Formulary Adherence Checklist for NICE Technology Appraisals About Medicines

NHS
Midlands and Lancashire
Commissioning Support Unit

NHS
Pan Mersey
Area Prescribing Committee

This spreadsheet is updated monthly and enables self-audit of a medicines formulary for 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***							
			CCG Commissioned *(mark 'x' if applicable)*	***Non-CCG Commissioned*** *(mark 'x' if applicable)*	***Not applicable*** *(mark 'x' if applicable)*	***Date of APC website upload*** *(DD/MM/YY)*	***Implement by*** *(30/90 days of TA)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*	***Pan Mersey Notes***
2019-20										
Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal) [TA625]	04/03/2020	NICE is unable to make a recommendation on recombinant human parathyroid hormone for treating hypoparathyroidism because Shire Pharmaceuticals (now part of Takeda) did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 19/03/20
Peginterferon beta-1a for treating relapsing–remitting multiple sclerosis [TA624]	19/02/2020	1.1Peginterferon beta-1a is recommended, within its marketing authorisation, as an option for treating relapsing–remitting multiple sclerosis in adults.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 19/03/20
Patiromer for treating hyperkalaemia [TA623]	13/02/2020	1.1Patiromer is recommended as an option for treating hyperkalaemia in adults only if used: in emergency care for acute life-threatening hyperkalaemia alongside standard care or for people with persistent hyperkalaemia and stages 3b to 5 chronic kidney disease or heart failure, if they: •have a confirmed serum potassium level of at least 6.0 mmol/litre and •are not taking, or are taking a reduced dosage of, a renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and •are not on dialysis.	x			30/03/2020	13/05/2020	46	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts, community providers and primary care providers.	Pan Mersey Red statement (emergency use) and Amber Initiated statement (outpatient use) approved by Chair's Action 30/03/20

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Sotagliflozin with insulin for treating type 1 diabetes [TA622]	12/02/2020	1.1Sotagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if: • sotagliflozin is given as one 200 mg tablet daily • they are on insulin doses of 0.5 units/kg of body weight/day or more and • they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as: • how to recognise its risk factors, signs and symptoms • how and when to monitor blood ketone levels • what actions to take for elevated blood ketones and • treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes treatment, and haemoglobin A1c (HbA1c) levels are assessed after 6 months and regularly after this. 1.2Stop sotagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of about 0.3% or 3 mmol/mol).	x						This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts, community providers and primary care providers.	Sotagliflozin is not yet available in the NHS, but the company anticipates that it will be available to the NHS in England and Wales within 12 months of guidance publication. Therefore the period of time the NHS has to comply with these recommendations has been extended. This will be considered by Pan Mersey APC once sotagliflozin is available in the UK.
Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer [TA621]	22/01/2020	1.1 Osimertinib is not recommended, within its marketing authorisation, for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults.			x				n/a	Link added to Pan Mersey formulary 06/02/20
Olaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer [TA620]	15/01/2020	1.1 Olaparib is recommended as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if: •they have a BRCA1 or BRCA2 mutation •they have had 3 or more courses of platinum-based chemotherapy and •the company provides olaparib according to the commercial arrangement. 1.2 Olaparib is recommended for use within the Cancer Drugs Fund as an option for the maintenance treatment of relapsed, platinum-sensitive, high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer in adults whose disease has responded to platinum-based chemotherapy only if: •they have a BRCA1 or BRCA2 mutation •they have had 2 courses of platinum-based chemotherapy and •the conditions in the managed access agreement for olaparib are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 06/02/20

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer [TA619]	15/01/2020	1.1 Palbociclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if: •exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and •the conditions in the managed access agreement for palbociclib with fulvestrant are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 06/02/20
Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer (terminated appraisal) [TA618]	15/01/2020	NICE is unable to make a recommendation on atezolizumab (Tecentriq) with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer, because Roche did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 06/02/20
Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure [TA617]	08/01/2020	1.1 Lusutrombopag is recommended, within its marketing authorisation, as an option for treating severe thrombocytopenia (that is, a platelet count of below 50,000 platelets per microlitre of blood) in adults with chronic liver disease having planned invasive procedures.	x			30/01/2020	07/04/2020	22	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital	Pan Mersey Red statement approved 29/01/20
Cladribine for treating relapsing–remitting multiple sclerosis [TA616]	19/12/2019	1.1 Cladribine is 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 with at least: ◦2 relapses in the previous year and ◦1 T1 gadolinium-enhancing lesion at baseline MRI or a significant increase in T2-lesion load compared with a previous 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					This technology is commissioned by NHS England.	Link added to Pan Mersey formulary 07/01/2020
Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome [TA615]	18/12/2019	1.1 Cannabidiol with clobazam is recommended as an option for treating seizures associated with Lennox–Gastaut syndrome in people aged 2 years and older, only if: •the frequency of drop seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment •the company provides cannabidiol according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 07/01/2020
Cannabidiol with clobazam for treating seizures associated with Dravet syndrome [TA614]	18/12/2019	1.1 Cannabidiol with clobazam is recommended as an option for treating seizures associated with Dravet syndrome in people aged 2 years and older, only if: •the frequency of convulsive seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment •the company provides cannabidiol according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 07/01/2020

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy [TA613]	20/11/2019	1.1 Fluocinolone acetonide intravitreal implant is not recommended as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies in an eye with a natural lens (phakic eye).			x				n/a	Pan Mersey Black statement approved 29/01/20
Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab [TA612]	20/11/2019	1.1 Neratinib is recommended as an option for the extended adjuvant treatment of hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-positive early stage breast cancer in adults who completed adjuvant trastuzumab-based therapy less than 1 year ago only if: •trastuzumab is the only HER2-directed adjuvant treatment they have had, and •if they had neoadjuvant chemotherapy-based regimens, they still had residual invasive disease in the breast or axilla following the neoadjuvant treatment, and •the company provides neratinib according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 28/11/19
Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer [TA611]	13/11/2019	1.1 Rucaparib is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment of relapsed platinum-sensitive high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to platinum-based chemotherapy in adults, only if the conditions in the managed access agreement for rucaparib are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts. CDF	Link added to Pan Mersey formulary 28/11/19
Pentosan polysulfate sodium for treating bladder pain syndrome[TA610]	13/11/2019	1.1 Pentosan polysulfate sodium is recommended as an option for treating bladder pain syndrome with glomerulations or Hunner's lesions in adults with urinary urgency and frequency, and moderate to severe pain, only if: • their condition has not responded to an adequate trial of standard oral treatments •it is not offered in combination with bladder instillations •any previous treatment with bladder instillations was not stopped because of lack of response •it is used in secondary care and •the company provides pentosan polysulfate sodium according to the commercial arrangement.	x			28/11/2019	11/02/2020	15	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts (in-tariff)	Pan Mersey Red statement approved 27/11/19
Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib (terminated appraisal) [TA609]	30/10/2019	NICE is unable to make a recommendation on ramucirumab (Cyramza) for treating unresectable hepatocellular carcinoma in adults who have had sorafenib, because Lilly did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 05/11/19
Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia (terminated appraisal) [TA608]	30/10/2019	NICE is unable to make a recommendation on ibrutinib (Imbruvica) with rituximab for treating Waldenstrom's macroglobulinaemia in adults because Janssen did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 05/11/19

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease [TA607]	17/10/2019	1.1 Rivaroxaban plus aspirin is recommended within its marketing authorisation, as an option for preventing atherothrombotic events in adults with coronary artery disease or symptomatic peripheral artery disease who are at high risk of ischaemic events. 1.2 For people with coronary artery disease, high risk of ischaemic events is defined as: •aged 65 or over, or •atherosclerosis in at least 2 vascular territories (such as coronary, cerebrovascular, or peripheral arteries), or •2 or more of the following risk factors: ◦current smoking ◦diabetes ◦kidney dysfunction with an estimated glomerular filtration rate (eGFR) of less than 60 ml/min (note that rivaroxaban is contraindicated if the eGFR is less than 15 ml/min) ◦heart failure ◦previous non-lacunar ischaemic stroke. 1.3 Assess the person's risk of bleeding before considering rivaroxaban. Treatment should only be started after an informed discussion with them about the risks and benefits of rivaroxaban, weighing up the risk of atherothrombotic events against the risk of bleeding. The risks and benefits of continuing treatment with rivaroxaban should be regularly reviewed	x			28/11/2019	15/01/2020	42	This technology is commissioned by clinical commissioning groups (CCGs). Providers are primary care.	Pan Mersey Green statement approved 27/11/19
Lanadelumab for preventing recurrent attacks of hereditary angioedema [TA606]	16/10/2019	1.1 Lanadelumab is recommended as an option for preventing recurrent attacks of hereditary angioedema in people aged 12 and older, only if: •they are eligible for preventive C1-esterase inhibitor (C1-INH) treatment in line with NHS England's commissioning policy, that is, they are having 2 or more clinically significant attacks (as defined in the policy) per week over 8 weeks despite oral preventive therapy, or oral therapy is contraindicated or not tolerated •the lowest dosing frequency of lanadelumab is used in line with the summary of product characteristics, that is, when the condition is in a stable, attack-free phase (see section 2) and •the company provides lanadelumab according to the commercial arrangement.		x					NHS England commissions highly specialist allergy services from highly specialist allergy centres, which includes services for people with hereditary angioedema.	Link added to Pan Mersey formulary 05/11/19
Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea [TA605]	09/10/2019	1.1 Xeomin (botulinum neurotoxin type A) is recommended, within its marketing authorisation, as an option for treating chronic sialorrhoea caused by neurological conditions in adults. It is recommended only if the company provides it according to the commercial arrangement.	x			24/10/2019	07/01/2020	15	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Pan Mersey Red statement approved 23/10/19
Idelalisib for treating refractory follicular lymphoma [TA604]	02/10/2019	1.1 Idelalisib is not recommended, within its marketing authorisation, for treating follicular lymphoma that has not responded to 2 prior lines of treatment in adults.			x				n/a	Link added to Pan Mersey formulary 05/11/19

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal) [TA603]	25/09/2019	NICE is unable to make a recommendation on lenalidomide (Revlimid) with bortezomib and dexamethasone for untreated multiple myeloma in adults because Celgene did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 03/10/19
Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal) [TA602]	25/09/2019	NICE is unable to make a recommendation on pomalidomide (Imnovid) with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma in adults because Celgene did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 03/10/19
Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal) [TA601]	25/09/2019	NICE is unable to make a recommendation on lenalidomide (Revlimid) with bortezomib and dexamethasone for untreated multiple myeloma in adults because Celgene did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 03/10/19
Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer [TA600]	11/09/2019	1.1 Pembrolizumab, with carboplatin and paclitaxel, is recommended for use within the Cancer Drugs Fund as an option for untreated metastatic squamous non-small-cell lung cancer (NSCLC) in adults only if: •pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and •the company provides pembrolizumab according to the managed access agreement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts. CDF	Link added to Pan Mersey formulary 20/09/19
Sodium zirconium cyclosilicate for treating hyperkalaemia [TA599]	04/09/2019	1.1 Sodium zirconium cyclosilicate is recommended as an option for treating hyperkalaemia in adults only if used: •in emergency care for acute life-threatening hyperkalaemia alongside standard care or •in outpatient care for people with persistent hyperkalaemia and chronic kidney disease stage 3b to 5 or heart failure, if they: ◦have a confirmed serum potassium level of at least 6.0 mmol/litre ◦are not taking an optimised dosage of renin-angiotensin-aldosterone system (RAAS) inhibitor because of hyperkalaemia and ◦are not on dialysis. Sodium zirconium cyclosilicate is recommended only if the company provides it according to the commercial arrangement. 1.2 In outpatient care, stop sodium zirconium cyclosilicate if RAAS inhibitors are no longer suitable.	x			26/09/2019	03/12/2019	22	This technology is commissioned by clinical commissioning groups. Providers are NHS hospitals.	Pan Mersey Red statement approved 25/09/19
Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy [TA598]	28/08/2019	1.1 Olaparib is recommended for use within the Cancer Drugs Fund as an option for the maintenance treatment of BRCA mutation-positive, advanced (FIGO stages 3 and 4), high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults. It is recommended only if the conditions in the managed access agreement for olaparib are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts. CDF	Link added to Pan Mersey formulary 06/09/19

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***							
			CCG Commissioned *(mark 'x' if applicable)*	***Non-CCG Commissioned*** *(mark 'x' if applicable)*	***Not applicable*** *(mark 'x' if applicable)*	***Date of APC website upload*** *(DD/MM/YY)*	***Implement by*** *(30/90 days of TA)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*	***Pan Mersey Notes***
2019-20										
Dapagliflozin with insulin for treating type 1 diabetes [TA597]	21/08/2019	1.1 Dapagliflozin with insulin is recommended as an option for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m2, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy, only if: •they are on insulin doses of more than 0.5 units/kg of body weight/day and •they have completed a structured education programme that is evidence based, quality assured, delivered by trained educators and includes information about diabetic ketoacidosis, such as: ◦how to recognise its risk factors, signs and symptoms ◦how and when to monitor blood ketone levels ◦what actions to take for elevated blood ketones, and •treatment is started and supervised by a consultant physician specialising in endocrinology and diabetes. 1.2 Assess haemoglobin A1c (HbA1c) levels after 6 months and regularly after this. Stop dapagliflozin if there has not been a sustained improvement in glycaemic control (that is, a fall in HbA1c level of at least 0.3%).	x			24/10/2019	19/11/2019	64	This technology is commissioned by clinical commissioning groups. Providers are NHS Hospital trusts, community, and primary care.	Pan Mersey temporary Red statement approved 23/10/19. Replaced by Amber Retained statement approved 26/02/2020.
Risankizumab for treating moderate to severe plaque psoriasis [TA596]	21/08/2019	1.1 Risankizumab 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 •the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and •the company provides the drug according to the commercial arrangement. 1.2 Stop risankizumab treatment at 16 weeks if the psoriasis has not responded adequately. 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 when treatment started. 1.3 If patients and their clinicians consider risankizumab to be one of a range of suitable treatments, including guselkumab, secukinumab and ixekizumab, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements).	x			26/09/2019	20/09/2019	36	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Pan Mersey Red statement approved 25/09/19
Dacomitinib for untreated EGFR mutation-positive non-small-cell lung cancer [TA595]	14/08/2019	1.1 Dacomitinib is recommended, within its marketing authorisation, as an option for untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides it according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 06/09/19

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Brentuximab vedotin for untreated advanced Hodgkin lymphoma (terminated appraisal) [TA594]	14/08/2019	NICE is unable to make a recommendation about the use in the NHS of brentuximab vedotin (Adcetris) for untreated advanced Hodgkin lymphoma in adults because Takeda did not provide an evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 06/09/19
Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer [TA593]	14/08/2019	1.1 Ribociclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in people who have had previous endocrine therapy only if: •exemestane plus everolimus is the most appropriate alternative to a cyclin-dependent kinase 4 and 6 (CDK 4/6) inhibitor and •the conditions in the managed access agreement for ribociclib with fulvestrant are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts. CDF	Link added to Pan Mersey formulary 06/09/19
Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma [TA592]	07/08/2019	1.1 Cemiplimab is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced or metastatic cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not appropriate. It is recommended only if the conditions in the managed access agreement are followed. 1.2 Treatment with cemiplimab should be continued until disease progression or for up to 24 months (whichever is sooner).		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts. CDF	Link added to Pan Mersey formulary 06/09/19
Letermovir for preventing cytomegalovirus disease after a stem cell transplant [TA591]	31/07/2019	1.1 Letermovir is recommended, within its marketing authorisation, as an option for preventing cytomegalovirus (CMV) reactivation and disease after an allogeneic haematopoietic stem cell transplant (HSCT) in adults who are seropositive for CMV. It is recommended only if the company provides it according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 02/08/19
Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uvetitis [TA590]	31/07/2019	1.1 Fluocinolone acetonide intravitreal implant is recommended, within its marketing authorisation, as an option for preventing relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye. It is recommended only if the company provides it according to the commercial arrangement.	x			26/09/2019	29/10/2019	57	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Pan Mersey Red statement approved 25/09/19
Blinatumomab for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity [TA589]	24/07/2019	1.1 Blinatumomab is recommended as an option for treating Philadelphia-chromosome-negative CD19-positive B-precursor acute lymphoblastic leukaemia in adults with minimal residual disease (MRD) of at least 0.1%, only if: •the disease is in first complete remission and •the company provides blinatumomab according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts	Link added to Pan Mersey formulary 25/07/19
Nusinersen for treating spinal muscular atrophy [TA588]	24/07/2019	1.1 Nusinersen is recommended as an option for treating 5q spinal muscular atrophy (SMA) only if: •people have pre-symptomatic SMA, or SMA types 1, 2 or 3 and •the conditions in the managed access agreement are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 25/07/19

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Lenalidomide plus dexamethasone for previously untreated multiple myeloma [TA587]	26/06/2019	1.1 Lenalidomide plus dexamethasone is recommended as an option for previously untreated multiple myeloma in adults who are not eligible for a stem cell transplant, only if: •thalidomide is contraindicated (including for pre-existing conditions that it may aggravate) or •the person cannot tolerate thalidomide, and •the company provides lenalidomide according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 03/07/19
Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib [TA586]	26/06/2019	1.1 Lenalidomide plus dexamethasone is recommended as an option for treating multiple myeloma in adults only if: •they have had only 1 previous therapy, which included bortezomib, and •the company provides it according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 03/07/19
Ocrelizumab for treating primary progressive multiple sclerosis [TA585]	12/06/2019	1.1 Ocrelizumab is recommended, within its marketing authorisation, as an option for treating early primary progressive multiple sclerosis with imaging features characteristic of inflammatory activity in adults. It is recommended only if the company provides it according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 03/07/19
Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer [TA584]	05/06/2019	1.1 Atezolizumab plus bevacizumab, carboplatin and paclitaxel is recommended as an option for metastatic non-squamous non-small-cell lung cancer (NSCLC) in adults: •who have not had treatment for their metastatic NSCLC before and whose PD-L1 tumour proportion score is between 0% and 49% or •when targeted therapy for epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive NSCLC has failed. It is recommended only if: •atezolizumab and bevacizumab are stopped at 2 years of uninterrupted treatment, or earlier if there is loss of clinical benefit (for atezolizumab) or if the disease progresses (for bevacizumab) and •the company provides atezolizumab and bevacizumab according to the commercial arrangements.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 06/06/19
Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes [TA583]	05/06/2019	1.1 Ertugliflozin with metformin and a dipeptidyl peptidase-4 (DPP-4) inhibitor is recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if: •the disease is uncontrolled with metformin and a DPP-4 inhibitor, and •a sulfonylurea or pioglitazone is not appropriate. 1.2 If patients and their clinicians consider ertugliflozin to be 1 of a range of suitable treatments, including canagliflozin, dapagliflozin	x			27/06/2019	03/09/2019	22	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts and primary care GP practices.	Pan Mersey Green statement approved 26/06/19
Cabozantinib for previously treated advanced hepatocellular carcinoma (terminated appraisal) [TA582]	24/05/2019	NICE is unable to make a recommendation about the use in the NHS of cabozantinib (Cometriq) for previously treated advanced hepatocellular carcinoma in adults because Ipsen Ltd did not provide an evidence submission.			x				n/a	Link added to Pan Mersey formulary 06/06/19

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Nivolumab with ipilimumab for untreated advanced renal cell carcinoma [TA581]	15/05/2019	1.1 Nivolumab with ipilimumab is recommended for use within the Cancer Drugs Fund as an option for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the conditions in the managed access agreement for nivolumab with ipilimumab are		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 06/06/19
Enzalutamide for hormone-relapsed non-metastatic prostate cancer [TA580]	15/05/2019	1.1 Enzalutamide is not recommended, within its marketing authorisation, for treating high-risk hormone-relapsed non-metastatic prostate cancer in adults.			x				n/a	Link added to Pan Mersey formulary 06/06/19
Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy [TA579]	08/05/2019	1.1 Abemaciclib with fulvestrant is recommended for use within the Cancer Drugs Fund as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in people who have had endocrine therapy only if: •exemestane plus everolimus would be the most appropriate alternative and •the conditions in the managed access agreement for abemaciclib with fulvestrant are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 06/06/19
Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation [TA578]	01/05/2019	1.1 Durvalumab monotherapy is recommended for use within the Cancer Drugs Fund as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on at least 1% of tumour cells and whose disease has not progressed after platinum-based chemoradiation only if: •they have had concurrent platinum-based chemoradiation •the conditions in the managed access agreement are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 02/05/19
Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma [TA577]	24/04/2019	1.1 Brentuximab vedotin is recommended as an option for treating CD30-positive cutaneous T-cell lymphoma (CTCL) after at least 1 systemic therapy in adults, only if: •they have mycosis fungoides stage IIB or over, primary cutaneous anaplastic large cell lymphoma or Sézary syndrome and •the company provides brentuximab vedotin according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 02/05/19
Bosutinib for untreated chronic myeloid leukaemia (terminated appraisal) [TA576]	17/04/2019	NICE is unable to make a recommendation about the use in the NHS of bosutinib (Bosulif) for untreated chronic myeloid leukaemia in adults because no evidence submission was received from Pfizer.			x				n/a	Link added to Pan Mersey formulary 02/05/19

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							
			CCG Commissioned (mark 'x' if applicable)	Non-CCG Commissioned (mark 'x' if applicable)	Not applicable (mark 'x' if applicable)	Date of APC website upload (DD/MM/YY)	Implement by (30/90 days of TA)	Time to implement (days)	Notes (e.g. rationale, method of making available)	Pan Mersey Notes
2019-20										
Tildrakizumab for treating moderate to severe plaque psoriasis [TA575]	17/04/2019	1.1 Tildrakizumab 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 •the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and •the company provides the drug according to the commercial arrangement. 1.2 Consider stopping tildrakizumab between 12 weeks and 28 weeks if there has not been at least a 50% reduction in the PASI score from when treatment started. 1.3 Stop tildrakizumab at 28 weeks if the psoriasis has not responded adequately. 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 when treatment started. 1.4 If patients and their clinicians consider tildrakizumab to be one of a range of suitable treatments, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements)	x			23/05/2019	17/05/2019	36	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Pan Mersey Red statement approved 22/05/19
Certolizumab pegol for treating moderate to severe plaque psoriasis [TA574]	17/04/2019	1.1 Certolizumab pegol 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 •the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated and •the lowest maintenance dosage of certolizumab pegol is used (200 mg every 2 weeks) after the loading dosage and •the company provides the drug according to the commercial arrangement. 1.2 Stop certolizumab pegol at 16 weeks if the psoriasis has not responded adequately. 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 when treatment started. 1.3 If patients and their clinicians consider certolizumab pegol to be one of a range of suitable treatments, the least expensive should be chosen (taking into account administration costs, dosage, price per dose and commercial arrangements).	x			23/05/2019	17/05/2019	36	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Pan Mersey Red statement approved APC 22/05/19

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***							
			CCG Commissioned *(mark 'x' if applicable)*	***Non-CCG Commissioned*** *(mark 'x' if applicable)*	***Not applicable*** *(mark 'x' if applicable)*	***Date of APC website upload*** *(DD/MM/YY)*	***Implement by*** *(30/90 days of TA)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*	***Pan Mersey Notes***
2019-20										
Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma[TA573]	17/04/2019	1.1 Daratumumab plus bortezomib plus dexamethasone is recommended for use within the Cancer Drugs Fund as an option for treating relapsed multiple myeloma in people who have had 1 previous treatment. It is recommended only if the conditions in the managed access agreement for daratumumab plus bortezomib plus dexamethasone are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts. CDF.	Link added to Pan Mersey formulary 02/05/19
			12	25						
			% "Yes"	**% "N/A"**		_		**Average implement time** (days)		
Adherence statistics for 2019-20			100%	100%				**34**		