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***
2020-21										
Selective internal radiation therapies for treating hepatocellular carcinoma [TA688]	31/03/2021	1.1The selective internal radiation therapy (SIRT) SIR-Spheres is recommended as an option for treating unresectable advanced hepatocellular carcinoma (HCC) in adults, only if: •used for people with Child–Pugh grade A liver impairment when conventional transarterial therapies are inappropriate, and •the company provides SIR-Spheres according to the commercial arrangement. 1.2The SIRT TheraSphere is recommended as an option for treating unresectable advanced HCC in adults, only if: •used for people with Child–Pugh grade A liver impairment when conventional transarterial therapies are inappropriate, and •the company provides TheraSphere according to the commercial arrangement. 1.3The SIRT QuiremSpheres is not recommended for treating unresectable advanced HCC in adults.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	n/a for formulary entry
Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy [TA687]	31/03/2021	1.1Ribociclib plus fulvestrant is recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer in adults 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 company provides ribociclib according to the commercial arrangement.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 15/04/2021
Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated appraisal) [TA686]	31/03/2021	NICE is unable to make a recommendation on blinatumomab (Blincyto) for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia in adults because Amgen UK 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 15/04/2021
Anakinra for treating Still's disease [TA685]	31/03/2021	1.1Anakinra is recommended as an option for treating Still's disease with moderate to high disease activity, or continued disease activity after non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids. It is only recommended for: •adult-onset Still's disease that has responded inadequately to 2 or more conventional disease-modifying antirheumatic drugs (DMARDs) •systemic juvenile idiopathic arthritis in people 8 months and older with a body weight of 10 kg or more that has not responded to at least 1 conventional DMARD.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 15/04/2021

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2020-21										
Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease [TA684]	17/03/2021	1.1Nivolumab is recommended, within its marketing authorisation, as an option for the adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease. It is recommended only if the company provides nivolumab according to the commercial arrangement.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 15/04/2021
Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer [TA683]	10/03/2021	1.1Pembrolizumab with pemetrexed and platinum chemotherapy is recommended as an option for untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR)-positive or anaplastic lymphoma kinase (ALK)-positive mutations. This is only if: •it is stopped at 2 years of uninterrupted treatment, or earlier if the disease progresses and •the company provides pembrolizumab according to the commercial arrangement.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 15/04/2021
Erenumab for preventing migraine [TA682]	10/03/2021	1.1Erenumab is recommended as an option for preventing migraine in adults, only if: •they have 4 or more migraine days a month •at least 3 preventive drug treatments have failed •the 140 mg dose of erenumab is used and •the company provides it according to the commercial arrangement. 1.2Stop erenumab after 12 weeks of treatment if: •in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50% •in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%.	X			29/04/2021	08/06/2021	50	This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts	Red statement approved by PMAPC 28/04/2021
Baricitinib for treating moderate to severe atopic dermatitis [TA681]	03/03/2021	1.1Baricitinib is recommended as an option for treating moderate to severe atopic dermatitis in adults, only if: •the disease has not responded to at least 1 systemic immunosuppressant, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are not suitable, and •the company provides it according to the commercial arrangement. 1.2Assess response from 8 weeks and stop baricitinib if there has not been an adequate response at 16 weeks, defined as a reduction of at least: •50% in the Eczema Area and Severity Index score (EASI 50) from when treatment started and •4 points in the Dermatology Life Quality Index (DLQI) from when treatment started.	X			25/03/2021	01/06/2021	22	This technology is commissioned by clinical commissioning groups. Providers are NHS hospitals, with potential for baricitinib being delivered through homecare medicines services	Red statement approved by PMAPC 24/03/2021
Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma [TA680]	03/03/2021	1.1Lenalidomide is recommended as maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma in adults, only if: •the dosage schedule is 10 mg per day on days 1 to 21 of a 28-day cycle and •the company provides lenalidomide according to the commercial arrangement.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 15/04/2021

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2020-21										
Dapagliflozin for treating chronic heart failure with reduced ejection fraction [TA679]	24/02/2021	1.1Dapagliflozin is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with: •angiotensin-converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or •sacubitril valsartan, with beta blockers, and, if tolerated, MRAs. 1.2Start treatment of symptomatic heart failure with reduced ejection fraction with dapagliflozin on the advice of a heart failure specialist. Monitoring should be done by the most appropriate healthcare professional.	X			25/03/2021	25/05/2021	29	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts and primary care.	Amber initiated approved by PMAPC 24/03/21
Omalizumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal) [TA678]	24/02/2021	NICE is unable to make a recommendation on omalizumab (Xolair) for treating chronic rhinosinusitis with nasal polyps in adults because Novartis Pharmaceuticals 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 16/03/2021
Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma [TA677]	24/02/2021	1.1Treatment with autologous anti-CD19-transduced CD3+ cells is recommended for use within the Cancer Drugs Fund as an option for relapsed or refractory mantle cell lymphoma in adults who have previously had a Bruton's tyrosine kinase (BTK) inhibitor. It is only recommended if the conditions in the managed access agreement for autologous anti-CD19-transduced CD3+ cells treatment are followed.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 16/03/2021

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2020-21										
Filgotinib for treating moderate to severe rheumatoid arthritis [TA676]	24/02/2021	1.1Filgotinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if: •disease is moderate or severe (a disease activity score [DAS28] of 3.2 or more) and •the company provides filgotinib according to the commercial arrangement. 1.2Filgotinib, 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 filgotinib according to the commercial arrangement. 1.3Filgotinib, with methotrexate, 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 filgotinib according to the commercial arrangement. 1.4Filgotinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria in sections 1.1, 1.2 or 1.3 are met.	X			25/03/2021	25/05/2021	29	This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts	Red statement approved by PMAPC 24/03/2021
Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm (terminated appraisal) [TA675]	17/02/2021	NICE is unable to make a recommendation on vernakalant (Brinavess) for the rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults. This is because Correvio Ltd 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 16/03/2021
Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated appraisal) [TA674]	17/02/2021	NICE is unable to make a recommendation on pembrolizumab (Keytruda) for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable in adults. This is because Merck Sharp & Dohme did not provide a complete evidence submission.			X				n/a	Link added to Pan Mersey formulary 16/03/2021
Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy [TA673]	17/02/2021	1.1Niraparib is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment for advanced (FIGO stages 3 and 4) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer after response to first-line platinum-based chemotherapy in adults. It is recommended only if the conditions in the managed access agreement for niraparib are followed.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 16/03/2021

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2020-21										
Brolucizumab for treating wet age-related macular degeneration [TA672]	03/02/2021	1.1Brolucizumab is recommended as an option for treating wet age-related macular degeneration in adults, only if, in the eye to be treated: •the best-corrected visual acuity is between 6/12 and 6/96 •there is no permanent structural damage to the central fovea •the lesion size is less than or equal to 12 disc areas in greatest linear dimension and •there is recent presumed disease progression (for example, blood vessel growth, as shown by fluorescein angiography, or recent visual acuity changes). It is recommended only if the company provides brolucizumab according to the commercial arrangement. 1.2If patients and their clinicians consider brolucizumab to be one of a range of suitable treatments, including aflibercept and ranibizumab, choose the least expensive (taking into account administration costs and commercial arrangements). 1.3Only continue brolucizumab in people who maintain an adequate response to therapy. Criteria for stopping should include persistent deterioration in visual acuity and identification of anatomical changes in the retina that indicate inadequate response to therapy.	X			25/02/2021	05/03/2021	22	This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts.	Red statement approved by PMAPC 24/02/2021

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2020-21										
Mepolizumab for treating severe eosinophilic asthma [TA671]	03/02/2021	1.1Mepolizumab, as an add-on therapy, is recommended as an option for treating severe refractory eosinophilic asthma, only if: •it is used for adults who have agreed to and followed the optimised standard treatment plan and •the blood eosinophil count has been recorded as 300 cells per microlitre or more and the person has had at least 4 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 or •the blood eosinophil count has been recorded as 400 cells per microlitre or more and the person has had at least 3 exacerbations needing systemic corticosteroids in the previous 12 months (so they are also eligible for either benralizumab or reslizumab). Mepolizumab is recommended only if the company provides it according to the commercial arrangement. 1.2If mepolizumab, benralizumab or reslizumab are equally suitable, start treatment with the least expensive option (taking into account drug and administration costs). 1.3At 12 months: •stop mepolizumab if the asthma has not responded adequately or •continue mepolizumab if the asthma has responded adequately and assess response each year. An adequate response is defined as: •a clinically meaningful reduction in the number of severe exacerbations needing systemic corticosteroids or •a clinically significant reduction in continuous oral corticosteroid use while maintaining or improving asthma control.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 16/03/2021
Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor [TA670]	27/01/2021	1.1Brigatinib is recommended, within its marketing authorisation, as an option for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) that has not been previously treated with an ALK inhibitor in adults. It is recommended only if the company provides brigatinib according to the commercial arrangement.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 12/02/2021
Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies [TA669]	27/01/2021	1.1Trifluridine–tipiracil is not recommended, within its marketing authorisation, for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma in adults who have had 2 or more systemic treatment regimens.			x				n/a	Link added to Pan Mersey formulary 12/02/2021
Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer [TA668]	06/01/2021	1.1Encorafenib plus cetuximab is recommended, within its marketing authorisation, as an option for treating BRAF V600E mutation-positive metastatic colorectal cancer in adults who have had previous systemic treatment. It is recommended only if the company provides it according to the commercial arrangements.		X					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 12/02/2021

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2020-21										
Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura [TA667]	16/12/2020	1.1Caplacizumab with plasma exchange and immunosuppression is recommended, within its marketing authorisation, as an option for treating an acute episode of acquired thrombotic thrombocytopenic purpura (TTP) in adults, and in young people aged 12 years and over who weigh at least 40 kg. Treatment should be started and supervised by physicians experienced in managing thrombotic microangiopathies. It is recommended only if the company provides caplacizumab according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS specialist centres	Link added to Pan Mersey formulary 20/01/2021
Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma [TA666]	16/12/2020	1.1Atezolizumab plus bevacizumab is recommended as an option for treating advanced or unresectable hepatocellular carcinoma (HCC) in adults who have not had previous systemic treatment, only if: •they have Child-Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and •the company provides it according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 20/01/2021
Upadacitinib for treating severe rheumatoid arthritis [TA665]	09/12/2020	1.1Upadacitinib, 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 upadacitinib according to the commercial arrangement. 1.2Upadacitinib, 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 upadacitinib according to the commercial arrangement. 1.3Upadacitinib, with methotrexate, 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 upadacitinib according to the commercial arrangement. 1.4Upadacitinib 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, 1.2 or 1.3 are met. 1.5Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. After an initial response within 6 months, stop treatment if at least a moderate EULAR	x			28/01/2021	09/03/2021	50	Upadacitinib is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Red statement approved by PMAPC 27/01/2021

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2020-21										
Liraglutide for managing overweight and obesity [TA664]	09/12/2020	1.1Liraglutide is recommended as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if: •they have a body mass index (BMI) of at least 35 kg/m2 (or at least 32.5 kg/m2 for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and •they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre) and •they have a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia and •it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service and •the company provides it according to the commercial arrangement.	x			28/01/2021	09/03/2021	50	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts	Red statement approved by PMAPC 27/01/2021
Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia [TA663]	09/12/2020	1.1Venetoclax plus obinutuzumab is recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults, only if: •there is a 17p deletion or TP53 mutation, or •there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR), is unsuitable, and •the companies provide the drugs according to the commercial arrangements. 1.2Venetoclax plus obinutuzumab is recommended for use within the Cancer Drugs Fund as an option for untreated CLL in adults, only if: •there is no 17p deletion or TP53 mutation, and FCR or BR is suitable, and •the conditions in the managed access agreement for venetoclax plus obinutuzumab are followed.		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 20/01/2021
Durvalumab in combination for untreated extensive-stage small-cell lung cancer (terminated appraisal) [TA662]	25/11/2020	NICE is unable to make a recommendation on durvalumab (Imfinzi) in combination for untreated extensive-stage small-cell lung cancer in adults because AstraZeneca withdrew its evidence submission. We will review this decision if the company decides to make a submission.			x				n/a	Link added to Pan Mersey formulary 18/12/2020
Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma [TA661]	25/11/2020	1.1Pembrolizumab is recommended as an option for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a combined positive score (CPS) of 1 or more. This is only if: •pembrolizumab is given as a monotherapy •pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and •the company provides pembrolizumab according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 18/12/2020

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2020-21										
Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer [TA660]	25/11/2020	1.1Darolutamide with androgen deprivation therapy (ADT) is recommended, within its marketing authorisation, as an option for treating hormone-relapsed prostate cancer in adults at high risk of developing metastatic disease. It is recommended only if the company provides darolutamide according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 18/12/2020
Galcanezumab for preventing migraine [TA659]	18/11/2020	1.1Galcanezumab is recommended as an option for preventing migraine in adults, only if: •they have 4 or more migraine days a month •at least 3 preventive drug treatments have failed and •the company provides it according to the commercial arrangement. 1.2Stop galcanezumab after 12 weeks of treatment if: •in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50% •in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%.	x			28/01/2021	16/02/2021	71	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts	Red statement to approved by PMAPC 27/01/2021
Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma [TA658]	18/11/2020	1.1Isatuximab, plus pomalidomide and dexamethasone, is recommended for use within the Cancer Drugs Fund as an option for treating relapsed and refractory multiple myeloma in adults who have had lenalidomide and a proteasome inhibitor, and whose disease has progressed on their last treatment, only if: •they have had 3 previous lines of treatment •the conditions in the managed access agreement for isatuximab plus pomalidomide and dexamethasone are followed.		x					CDF. This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 18/12/2020
Carfilzomib for previously treated multiple myeloma [TA657]	18/11/2020	1.1Carfilzomib with dexamethasone is recommended as an option for treating multiple myeloma in adults, only if: •they have had only 1 previous therapy and •the company provides carfilzomib according to the commercial arrangement. [2020]		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 18/12/2020
Siponimod for treating secondary progressive multiple sclerosis [TA656]	18/11/2020	1.1Siponimod is recommended, within its marketing authorisation, as an option for treating secondary progressive multiple sclerosis with evidence of active disease (that is, relapses or imaging features of inflammatory activity) in adults. It is recommended only if the company provides siponimod according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 20/01/2021
Dupilumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal) [TA648]	09/09/2020	NICE is unable to make a recommendation on dupilumab (Dupixent) for treating chronic rhinosinusitis with nasal polyps because Sanofi 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 13/10/2020
Eculizumab for treating relapsing neuromyelitis optica (terminated appraisal) [TA647]	02/09/2020	NICE is unable to make a recommendation on eculizumab (Soliris) for treating relapsing neuromyelitis optica because Alexion Pharma UK 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 13/10/2020
Glasdegib with chemotherapy for untreated acute myeloid leukaemia (terminated appraisal) [TA646]	02/09/2020	NICE is unable to make a recommendation on glasdegib with chemotherapy for untreated acute myeloid leukaemia because Pfizer 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 13/10/2020

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2020-21										
Avelumab with axitinib for untreated advanced renal cell carcinoma [TA645]	02/09/2020	1.1Avelumab with axitinib is recommended for use within the Cancer Drugs Fund as an option for untreated advanced renal cell carcinoma in adults. It is recommended only if the conditions in the managed access agreement for avelumab with axitinib are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 13/10/2020
Entrectinib for treating NTRK fusion-positive solid tumours [TA644]	12/08/2020	1.1Entrectinib is recommended for use within the Cancer Drugs Fund as an option for treating neurotrophic tyrosine receptor kinase (NTRK) fusion-positive solid tumours in adults and children 12 years and older if: •the disease is locally advanced or metastatic or surgery could cause severe health problems and •they have not had an NTRK inhibitor before and •they have no satisfactory treatment options. It is recommended only if the conditions in the managed access agreement for entrectinib are followed.		x					CDF. This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 12/08/2020
Entrectinib for treating ROS1-positive advanced non-small-cell lung cancer [TA643]	12/08/2020	1.1Entrectinib is recommended, within its marketing authorisation, as an option for treating ROS1-positive advanced non-small-cell lung cancer (NSCLC) in adults who have not had ROS1 inhibitors. It is recommended only if the company provides entrectinib according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 12/08/2020
Gilteritinib for treating relapsed or refractory acute myeloid leukaemia [TA642]	12/08/2020	1.1 Gilteritinib monotherapy is recommended as an option for treating relapsed or refractory FLT3-mutation-positive acute myeloid leukaemia (AML) in adults only if the company provides gilteritinib according to the commercial arrangement. 1.2 Gilteritinib should not be given as maintenance therapy after a haematopoietic stem cell transplant.		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 12/08/2020
Brentuximab vedotin in combination for untreated systemic anaplastic large cell lymphoma [TA641]	12/08/2020	This technology is commissioned by NHS England. Providers are NHS hospital trusts.		x					This technology is commissioned by NHS England. Providers are NHS trusts.	Link added to Pan Mersey formulary 12/08/2020
Treosulfan with fludarabine for malignant disease before allogeneic stem cell transplant [TA640]	05/08/2020	1.1 Treosulfan with fludarabine is recommended as an option for conditioning treatment before allogeneic haematopoietic stem cell transplant (allo-HSCT) for people with malignant diseases for whom a reduced intensity regimen, such as low-dose busulfan with fludarabine, would be suitable.		x					Allogenic stem cell transplant services are commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 06/08/2020
Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer [TA639]	01/07/2020	1.1 Atezolizumab with nab-paclitaxel is recommended, within its marketing authorisation, for treating triple-negative, unresectable, locally advanced or metastatic breast cancer in adults whose tumours express PD-L1 at a level of 1% or more and who have not had previous chemotherapy for metastatic disease. It is recommended only if the company provides atezolizumab according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 01/07/2020

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2020-21										
Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer [TA638]	01/07/2020	1.1Atezolizumab with carboplatin and etoposide is recommended as an option for untreated extensive-stage small-cell lung cancer in adults, only if: •they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, and •the company provides atezolizumab according to the commercial arrangement. 1.2When 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.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 01/07/2020
Ranibizumab for treating diabetic retinopathy (terminated appraisal) [TA637]	30/06/2020	NICE is unable to make a recommendation on ramucirumab (Cyramza) with erlotinib for untreated epidermal growth factor receptor (EGFR)-positive metastatic non-small-cell lung cancer, because Eli Lilly and Company Limited 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 01/07/2020
Eculizumab for treating refractory myasthenia gravis (terminated appraisal) [TA636]	30/06/2020	NICE is unable to make a recommendation on eculizumab (Soliris) for treating refractory myasthenia gravis because Alexion Pharma UK 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 01/07/2020
Ramucirumab with erlotinib for untreated EGFR-positive metastatic non-small-cell lung cancer (terminated appraisal) [TA635]	30/06/2020	NICE is unable to make a recommendation on ramucirumab (Cyramza) with erlotinib for untreated epidermal growth factor receptor (EGFR)-positive metastatic non-small-cell lung cancer, because Eli Lilly and Company Limited 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 01/07/2020
Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma (terminated appraisal) [TA634]	30/06/2020	NICE is unable to make a recommendation on daratumumab (Darzalex) with lenalidomide and dexamethasone for untreated multiple myeloma, 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 01/07/2020
Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure [TA626]	24/06/2020	1.1 Avatrombopag 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 a planned invasive procedure.	x			30/07/2020	22/09/2020	36	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Red statement approved by PMAPC 29/07/2020

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2020-21										
Ustekinumab for treating moderately to severely active ulcerative colitis [TA633]	17/06/2020	1.1 Ustekinumab is recommended as an option for treating moderately to severely active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated, or the disease has responded inadequately or lost response to treatment, only if: •a tumour necrosis factor-alpha inhibitor has failed (that is the disease has responded inadequately or has lost response to treatment) or •a tumour necrosis factor-alpha inhibitor cannot be tolerated or is not suitable, and •the company provides ustekinumab at the same price or lower than that agreed with the Commercials Medicines Unit	x			30/07/2020	15/09/2020	43	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Red statement approved by PMAPC 29/07/2020
Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer [TA632]	10/06/2020	1.1 Trastuzumab emtansine is recommended, within its marketing authorisation, as an option for the adjuvant treatment of human epidermal growth factor receptor 2 (HER2)-positive early breast cancer in adults who have residual invasive disease in the breast or lymph nodes after neoadjuvant taxane-based and HER2-targeted therapy. It is recommended only if the company provides trastuzumab emtansine according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts.	Link added to Pan Mersey formulary 01/07/2020
Fremanezumab for preventing migraine [TA631]	03/06/2020	1.1 Fremanezumab is recommended as an option for preventing migraine in adults, only if: •the migraine is chronic, that is, 15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine •at least 3 preventive drug treatments have failed and •the company provides it according to the commercial arrangement. 1.2 Stop fremanezumab if the migraine frequency does not reduce by at least 30% after 12 weeks of treatment.	x			30/07/2020	01/09/2020	57	This technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.	Red statement approved by PMAPC 29/07/2020
Larotrectinib for treating NTRK fusion-positive solid tumours [TA630]	27/05/2020	1.1 Larotrectinib is recommended for use within the Cancer Drugs Fund as an option for treating neurotrophic tyrosine receptor kinase (NTRK) fusion-positive solid tumours in adults and children if: •the disease is locally advanced or metastatic or surgery could cause severe health problems and •they have no satisfactory treatment options. It is recommended only if the conditions in the managed access agreement for larotrectinib are followed.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts. CDF	Link added to Pan Mersey formulary 28/05/2020
Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab [TA629]	13/05/2020	1.1 Obinutuzumab with bendamustine followed by obinutuzumab maintenance is recommended, within its marketing authorisation, as an option for treating follicular lymphoma that did not respond or progressed up to 6 months after treatment with rituximab or a rituximab-containing regimen. 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 21/05/2020

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2020-21										
Lorlatinib for previously treated ALK-positive advanced non-small-cell lung cancer [TA628]	13/05/2020	1.1 Lorlatinib is recommended, within its marketing authorisation, as an option for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults whose disease has progressed after: •alectinib or ceritinib as the first ALK tyrosine kinase inhibitor or •crizotinib and at least 1 other ALK tyrosine kinase inhibitor. It is recommended only if the company provides lorlatinib according to the commercial arrangement.		x					This technology is commissioned by NHS England. Providers are NHS hospital trusts	Link added to Pan Mersey formulary 21/05/2020
Lenalidomide with rituximab for previously treated follicular lymphoma [TA627]	07/04/2020	1.1 Lenalidomide with rituximab is recommended, within its marketing authorisation, as an option for previously treated follicular lymphoma (grade 1 to 3A) in adults. It is only recommended if 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 21/05/2020
			11	32						
			% "Yes"	**% "N/A"**		_		**Average implement time** (days)		
Adherence statistics for 2020-21			100%	100%				**42**		