/06/17	**Everolimus and sunitinib** are recommended as options for treating well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease. **Everolimus** is recommended as an option for treating well-differentiated (grade 1 or grade 2) non-functional unresectable or metastatic NETs of gastrointestinal or lung origin in adults with progressive disease. **Everolimus** is recommended only when the company provides it with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 29/06/17.
Etelcalcetide for treating secondary hyperparathyroidism (TA448)	28/06/17	**Etelcalcetide** is recommended as an option for treating secondary hyperparathyroidism in adults with chronic kidney disease on haemodialysis, only if: •treatment with a calcimimetic is indicated but cinacalcet is not suitable and •the company provides etelcalcetide with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Full drug entry and link added to Pan Mersey formulary 06/07/17.
Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer (TA447)	28/06/17	**Pembrolizumab** is recommended for use within the Cancer Drugs Fund as an option for untreated PD-L1-positive metastatic non-small-cell lung cancer in adults, only if: •their tumours express PD-L1 with at least a 50% tumour proportion score and have no epidermal growth factor receptor- or anaplastic lymphoma kinase-positive mutations •pembrolizumab is stopped at 2 years of uninterrupted treatment and no documented disease progression •the conditions in the managed access agreement for pembrolizumab are followed.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 29/06/17.
Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma (TA446)	28/06/17	**Brentuximab vedotin** is recommended as an option for treating CD30‑positive Hodgkin lymphoma in adults, only if: •they have relapsed or refractory disease after autologous stem cell transplant and •the company provides brentuximab vedotin at the price agreed with NHS England in the commercial access agreement. **Brentuximab vedotin** is recommended for use within the **Cancer Drugs Fund** as an option for treating CD30‑positive Hodgkin lymphoma in adults, only if: •they have relapsed or refractory disease after at least 2 previous therapies and •they cannot have autologous stem cell transplant or multi-agent chemotherapy and •the conditions of the managed access agreement are followed.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 29/06/17.
Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs (TA445)	24/05/17	**Certolizumab** pegol alone, or in combination with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults only if: •it is used as described in the NICE technology appraisal	x		29/06/17	22/08/17	36	CCG commissioned PBRe RED drugs	Pan Mersey RED statement approved 28/06/17

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Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal)(TA444)	24/05/17	NICE is unable to make a recommendation about the use in the NHS of afatinib for treating locally advanced or metastatic squamous non-small-cell lung cancer after platinum-based chemotherapy because no evidence submission was received from Boehringer Ingelheim.		x				NHSE commissioned RED drug	Link added to Pan Mersey formulary 02/06/17.
Obeticholic acid for treating primary biliary cholangitis (TA443)	26/04/17	**Obeticholic acid** is recommended as an option for treating primary biliary cholangitis in combination with ursodeoxycholic acid for people whose disease has responded inadequately to ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid. Obeticholic acid is recommended only if the company provides it with the discount agreed in the patient access scheme. Assess the response to obeticholic acid after 12 months. Only continue if there is evidence of clinical benefit.		x				NHSE commissioned RED drug	Full drug entry and link added to Pan Mersey formulary 30/03/17.
Ixekizumab for treating moderate to severe plaque psoriasis (TA442)	26/04/17	**Ixekizumab** is recommended as an option for treating plaque psoriasis in adults, only if: • the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10	x		25/05/17	25/07/17	29	CCG commissioned PBRe RED drug	Pan Mersey RED statement approved 24/05/17
Daclizumab for treating relapsing–remitting multiple sclerosis (TA441)	26/04/17	**Daclizumab** is recommended as an option for treating multiple sclerosis in adults, only if: • the person has active relapsing–remitting multiple sclerosis previously treated with disease-modifying therapy, or rapidly evolving severe relapsing–remitting multiple sclerosis (that is, at least 2 relapses in the previous year and at least 1 gadolinium-enhancing lesion at baseline MRI) **and** • alemtuzumab is contraindicated or otherwise unsuitable **and** • the company provides the drug with the discount agreed in the patient access scheme.		x				NHSE commissioned RED drug	Full drug entry and link added to Pan Mersey formulary 30/03/17.
Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine (TA440)	26/04/17	**Pegylated liposomal irinotecan**, in combination with 5-fluorouracil and leucovorin, is **not recommended**, within its marketing authorisation, for treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy.		x				NHSE commissioned RED drug	Link added to formulary 30/03/17.
			13	47					
			% "Yes"	**% "N/A"**	–	–	**Average implement time** (days)		
Adherence statistics for 2017-18			100%	100%			**39**		