# NICE TECHNOLOGY APPRAISAL MEDICINES REPORT 2010-2014

## St George's Healthcare NHS Trust Compliance indicator key for medicine-related NICE Technology Appraisals

A. Guidance has been approved by the Drugs and Therapeutics Committee as recommended within the NICE technology appraisal
B. Guidance has been terminated
C. Guidance is not relevant to the Trust as the treatment pathway is not commissioned

Red: St George's Healthcare formulary diverges from the NICE recommendations

Green: Approved on National Cancer Drug Fund (CDF) list for specific indications (provided patient fulfils specific criteria)

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
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| 327 | Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism | Dec 2014 | Dabigatran etexilate is recommended, within its marketing authorisation, as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults. | Formulary | A |
| 328 | Idelalisib for treating follicular lymphoma that is refractory to 2 prior treatments | Dec 2014 | Appraisal Terminated | Non-Formulary | B |
| 323 | Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating anaemia in people with cancer having chemotherapy (including review of TA142) | Nov 2014 | Erythropoiesis-stimulating agents (epoetin alfa, beta, theta and zeta, and darbepoetin alfa) are recommended, within their marketing authorisations, as options for treating anaemia in people with cancer who are having chemotherapy.<br><br>If different erythropoiesis-stimulating agents are equally suitable, the product with the lowest acquisition cost for the course of treatment should be used. | Formulary | A |

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| 326 | Imatinib for the adjuvant treatment of gastrointestinal stromal tumours (review of NICE technology appraisal guidance 196) | Nov 2014 | Imatinib is recommended as an option as adjuvant treatment for up to 3 years for adults who are at high risk of relapse after surgery for KIT (CD117)-positive gastrointestinal stromal tumours, as defined by the Miettinen 2006 criteria (based on tumour size, location and mitotic rate).<br><br>People currently receiving treatment initiated within the NHS with imatinib that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop. | Formulary | A |
| 325 | Nalmefene for reducing alcohol consumption in people with alcohol dependence | Nov 2014 | Nalmefene is recommended within its marketing authorisation, as an option for reducing alcohol consumption, for people with alcohol dependence:<br>• who have a high drinking risk level (defined as alcohol consumption of more than 60 g per day for men and more than 40 g per day for women, according to the World Health Organization's drinking risk levels) without physical withdrawal symptoms and<br>• who do not require immediate detoxification.<br><br>The marketing authorisation states that nalmefene should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption and be initiated only in patients who continue to have a high drinking risk level 2 weeks after initial assessment. | Non-formulary (as it will not be used in an acute setting pathway) | C |

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| 322 | Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality | Sept 2014 | Lenalidomide is recommended as an option, within its marketing authorisation, that is for treating transfusion-dependent anaemia caused by low or intermediate-1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate, with the following condition:<br>• The drug cost of lenalidomide (excluding any related costs) for people who remain on treatment for more than 26 cycles (each of 28 days; normally a period of 2 years) will be met by the company. | Formulary | A |
| 320 | Dimethyl fumarate for treating relapsing-remitting multiple sclerosis | Aug 2014 | Dimethyl fumarate is recommended as an option for treating adults with active relapsing-remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years), **only if**:<br>• they do not have highly active or rapidly evolving severe relapsing-remitting multiple sclerosis **and**<br>• the manufacturer provides dimethyl fumarate with the discount agreed in the patient access scheme.<br>People currently receiving treatment initiated within the NHS with dimethyl fumarate that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop | Formulary | A |

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| 319 | Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma | Jul 2014 | Ipilimumab is recommended, within its marketing authorisation, as an option for treating adults with previously untreated advanced (unresectable or metastatic) melanoma, only if the manufacturer provides ipilimumab with the discount agreed in the patient access scheme. | Formulary | A |
| 318 | Lubiprostone for treating chronic idiopathic constipation | Jul 2014 | 1. Lubiprostone is recommended as an option for treating chronic idiopathic constipation, that is, for adults in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and for whom invasive treatment for constipation is being considered.<br>2. If treatment with lubiprostone is not effective after 2 weeks, the person should be re-examined and the benefit of continuing treatment reconsidered.<br>3. Lubiprostone should only be prescribed by a clinician with experience of treating chronic idiopathic constipation, who has carefully reviewed the person's previous courses of laxative treatments specified in 1 | Formulary | A |

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| 317 | Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes (review of technology appraisal guidance 182) | Jul 2014 | Prasugrel 10 mg in combination with aspirin is recommended as an option within its marketing authorisation, that is, for preventing atherothrombotic events in adults with acute coronary syndrome (unstable angina [UA], non-ST segment elevation myocardial infarction [NSTEMI] or ST segment elevation myocardial infarction [STEMI]) having primary or delayed percutaneous coronary intervention | Formulary | A |
| 316 | Enzalutamide for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen | Jul 2014 | Enzalutamide is recommended within its marketing authorisation as an option for treating metastatic hormone-relapsed prostate cancer in adults whose disease has progressed during or after docetax el-containing chemotherapy, only if the manufacturer provides enzalutamide with the discount agreed in the patient access scheme.<br>The use of enzalutamide for treating metastatic hormone-relapsed prostate cancer previously treated with abiraterone is not covered by this guidance. | Available via CDF | Green |

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| 315 | Canagliflozin in combination therapy for treating type 2 diabetes | Jun 2014 | Canagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if:<br>• a sulfonylurea is contraindicated or not tolerated **or**<br>• the person is at significant risk of hypoglycaemia or its consequences.<br>Canagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in combination with:<br>• metformin and a sulfonylurea **or**<br>• metformin and a thiazolidinedione.<br>Canagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.<br>People currently receiving treatment initiated within the NHS with canagliflozin that is not recommended for them in NICE in the guideline should be able to continue treatment until they and their NHS clinician consider it appropriate to stop. | Formulary | A |

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| 313 | Ustekinumab for treating active psoriatic arthritis | May 2014 | Ustekinumab is not recommended within its marketing authorisation for treating active psoriatic arthritis, that is, alone or in combination with methotrexate in adults when the response to previous non-biological disease-modifying antirheumatic drug (DMARD) therapy has been inadequate.<br><br>People currently receiving treatment initiated within the NHS with ustekinumab that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop. | Non-formulary for active psoriatic arthritis | A |
| 312 | Alemtuzumab for treating relapsing-remitting multiple sclerosis | May 2014 | Alemtuzumab is recommended as an option, within its marketing authorisation, for treating adults with active relapsing–remitting multiple sclerosis. | Formulary | A |
| 311 | Bortezomib for induction therapy in multiple myeloma before high-dose chemotherapy and autologous stem cell transplantation | Apr 2014 | Bortezomib is recommended as an option within its marketing authorisation, that is, in combination with dexamethasone, or with dexamethasone and thalidomide, for the induction treatment of adults with previously untreated multiple myeloma, who are eligible for high-dose chemotherapy with haematopoietic stem cell transplantation. | Formulary | A |

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| 310 | Afatinib for treating epidermal growth factor receptor mutation-positive locally advanced or metastatic non-small-cell lung cancer | Apr 2014 | Afatinib is recommended as an option, within its marketing authorisation, for treating adults with locally advanced or metastatic non-small-cell lung cancer only if:<br>• the tumour tests positive for the epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation **and**<br>• the person has not previously had an EGFR-TK inhibitor **and**<br>• the manufacturer provides afatinib with the discount agreed in the patient access scheme | Formulary | A |
| 309 | Pemetrexed maintenance treatment following induction therapy with pemetrexed and cisplatin for non-squamous non-small-cell lung cancer | Apr 2014 | Pemetrexed is not recommended for the maintenance treatment of locally advanced or metastatic non-squamous non-small-cell lung cancer (NSCLC) in people whose disease has not progressed immediately following induction therapy with pemetrexed and cisplatin.<br><br>People currently receiving treatment initiated within the NHS with pemetrexed that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop. | Available via CDF | Green |

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| 308 | Rituximab in combination with glucocorticoids for treating anti-neutrophil cytoplasmic antibody-associated vasculitis | Mar 2014 | Rituximab, in combination with glucocorticoids, is recommended as an option for inducing remission in adults with anti-neutrophil cytoplasmic antibody [ANCA]-associated vasculitis (severely active granulomatosis with polyangiitis [Wegener's] and microscopic polyangiitis), only if:<br>• further cyclophosphamide treatment would exceed the maximum cumulative cyclophosphamide dose **or**<br>• cyclophosphamide is contraindicated or not tolerated **or**<br>• the person has not completed their family and treatment with cyclophosphamide may materially affect their fertility **or**<br>• the disease has remained active or progressed despite a course of cyclophosphamide lasting 3–6 months **or**<br>• the person has had uroepithelial malignancy.<br>People currently receiving treatment initiated within the NHS with rituximab that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop. | Formulary | A |

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| 307 | Aflibercept in combination with irinotecan and fluorouracil-based therapy for treating metastatic colorectal cancer that has progressed following prior oxaliplatin-based chemotherapy | Mar 2014 | Aflibercept in combination with irinotecan and fluorouracil-based therapy is not recommended within its marketing authorisation for treating metastatic colorectal cancer that is resistant to or has progressed after an oxaliplatin-containing regimen.<br><br>People currently receiving aflibercept in combination with irinotecan and fluorouracil-based therapy for treating metastatic colorectal cancer that is resistant to or has progressed after an oxaliplatin-containing regimen should be able to continue treatment until they and their clinician consider it appropriate to stop. | CDF | Green |
| 306 | Pixantrone monotherapy for treating multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma | Feb 2014 | Pixantrone monotherapy is recommended as an option for treating adults with multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma only if:<br>• the person has previously been treated with rituximab and<br>• the person is receiving third- or fourth-line treatment and<br>• the manufacturer provides pixantrone with the discount agreed in the patient access scheme.<br>People currently receiving treatment initiated within the NHS with pixantrone monotherapy that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop | Formulary | A |

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| 305 | Aflibercept for treating visual impairment caused by macular oedema secondary to central retinal vein occlusion | Feb 2014 | Aflibercept solution for injection is recommended as an option for treating visual impairment caused by macular oedema secondary to central retinal vein occlusion only if the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme. | Patient treatment pathway not provided at St George's (commissioning decision) | C |
| 303 | Teriflunomide for treating relapsing–remitting multiple sclerosis | Jan 2014 | Teriflunomide is recommended as an option for treating adults with active relapsing–remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years), **only if**<br>• they do not have highly active or rapidly evolving severe relapsing–remitting multiple sclerosis **and**<br>• the manufacturer provides teriflunomide with the discount agreed in the patient access scheme.<br>People currently receiving treatment initiated within the NHS with teriflunomide that is not recommended for them by NICE in this guidance should be able to continue treatment until they and their NHS clinician consider it appropriate to stop | Formulary | A |
| 302 | Canakinumab for treating systemic juvenile idiopathic arthritis | Nov 2013 | Appraisal Terminated | Non-formulary | B |
| 301 | Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema after an inadequate response to prior therapy (rapid review of technology appraisal guidance 271) | Nov 2013 | Fluocinolone acetonide intravitreal implant is recommended as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies only if:<br>• the implant is to be used in an eye with an intraocular (pseudophakic) lens **and**<br>• the manufacturer provides fluocinolone acetonide intravitreal implant with the discount agreed in the patient access scheme. | Patient treatment pathway not provided at St George's (commissioning decision) | C |

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| 300 | Peginterferon alfa and ribavirin for treating chronic hepatitis C in children and young people | Nov 2013 | Peginterferon alfa in combination with ribavirin is recommended, within its marketing authorisation, as an option for treating chronic hepatitis C in children and young people | Formulary | A |
| 299 | Bosutinib for previously treated chronic myeloid leukaemia | Nov 2013 | Bosutinib is not recommended within its marketing authorisation for treating Philadelphia-chromosome-positive chronic myeloid leukaemia (CML).<br><br>People currently receiving bosutinib that is not recommended for them in NICE guidance should be able to continue treatment until they and their clinician consider it appropriate to stop. | Available via CDF | Green |
| 298 | Ranibizumab for treating choroidal neovascularisation associated with pathological myopia | Nov 2013 | Ranibizumab is recommended as an option for treating visual impairment due to choroidal neovascularisation secondary to pathological myopia when the manufacturer provides ranibizumab with the discount agreed in the patient access scheme | Patient treatment pathway not provided at St George's (commissioning decision) | C |
| 297 | Ocriplasmin for treating vitreomacular traction | Oct 2013 | Ocriplasmin is recommended as an option for treating vitreomacular traction in adults, only if:<br>• an epiretinal membrane is not present **and**<br>• they have a stage II full-thickness macular hole with a diameter of 400 micrometres or less **and/or**<br>• they have severe symptoms. | Patient treatment pathway not provided at St George's (commissioning decision) | C |

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| 296 | Crizotinib for previously treated non-small-cell lung cancer associated with an anaplastic lymphoma kinase fusion gene | Sep 2013 | Crizotinib is not recommended within its marketing authorisation, that is, for treating adults with previously treated anaplastic-lymphoma-kinase-positive advanced non-small-cell lung cancer.<br><br>People currently receiving crizotinib that is not recommended according to the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop. | Available via CDF | Green |
| 295 | Everolimus in combination with exemestane for treating advanced HER2-negative hormone-receptor-positive breast cancer after endocrine therapy | Aug 2013 | Everolimus, in combination with exemestane, is not recommended within its marketing authorisation for treating postmenopausal women with advanced human epidermal growth factor receptor 2 (HER2) negative hormone-receptor-positive breast cancer that has recurred or progressed following treatment with a non-steroidal aromatase inhibitor.<br><br>Women currently receiving everolimus for advanced breast cancer should be able to continue treatment until they and their clinician consider it appropriate to stop. | Available via CDF | Green |

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| 294 | Aflibercept solution for injection for treating wet age-related macular degeneration | Jul 2013 | Aflibercept solution for injection is recommended as an option for treating wet age-related macular degeneration only if:<br>• it is used in accordance with the recommendations for ranibizumab in NICE technology appraisal guidance 155 (re-issued in May 2012) **and**<br>• the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme.<br>People currently receiving aflibercept solution for injection whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop. | Patient treatment pathway not provided at St George's (commissioning decision) | C |

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| 293 | Eltrombopag for treating chronic immune (idiopathic) thrombocytopenic purpura (review of technology appraisal 205) | Jul 2013 | Eltrombopag is recommended as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura, within its marketing authorisation (that is, in adults who have had a splenectomy and whose condition is refractory to other treatments, or as a second-line treatment in adults who have not had a splenectomy because surgery is contraindicated), only if:<br>• their condition is refractory to standard active treatments and rescue therapies,<br>**or**<br>• they have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies<br>**and**<br>• the manufacturer provides eltrombopag with the discount agreed in the patient access scheme.<br>People currently receiving eltrombopag whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Formulary | A |
| 292 | Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder | Jul 2013 | Aripiprazole is recommended as an option for treating moderate to severe manic episodes in adolescents with bipolar I disorder, within its marketing authorisation (that is, up to 12 weeks of treatment for moderate to severe manic episodes in bipolar I disorder in adolescents aged 13 and older). | Formulary | A |

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| 291 | Pegloticase for treating severe debilitating chronic tophaceous gout | Jun 2013 | Pegloticase is not recommended within its marketing authorisation, that is, for treating severe debilitating chronic tophaceous gout in adults who may also have erosive joint involvement and in whom xanthine oxidase inhibitors at the maximum medically appropriate dose have failed to normalise serum uric acid, or for whom these medicines are contraindicated.<br><br>People currently receiving pegloticase that is not recommended according to the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop. | Non-formulary | A |
| 290 | Mirabegron for treating symptoms of overactive bladder | Jun 2013 | Mirabegron is recommended as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects.<br><br>People currently receiving mirabegron that is not recommended for them in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Formulary | A |

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| 289 | Ruxolitinib for disease-related splenomegaly or symptoms in adults with myelofibrosis | Jun 2013 | Ruxolitinib is not recommended within its marketing authorisation, that is, for the treatment of disease-related splenomegaly or symptoms in adult patients with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis.<br><br>People currently receiving ruxolitinib should be able to continue treatment until they and their clinician consider it appropriate to stop. | Available via CDF | Green |
| 288 | Dapagliflozin in combination therapy for treating type 2 diabetes | Jun 2013 | 1. Dapagliflozin in a dual therapy regimen in combination with metformin is recommended as an option for treating type 2 diabetes, only if it is used as described for dipeptidyl peptidase-4 (DPP-4) inhibitors in Type 2 diabetes: the management of type 2 diabetes (NICE clinical guideline 87).<br>2. Dapagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.<br>3. Dapagliflozin in a triple therapy regimen in combination with metformin and a sulfonylurea is not recommended for treating type 2 diabetes, except as part of a clinical trial.<br><br>People currently receiving dapagliflozin in a dual or triple therapy regimen that is not recommended for them in 1 or 3 should be able to continue treatment until they and their clinician consider it appropriate to stop | Formulary | A |

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| 287 | Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism | Jun 2013 | Rivaroxaban is recommended as an option for treating pulmonary embolism and preventing recurrent deep vein thrombosis and pulmonary embolism in adults | Formulary | A |
| 286 | Loxapine inhalation for treating acute agitation and disturbed behaviours associated with schizophrenia and bipolar disorder (terminated appraisal) | May 2013 | Appraisal Terminated | Non-formulary | B |

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| 285 | Bevacizumab in combination with gemcitabine and carboplatin for treating the first recurrence of platinum-sensitive advanced ovarian cancer | May 2013 | Bevacizumab in combination with gemcitabine and carboplatin is not recommended within its marketing authorisation, that is, for treating people with the first recurrence of platinum-sensitive advanced ovarian cancer (including fallopian tube and primary peritoneal cancer) who have not received prior therapy with bevacizumab or other vascular endothelial growth factor (VEGF) inhibitors or VEGF receptor-targeted agents.<br>People currently receiving bevacizumab in combination with gemcitabine and carboplatin for treating the first recurrence of platinum-sensitive advanced ovarian cancer should be able to continue treatment until they and their clinician consider it appropriate to stop | Available via CDF | Green |
| 284 | Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer | May 2013 | Bevacizumab in combination with paclitaxel and carboplatin is not recommended for first-line treatment of advanced ovarian cancer (International Federation of Gynaecology and Obstetrics [FIGO] stages IIIB, IIIC and IV epithelial ovarian, fallopian tube or primary peritoneal cancer).<br>People currently receiving bevacizumab for first-line treatment of advanced ovarian cancer should be able to continue treatment until they and their clinicians consider it appropriate to stop. | Available via CDF | Green |

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| 283 | Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion | May 2013 | Ranibizumab is recommended as an option for treating visual impairment caused by macular oedema:<br>• following central retinal vein occlusion **or**<br>• following branch retinal vein occlusion only if treatment with laser photocoagulation has not been beneficial, or when laser photocoagulation is not suitable because of the extent of macular haemorrhage **and**<br>• only if the manufacturer provides ranibizumab with the discount agreed in the patient access scheme revised in the context of NICE technology appraisal guidance 274.<br>People currently receiving ranibizumab whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop. | Patient treatment pathway not provided at St George's (commissioning decision) | C |

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| 282 | Pirfenidone for treating idiopathic pulmonary fibrosis | Apr 2013 | Pirfenidone is recommended as an option for treating idiopathic pulmonary fibrosis only if:<br>• the person has a forced vital capacity (FVC) between 50% and 80% predicted **and**<br>• the manufacturer provides pirfenidone with the discount agreed in the patient access scheme.<br>Treatment with pirfenidone that is recommended according to the NICE guideline should be discontinued if there is evidence of disease progression (a decline in per cent predicted FVC of 10% or more within any 12 month period).<br>People currently receiving pirfenidone that is not recommended according to the NICE guideline should have the option to continue treatment until they and their clinician consider it appropriate to stop. | Non-formulary | C |
| 281 | Canakinumab for treating gouty arthritis attacks and reducing the frequency of subsequent attacks | Apr 2013 | Appraisal Terminated | Non-formulary | B |

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| 280 | Abatacept for treating rheumatoid arthritis after the failure of conventional disease-modifying anti-rheumatic drugs (rapid review of technology appraisal guidance 234) | Apr 2013 | Abatacept in combination with methotrexate is recommended as an option for treating rheumatoid arthritis in adults whose disease has responded inadequately to 2 conventional disease-modifying anti-rheumatic drugs (DMARDs), including methotrexate, only if:<br>• it is used in accordance with the recommendations for other biological DMARDs in Adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis (NICE technology appraisal guidance 130) **and**<br>• the manufacturer provides abatacept with the discount agreed in the patient access scheme.<br>People currently receiving abatacept whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop. | Formulary | A |

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| 278 | Omalizumab for treating severe persistent allergic asthma (review of technology appraisal guidance 133 and 201) | Apr 2013 | Omalizumab is recommended as an option for treating severe persistent confirmed allergic IgE-mediated asthma as an add-on to optimised standard therapy in people aged 6 years and older:<br>• who need continuous or frequent treatment with oral corticosteroids (defined as 4 or more courses in the previous year), **and**<br>• only if the manufacturer makes omalizumab available with the discount agreed in the patient access scheme.<br>Optimised standard therapy is defined as a full trial of and, if tolerated, documented compliance with inhaled high-dose corticosteroids, long-acting beta$_2$ agonists, leukotriene receptor antagonists, theophyllines, oral corticosteroids, and smoking cessation if clinically appropriate.<br><br>People currently receiving omalizumab whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Formulary | A |
| 277 | Methylnaltrexone for treating opioid-induced bowel dysfunction in people with advanced illness receiving palliative care | Mar 2013 | Appraisal Terminated | Non-formulary | B |

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| 276 | Tobramycin and Colistimethate sodium dry powders for inhalation (DPI) for treating pseudomonas lung infection in cystic fibrosis | Mar 2013 | Tobramycin dry powder for inhalation (DPI) is recommended as an option for treating chronic pulmonary infection caused by *Pseudomonas aeruginosa* in people with cystic fibrosis only if:<br>• nebulised tobramycin is considered an appropriate treatment, that is, when colistimethate sodium is contraindicated, is not tolerated or has not produced an adequate clinical response **and**<br>• the manufacturer provides tobramycin DPI with the discount agreed as part of the patient access scheme to primary, secondary and tertiary care in the NHS.<br>Colistimethate sodium DPI is recommended as an option for treating chronic pulmonary infection caused by *P. aeruginosa* in people with cystic fibrosis only if:<br>• they would clinically benefit from continued colistimethate sodium but do not tolerate it in its nebulised form and thus tobramycin therapy would otherwise be considered **and**<br>• the manufacturer provides colistimethate sodium DPI with the discount agreed as part of the patient access scheme to primary, secondary and tertiary care in the NHS.<br>People currently using tobramycin DPI or colistimethate sodium DPI that is not recommended according to the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop. For children and young people this decision should be made jointly by the clinician, the child or young person and their parents or carers | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 275 | Apixaban for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation | Feb 2013 | Apixaban is recommended as an option for preventing stroke and systemic embolism within its marketing authorisation, that is, in people with nonvalvular atrial fibrillation with 1 or more risk factors such as:<br>• prior stroke or transient ischaemic attack<br>• age 75 years or older<br>• hypertension<br>• diabetes mellitus<br>• symptomatic heart failure.<br>The decision about whether to start treatment with apixaban should be made after an informed discussion between the clinician and the person about the risks and benefits of apixaban compared with warfarin, dabigatran etexilate and rivaroxaban. For people who are taking warfarin, the potential risks and benefits of switching to apixaban should be considered in light of their level of international normalised ratio (INR) control. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 274 | Ranibizumab for treating diabetic macular oedema (rapid review of technology appraisal guidance 237) | Feb 2013 | Ranibizumab is recommended as an option for treating visual impairment due to diabetic macular oedema only if:<br>• the eye has a central retinal thickness of 400 micrometres or more at the start of treatment **and**<br>• the manufacturer provides ranibizumab with the discount agreed in the patient access scheme revised in the context of this appraisal.<br>People currently receiving ranibizumab for treating visual impairment due to diabetic macular oedema whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Patient treatment pathway not provided at St George's (commissioning decision) | C |
| 273 | Tadalafil for the treatment of symptoms associated with benign prostatic hyperplasia | Jan 2013 | Appraisal Terminated | Non-formulary | B |
| 272 | Vinflunine for the treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract | Jan 2013 | Vinflunine is not recommended within its marketing authorisation for the treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract that has progressed after treatment with platinum-based chemotherapy.<br>People currently receiving vinflunine that is not recommended according to the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Non-formulary | A |

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|---|---|---|---|---|---|
| 271 | Fluocinolone acetonide intravitreal implant for the treatment of chronic diabetic macular oedema after an inadequate response to prior therapy | Jan 2013 | Fluocinolone acetonide intravitreal implant is not recommended for the treatment of chronic diabetic macular oedema considered insufficiently responsive to available therapies. | Patient treatment pathway not provided at St George's (commissioning decision) | C |
| 270 | Decitabine for the treatment of acute myeloid leukaemia | Dec 2012 | Appraisal Terminated | Non-formulary | B |
| 269 | Vemurafenib for treating locally advanced or metastatic BRAF V600 mutation-positive malignant melanoma | Dec 2012 | Vemurafenib is recommended as an option for treating BRAF V600 mutation-positive unresectable or metastatic melanoma only if the manufacturer provides vemurafenib with the discount agreed in the patient access scheme | Formulary | A |
| 268 | Ipilimumab for previously treated advanced (unresectable or metastatic) melanoma | Dec 2012 | Ipilimumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma in people who have received prior therapy, only if the manufacturer provides ipilimumab with the discount agreed in the patient access scheme | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 267 | Ivabradine for treating chronic heart failure | Nov 2012 | 1) Ivabradine is recommended as an option for treating chronic heart failure for people:<br>• with New York Heart Association (NYHA) class II to IV stable chronic heart failure with systolic dysfunction and<br>• who are in sinus rhythm with a heart rate of 75 beats per minute (bpm) or more and<br>• who are given ivabradine in combination with standard therapy including beta-blocker therapy, angiotensin-converting enzyme (ACE) inhibitors and aldosterone antagonists, or when beta-blocker therapy is contraindicated or not tolerated and<br>• with a left ventricular ejection fraction of 35% or less.<br>2) Ivabradine should only be initiated after a stabilisation period of 4 weeks on optimised standard therapy with ACE inhibitors, beta-blockers and aldosterone antagonists.<br>3) Ivabradine should be initiated by a heart failure specialist with access to a multidisciplinary heart failure team. Dose titration and monitoring should be carried out by a heart failure specialist, or in primary care by either a GP with a special interest in heart failure or a heart failure specialist nurse. | Formulary | A |

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|---|---|---|---|---|---|
| 266 | Mannitol dry powder for inhalation for treating cystic fibrosis | Nov 2012 | Mannitol dry powder for inhalation is recommended as an option for treating cystic fibrosis in adults:<br>• who cannot use rhDNase because of ineligibility, intolerance or inadequate response to rhDNase<br>**and**<br>• whose lung function is rapidly declining (forced expiratory volume in 1 second [$FEV_1$] decline greater than 2% annually)<br>**and**<br>• for whom other osmotic agents are not considered appropriate.<br>People currently receiving mannitol whose cystic fibrosis does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Patient treatment pathway not provided at St George's (commissioning decision) | C |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 265 | Denosumab for the prevention of skeletal-related events in adults with bone metastases from solid tumours | Oct 2012 | Denosumab is recommended as an option for preventing skeletal-related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from breast cancer and from solid tumours other than prostate if:<br>• bisphosphonates would otherwise be prescribed **and**<br>• the manufacturer provides denosumab with the discount agreed in the patient access scheme.<br>Denosumab is not recommended for preventing skeletal-related events in adults with bone metastases from prostate cancer.<br>Adults with bone metastases from solid tumours currently receiving denosumab for the prevention of skeletal-related events that is not recommended according to the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Formulary | A |
| 264 | Alteplase for treating acute ischaemic stroke (review of technology appraisal guidance 122) | Sep 2012 | Alteplase is recommended within its marketing authorisation for treating acute ischaemic stroke in adults if:<br>• treatment is started as early as possible within 4.5 hours of onset of stroke symptoms, and<br>• intracranial haemorrhage has been excluded by appropriate imaging techniques | Formulary | A |

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|---|---|---|---|---|---|
| 263 | Bevacizumab in combination with capecitabine for the first-line treatment of metastatic breast cancer | Aug 2012 | Bevacizumab in combination with capecitabine is not recommended within its marketing authorisation for the first-line treatment of metastatic breast cancer, that is, when treatment with other chemotherapy options including taxanes or anthracyclines is not considered appropriate, or when taxanes or anthracyclines have been used as part of adjuvant treatment within the past 12 months.<br><br>People currently receiving bevacizumab in combination with capecitabine that is not recommended according to the NICE guideline should have the option to continue treatment until they and their clinician consider it appropriate to stop | Non-formulary for use with cepecitabine for the first-line treatment of metastatic breast cancer | A |
| 262 | Adalimumab for the treatment of moderate to severe ulcerative colitis | Jul 2012 | Appraisal Terminated | Non-formulary for ulcerative colitis | B |
| 261 | Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism | Jul 2012 | Rivaroxaban is recommended as an option for treating deep vein thrombosis and preventing recurrent deep vein thrombosis and pulmonary embolism after a diagnosis of acute deep vein thrombosis in adults | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 260 | Botulinum toxin type A for the prevention of headaches in adults with chronic migraine | Jun 2012 | Botulinum toxin type A is recommended as an option for the prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine):<br>• that has not responded to at least three prior pharmacological prophylaxis therapies **and**<br>• whose condition is appropriately managed for medication overuse.<br>Treatment with botulinum toxin type A that is recommended according to the NICE guideline should be stopped in people whose condition:<br>• is not adequately responding to treatment (defined as less than a 30% reduction in headache days per month after two treatment cycles) **or**<br>• has changed to episodic migraine (defined as fewer than 15 headache days per month) for three consecutive months.<br>People currently receiving botulinum toxin type A that is not recommended according to the above criteria should have the option to continue treatment until they and their clinician consider it appropriate to stop. | Formulary for the prevention of headaches in adults with chronic migraine | A |

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|---|---|---|---|---|---|
| 259 | Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen | Jun 2012 | Abiraterone in combination with prednisone or prednisolone is recommended as an option for the treatment of castration-resistant metastatic prostate cancer in adults, only if:<br>• their disease has progressed on or after one docetaxel-containing chemotherapy regimen, and<br>• the manufacturer provides abiraterone with the discount agreed in the patient access scheme.<br>People currently receiving abiraterone in combination with prednisone or prednisolone whose disease does not meet the criteria in the NICE guideline should be able to continue therapy until they and their clinician consider it appropriate to stop. | Formulary | A |
| 258 | Erlotinib for the first-line treatment of locally advanced or metastatic EGFR-TK mutation-positive non-small-cell lung cancer | Jun 2012 | Erlotinib is recommended as an option for the first-line treatment of people with locally advanced or metastatic non-small-cell lung cancer (NSCLC) if:<br>• they test positive for the epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation **and**<br>• the manufacturer provides erlotinib at the discounted price agreed under the patient access scheme (as revised in 2012) | Formulary | A |

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| 257 | Lapatinib or trastuzumab in combination with an aromatase inhibitor for the first-line treatment of metastatic hormone-receptor-positive breast cancer that overexpresses HER2 | Jun 2012 | Lapatinib in combination with an aromatase inhibitor is not recommended for first-line treatment in postmenopausal women with metastatic hormone-receptor-positive breast cancer that overexpresses human epidermal growth factor receptor 2 (HER2).<br><br>Trastuzumab in combination with an aromatase inhibitor is not recommended for first-line treatment in postmenopausal women with metastatic hormone-receptor-positive breast cancer that overexpresses HER2.<br><br>Postmenopausal women currently receiving lapatinib or trastuzumab in combination with an aromatase inhibitor that is not recommended according to the NICE guideline should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Lapatinib and trastuzumab are not recommended as first-line treatment of metastatic hormone-receptor-positive breast cancer that overexpresses HER2 | A |

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|---|---|---|---|---|---|
| 256 | Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation | May 2012 | Rivaroxaban is recommended as an option for the prevention of stroke and systemic embolism within its licensed indication, that is, in people with nonvalvular atrial fibrillation with one or more risk factors such as:<br>• congestive heart failure<br>• hypertension<br>• age 75 years or older<br>• diabetes mellitus,<br>• prior stroke or transient ischaemic attack.<br>The decision about whether to start treatment with rivaroxaban should be made after an informed discussion between the clinician and the person about the risks and benefits of rivaroxaban compared with warfarin. For people who are taking warfarin, the potential risks and benefits of switching to rivaroxaban should be considered in light of their level of international normalised ratio (INR) control. | Formulary | A |
| 255 | Cabazitaxel for hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen | May 2012 | Cabazitaxel in combination with prednisone or prednisolone is not recommended for the treatment of hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen.<br><br>People currently receiving cabazitaxel in combination with prednisone or prednisolone for the treatment of hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Available via CDF | Green |

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|---|---|---|---|---|---|
| 254 | Fingolimod for the treatment of highly active relapsing–remitting multiple sclerosis | Apr 2012 | Fingolimod is recommended as an option for the treatment of highly active relapsing–remitting multiple sclerosis in adults, only if:<br>• they have an unchanged or increased relapse rate or ongoing severe relapses compared with the previous year despite treatment with beta interferon, **and**<br>• the manufacturer provides fingolimod with the discount agreed as part of the patient access scheme.<br>People currently receiving fingolimod whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Formulary | A |
| 253 | Boceprevir for the treatment of genotype 1 chronic hepatitis C | Apr 2012 | Boceprevir in combination with peginterferon alfa and ribavirin is recommended as an option for the treatment of genotype 1 chronic hepatitis C in adults with compensated liver disease:<br>• who are previously untreated **or**<br>• in whom previous treatment has failed. | Formulary | A |
| 252 | Telaprevir for the treatment of genotype 1 chronic hepatitis C | Apr 2012 | Telaprevir in combination with peginterferon alfa and ribavirin is recommended as an option for the treatment of genotype 1 chronic hepatitis C in adults with compensated liver disease:<br>• who are previously untreated **or**<br>• in whom previous treatment with interferon alfa (pegylated or non-pegylated) alone or in combination with ribavirin has failed, including people whose condition has relapsed, has partially responded or did not respond. | Formulary | A |

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| 251 | Dasatinib, nilotinib and standard-dose imatinib for the first-line treatment of chronic myeloid leukaemia (part review of technology appraisal guidance 70) | Apr 2012 | Standard-dose imatinib is recommended as an option for the first-line treatment of adults with chronic phase Philadelphia-chromosome-positive chronic myeloid leukaemia (CML).<br><br>Nilotinib is recommended as an option for the first-line treatment of adults with chronic phase Philadelphia-chromosome-positive CML if the manufacturer makes nilotinib available with the discount agreed as part of the patient access scheme.<br><br>Dasatinib is not recommended for the first-line treatment of chronic phase Philadelphia-chromosome-positive CML.<br><br>People currently receiving dasatinib that is not recommended according to the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop | Imatinib and Nilotinib are formulary for the first-line treatment of chronic myeloid leukaemia<br><br>Dasatinib is non-formulary for the first line treatment of chronic myeloid leukaemia | A |

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| 250 | Eribulin for the treatment of locally advanced or metastatic breast cancer | Apr 2012 | Eribulin is not recommended, within its licensed indication, for the treatment of locally advanced or metastatic breast cancer that has progressed after at least two chemotherapy regimens for advanced disease.<br><br>People currently receiving eribulin, within its licensed indication, for the treatment of locally advanced or metastatic breast cancer that has progressed after at least two chemotherapy regimens should have the option to continue therapy until they and their clinicians consider it appropriate to stop. | Available via CDF | Green |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
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| 249 | Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation | Mar 2012 | Dabigatran etexilate is recommended as an option for the prevention of stroke and systemic embolism within its licensed indication, that is, in people with nonvalvular atrial fibrillation with one or more of the following risk factors:<br>• previous stroke, transient ischaemic attack or systemic embolism<br>• left ventricular ejection fraction below 40%<br>• symptomatic heart failure of New York Heart Association (NYHA) class 2 or above<br>• age 75 years or older<br>• age 65 years or older with one of the following: diabetes mellitus, coronary artery disease or hypertension.<br>The decision about whether to start treatment with dabigatran etexilate should be made after an informed discussion between the clinician and the person about the risks and benefits of dabigatran etexilate compared with warfarin. For people who are taking warfarin, the potential risks and benefits of switching to dabigatran etexilate should be considered in light of their level of international normalised ratio (INR) control. | Formulary | A |

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| 248 | Exenatide prolonged-release suspension for injection in combination with oral antidiabetic therapy for the treatment of type 2 diabetes | Feb 2012 | Recommended in accordance with NICE clinical guideline 87 and NICE technology appraisal 203 | Formulary | A |
| 247 | Tocilizumab for the treatment of rheumatoid arthritis (rapid review of technology appraisal guidance 198) | Feb 2012 | Tocilizumab in combination with methotrexate is recommended as an option for the treatment of rheumatoid arthritis in adults if:<br>• the disease has responded inadequately to disease-modifying anti-rheumatic drugs (DMARDs) **and** it is used as described for TNF inhibitor treatments in NICE technology appraisal guidance 130, specifically the recommendations on disease activity and choice of treatment **or**<br>• the disease has responded inadequately to DMARDs and a TNF inhibitor and the person cannot receive rituximab because of a contraindication to rituximab, or because rituximab is withdrawn because of an adverse event, **and** tocilizumab is used as described for TNF inhibitor treatments in NICE technology appraisal guidance 195, specifically the recommendations on disease activity **or**<br>• the disease has responded inadequately to one or more TNF inhibitor treatments and to rituximab<br>• **and** the manufacturer provides tocilizumab with the discount agreed as part of the patient access scheme.<br>People currently receiving tocilizumab for the treatment of rheumatoid arthritis who do not meet the criteria in the NICE guideline should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Formulary | A |

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| 246 | Pharmalgen for the treatment of bee and wasp venom allergy | Feb 2012 | Pharmalgen is recommended as an option for the treatment of IgE-mediated bee and wasp venom allergy in people who have had:<br>• a severe systemic reaction to bee or wasp venom, **or**<br>• a moderate systemic reaction to bee or wasp venom and who have one or more of the following: a raised baseline serum tryptase, a high risk of future stings or anxiety about future stings.<br>Treatment with Pharmalgen should be initiated and monitored in a specialist centre experienced in venom immunotherapy | Patient treatment pathway not provided at St George's (commissioning decision) | C |
| 245 | Apixaban for the prevention of venous thromboembolism after total hip or knee replacement in adults | Jan 2012 | Apixaban is recommended as an option for the prevention of venous thromboembolism in adults after elective hip or knee replacement surgery. | Formulary | A |
| 244 | Roflumilast for the management of severe chronic obstructive pulmonary disease | Jan 2012 | Roflumilast is recommended only in the context of research as part of a clinical trial for adults with severe chronic obstructive pulmonary disease (COPD) associated with chronic bronchitis with a history of frequent exacerbations as an add-on to bronchodilator treatment (as described in the NICE technology appraisal)<br><br>People receiving roflumilast should have the option to continue treatment until they and their clinicians consider it appropriate to stop | Formulary for patients participating in approved clinical trials | A |

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|---|---|---|---|---|---|
| 243 | Rituximab for the first-line treatment of stage III-IV follicular lymphoma: (review of NICE technology appraisal guidance 110) | Jan 2012 | Rituximab, in combination with:<br>• cyclophosphamide, vincristine and prednisolone (CVP)<br>• cyclophosphamide, doxorubicin, vincristine and prednisolone (CHOP)<br>• mitoxantrone, chlorambucil and prednisolone (MCP)<br>• cyclophosphamide, doxorubicin, etoposide, prednisolone and interferon-α (CHVPi) **or**<br>• chlorambucil<br>is recommended as an option for the treatment of symptomatic stage III and IV follicular lymphoma in previously untreated people. | Formulary | A |

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| 242 | Cetuximab, bevacizumab and panitumumab for the treatment of metastatic colorectal cancer after first-line chemotherapy: Cetuximab (monotherapy or combination chemotherapy), bevacizumab (in combination with non-oxaliplatin chemotherapy) and panitumumab (monotherapy) for the treatment of metastatic colorectal cancer after first-line chemotherapy (review of technology appraisal 150 and part review of technology appraisal guidance 118) | Jan 2012 | Cetuximab monotherapy or combination chemotherapy is not recommended for the treatment of people with metastatic colorectal cancer that has progressed after first-line chemotherapy.<br>Bevacizumab in combination with non-oxaliplatin (fluoropyrimidine-based) chemotherapy is not recommended for the treatment of people with metastatic colorectal cancer that has progressed after first-line chemotherapy.<br>Panitumumab monotherapy is not recommended for the treatment of people with metastatic colorectal cancer that has progressed after first-line chemotherapy.<br>People currently receiving cetuximab monotherapy or combination chemotherapy, bevacizumab in combination with non-oxaliplatin chemotherapy, or panitumumab monotherapy for the treatment of metastatic colorectal cancer that has progressed after first-line chemotherapy should have the option to continue treatment until they and their clinician consider it appropriate to stop | Cetuximab available via CDF<br>Bevacizumab available via CDF<br>panitumumab is non-formulary for the treatment of metastatic colorectal cancer after first-line chemotherapy | Green<br>Green<br>A |

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| 241 | Dasatinib, high-dose imatinib and nilotinib for the treatment of imatinib-resistant chronic myeloid leukaemia (CML) (part review of NICE technology appraisal guidance 70), and dasatinib and nilotinib for people with CML for whom treatment with imatinib has failed because of intolerance | Jan 2012 | Nilotinib is recommended for the treatment of chronic or accelerated phase Philadelphia-chromosome-positive chronic myeloid leukaemia (CML) in adults:<br>• whose CML is resistant to treatment with standard-dose imatinib<br>**or**<br>• who have imatinib intolerance<br>**and**<br>• if the manufacturer makes nilotinib available with the discount agreed as part of the patient access scheme.<br><br>Dasatinib is not recommended for the treatment of chronic, accelerated or blast-crisis phase CML in adults with imatinib intolerance or whose CML is resistant to treatment with standard-dose imatinib.<br><br>High-dose imatinib is not recommended for the treatment of chronic, accelerated or blast-crisis phase Philadelphia-chromosome-positive CML that is resistant to standard-dose imatinib.<br><br>People who are currently receiving dasatinib or high-dose imatinib for the treatment of CML should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Nilotinib is formulary<br><br>Dasatinib available via CDF<br><br>High dose Imatinib is non-formulary | A<br><br>Green<br><br>A |

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| 240 | Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer | Dec 2011 | Terminated Appraisal | Non-formulary | B |
| 239 | Fulvestrant for the treatment of locally advanced or metastatic breast cancer | Dec 2011 | Fulvestrant is not recommended, within its licensed indication, as an alternative to aromatase inhibitors for the treatment of oestrogen-receptor-positive, locally advanced or metastatic breast cancer in postmenopausal women whose cancer has relapsed on or after adjuvant anti-oestrogen therapy, or who have disease progression on anti-oestrogen therapy.<br>Post-menopausal women currently receiving fulvestrant within its licensed indication as an alternative to aromatase inhibitors for the treatment of oestrogen-receptor-positive, locally advanced or metastatic breast cancer whose cancer has relapsed on or after adjuvant anti-oestrogen therapy, or who have disease progression on anti-oestrogen therapy, should have the option to continue treatment until they and their clinicians consider it appropriate to stop | Non-formulary | A |

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|---|---|---|---|---|---|
| 238 | Tocilizumab for the treatment of systemic juvenile idiopathic arthritis | Dec 2011 | Tocilizumab is recommended for the treatment of systemic juvenile idiopathic arthritis in children and young people aged 2 years and older whose disease has responded inadequately to non-steroidal anti-inflammatory drugs (NSAIDs), systemic corticosteroids and methotrexate if the manufacturer makes tocilizumab available with the discount agreed as part of the patient access scheme.<br><br>Tocilizumab is not recommended for the treatment of systemic juvenile idiopathic arthritis in children and young people aged 2 years and older whose disease continues to respond to methotrexate or who have not been treated with methotrexate.<br><br>Children and young people currently receiving tocilizumab for the treatment of systemic juvenile idiopathic arthritis who do not meet the criteria in the NICE guideline should have the option to continue treatment until it is considered appropriate to stop. This decision should be made jointly by the clinicians, and the child or young person and/or their parents or carers. | Formulary | A |
| 237 | Ranibizumab for the treatment of diabetic macular oedema | Nov 2011 | Ranibizumab is not recommended for the treatment of visual impairment due to diabetic macular oedema.<br><br>People currently receiving ranibizumab for the treatment of visual impairment due to diabetic macular oedema should have the option to continue treatment until they and their clinicians consider it appropriate to stop | Patient treatment pathway not provided at St George's (commissioning decision) | C |

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| 236 | Ticagrelor for the treatment of acute coronary syndromes | Oct 2011 | Ticagrelor in combination with low-dose aspirin is recommended for up to 12 months as a treatment option in adults with acute coronary syndromes (ACS) that is, people:<br>• with ST-segment-elevation myocardial infarction (STEMI) – defined as ST elevation or new left bundle branch block on electrocardiogram – that cardiologists intend to treat with primary percutaneous coronary intervention (PCI) **or**<br>• with non-ST-segment-elevation myocardial infarction (NSTEMI) **or**<br>• admitted to hospital with unstable angina – defined as ST or T wave changes on electrocardiogram suggestive of ischaemia plus one of the characteristics defined below. Before ticagrelor is continued beyond the initial treatment, the diagnosis of unstable angina should first be confirmed, ideally by a cardiologist.<br>For the purposes of this guidance, characteristics to be used in defining treatment with ticagrelor for unstable angina are: age 60 years or older; previous myocardial infarction or previous coronary artery bypass grafting (CABG); coronary artery disease with stenosis of 50% or more in at least two vessels; previous ischaemic stroke; previous transient ischaemic attack, carotid stenosis of at least 50%, or cerebral revascularisation; diabetes mellitus; peripheral arterial disease; or chronic renal dysfunction, defined as a creatinine clearance of less than 60 ml per minute per 1.73 $m^2$ of body-surface area | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
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| 235 | Mifamurtide for the treatment of osteosarcoma | Oct 2011 | Mifamurtide in combination with postoperative multi-agent chemotherapy is recommended within its licensed indication as an option for the treatment of high-grade resectable non-metastatic osteosarcoma after macroscopically complete surgical resection in children, adolescents and young adults and when mifamurtide is made available at a reduced cost to the NHS under the patient access scheme | Patient treatment pathway not provided at St George's (commissioning decision) | C |
| 234 | Abatacept for the treatment of rheumatoid arthritis after the failure of conventional disease-modifying anti-rheumatic drugs | Aug 2011 | This guidance has been updated and replaced by NICE technology appraisal guidance 280 | See NICE TA 280 | See NICE TA 280 |
| 233 | Golimumab for the treatment of ankylosing spondylitis | Aug 2011 | Golimumab is recommended as an option for the treatment of severe, active ankylosing spondylitis in adults only if:<br>• it is used as described for adalimumab and etanercept in 'Adalimumab, etanercept and infliximab for ankylosing spondylitis' (NICE technology appraisal guidance 143) **and**<br>• the manufacturer provides the 100 mg dose of golimumab at the same cost as the 50 mg dose in accordance with the patient access scheme.<br>People currently receiving golimumab for the treatment of severe, active ankylosing spondylitis who do not fulfil the criteria for treatment with adalimumab and etanercept described in NICE technology appraisal guidance 143 should have the option to continue golimumab until they and their clinician consider it appropriate to stop | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 232 | Retigabine for the adjunctive treatment of partial onset seizures in epilepsy | Jul 2011 | Retigabine is recommended as an option for the adjunctive treatment of partial onset seizures with or without secondary generalisation in adults aged 18 years and older with epilepsy, only when previous treatment with carbamazepine, clobazam, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, sodium valproate and topiramate has not provided an adequate response, or has not been tolerated | Formulary | A |
| 231 | Agomelatine for the treatment of major depressive episodes | Jul 2011 | Terminated Appraisal | Non-formulary | B |
| 230 | Bivalirudin for the treatment of ST-segment-elevation myocardial infarction | Jul 2011 | Bivalirudin in combination with aspirin and clopidogrel is recommended for the treatment of adults with ST-segment-elevation myocardial infarction undergoing primary percutaneous coronary intervention | Formulary | A |
| 229 | Dexamethasone intravitreal implant for the treatment of macular oedema secondary to retinal vein occlusion | Jul 2011 | Dexamethasone intravitreal implant is recommended as an option for the treatment of macular oedema following central retinal vein occlusion.<br>Dexamethasone intravitreal implant is recommended as an option for the treatment of macular oedema following branch retinal vein occlusion when:<br>• treatment with laser photocoagulation has not been beneficial, **or**<br>• treatment with laser photocoagulation is not considered suitable because of the extent of macular haemorrhage.<br>People currently receiving dexamethasone intravitreal implant for the treatment of macular oedema secondary to branch retinal vein occlusion who do not meet the criteria specified in the NICE guideline should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Patient treatment pathway not provided at St George's (commissioning decision) | A |

## NICE TECHNOLOGY APPRAISAL MEDICINES REPORT 2010-2014

| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 228 | Bortezomib and thalidomide for the first-line treatment of multiple myeloma | Jul 2011 | Thalidomide in combination with an alkylating agent and a corticosteroid is recommended as an option for the first-line treatment of multiple myeloma in people for whom high-dose chemotherapy with stem cell transplantation is considered inappropriate.<br>Bortezomib in combination with an alkylating agent and a corticosteroid is recommended as an option for the first-line treatment of multiple myeloma if:<br>• high-dose chemotherapy with stem cell transplantation is considered inappropriate **and**<br>• the person is unable to tolerate or has contraindications to thalidomide. | Formulary | A |
| 227 | Erlotinib monotherapy for maintenance treatment of non-small-cell lung cancer | Jun 2011 | Erlotinib monotherapy is not recommended for maintenance treatment in people with locally advanced or metastatic non-small-cell lung cancer who have stable disease after platinum-based first-line chemotherapy.<br>People currently receiving erlotinib monotherapy for maintenance treatment of locally advanced or metastatic non-small-cell lung cancer who have stable disease after platinum-based first-line chemotherapy should have the option to continue treatment until they and their clinician consider it appropriate to stop | Formulary for patients who are intolerant of afatinib | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 226 | Rituximab for the first-line maintenance treatment of follicular non-Hodgkin's lymphoma | Jun 2011 | Rituximab maintenance therapy is recommended as an option for the treatment of people with follicular non-Hodgkin's lymphoma that has responded to first-line induction therapy with rituximab in combination with chemotherapy | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 225 | Golimumab for the treatment of rheumatoid arthritis after the failure of previous disease-modifying anti-rheumatic drugs | Jun 2011 | Golimumab in combination with methotrexate is recommended as an option for the treatment of rheumatoid arthritis in adults whose rheumatoid arthritis has responded inadequately to conventional disease-modifying anti-rheumatic drugs (DMARDs) only, including methotrexate, if:<br>• it is used as described for other tumour necrosis factor (TNF) inhibitor treatments in 'Adalimumab, etanercept and infliximab for the treatment of rheumatoid arthritis (NICE technology appraisal guidance 130), **and**<br>• the manufacturer provides the 100 mg dose of golimumab at the same cost as the 50 mg dose, agreed as part of the patient access scheme.<br>Golimumab in combination with methotrexate is recommended as an option for the treatment of rheumatoid arthritis in adults whose rheumatoid arthritis has responded inadequately to other DMARDs, including a TNF inhibitor, if:<br>• it is used as described for other TNF inhibitor treatments in 'Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor' (NICE technology appraisal guidance 195), **and**<br>• the manufacturer provides the 100 mg dose of golimumab at the same cost as the 50 mg dose, agreed as part of the patient access scheme.<br>When using the disease activity score (DAS28), healthcare professionals should take into account any physical, sensory or learning disabilities, communication difficulties, or disease characteristics that could adversely affect patient assessment and make any adjustments they consider appropriate. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 224 | Golimumab for the treatment of methotrexate-naïve rheumatoid arthritis | Jun 2011 | Terminated Appraisal | Non-formulary for methotrexate-naïve rheumatoid arthritis | B |
| 223 | Cilostazol, naftidrofuryl oxalate, pentoxifylline and inositol nicotinate for the treatment of intermittent claudication in people with peripheral arterial disease | May 2011 | Naftidrofuryl oxalate is recommended as an option for the treatment of intermittent claudication in people with peripheral arterial disease for whom vasodilator therapy is considered appropriate after taking into account other treatment options. Treatment with naftidrofuryl oxalate should be started with the least costly licensed preparation.<br>Cilostazol, pentoxifylline and inositol nicotinate are not recommended for the treatment of intermittent claudication in people with peripheral arterial disease.<br>People currently receiving cilostazol, pentoxifylline and inositol nicotinate should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Naftidrofuryl oxalate is formulary<br><br>Cilostazol, pentoxifylline and inositol nicotinate are non-formulary | A |
| 222 | Trabectedin for the treatment of relapsed ovarian cancer | Apr 2011 | Trabectedin in combination with pegylated liposomal doxorubicin hydrochloride (PLDH) is not recommended for the treatment of women with relapsed platinum-sensitive ovarian cancer.<br>Women with relapsed platinum-sensitive ovarian cancer currently receiving trabectedin plus PLDH should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Non-formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 221 | Romiplostim for the treatment of chronic immune (idiopathic) thrombocytopenic purpura | Apr 2011 | Romiplostim is recommended as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura, within its marketing authorisation (that is, in adults who have had a splenectomy and whose condition is refractory to other treatments, or as a second-line treatment in adults who have not had a splenectomy because surgery is contraindicated), only if:<br>• their condition is refractory to standard active treatments and rescue therapies, or<br>• they have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies<br>**and**<br>• if the manufacturer makes romiplostim available with the discount agreed in the patient access scheme.<br>People currently receiving romiplostim whose disease does not meet the criteria in the NICE guideline should be able to continue treatment until they and their clinician consider it appropriate to stop. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 220 | Golimumab for the treatment of psoriatic arthritis | Apr 2011 | Golimumab is recommended as an option for the treatment of active and progressive psoriatic arthritis in adults only if:<br>• it is used as described for other tumour necrosis factor (TNF) inhibitor treatments in Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis (NICE technology appraisal guidance 199),<br>**and**<br>• the manufacturer provides the 100 mg dose of golimumab at the same cost as the 50 mg dose.<br>When using the Psoriatic Arthritis Response Criteria (PsARC; as set out in NICE technology appraisal guidance 199), healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect a person's responses to components of the PsARC and make any adjustments they consider appropriate. | Formulary | A |
| 219 | Everolimus for the second-line treatment of advanced renal cell carcinoma | Apr 2011 | Everolimus is not recommended for the second-line treatment of advanced renal cell carcinoma.<br>People currently receiving everolimus for the second-line treatment of advanced renal cell carcinoma should have the option to continue treatment until they and their clinician consider it appropriate to stop. | CDF | Green |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 218 | Azacitidine for the treatment of myelodysplastic syndromes, chronic myelomonocytic leukaemia and acute myeloid leukaemia | Mar 2011 | Azacitidine is recommended as a treatment option for adults who are not eligible for haematopoietic stem cell transplantation and have:<br>• intermediate-2 and high-risk myelodysplastic syndromes according to the International Prognostic Scoring System (IPSS) **or**<br>• chronic myelomonocytic leukaemia with 10–29% marrow blasts without myeloproliferative disorder **or**<br>• acute myeloid leukaemia with 20–30% blasts and multilineage dysplasia, according to the World Health Organization classification **and**<br>• if the manufacturer provides azacitidine with the discount agreed as part of the patient access scheme. | Formulary | A |
| 217 | Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease | Mar 2011 | Update of NICE TA 111<br>The three acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine are recommended as options for managing mild to moderate Alzheimer's disease under all of the conditions specified in the NICE guidance<br><br>Memantine is recommended as an option for managing Alzheimer's disease for people with:<br>• moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors **or**<br>• severe Alzheimer's disease. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 216 | Bendamustine for the first-line treatment of chronic lymphocytic leukaemia | Feb 2011 | Bendamustine is recommended as an option for the first-line treatment of chronic lymphocytic leukaemia (Binet stage B or C) in patients for whom fludarabine combination chemotherapy is not appropriate | Formulary | A |
| 215 | Pazopanib for the first-line treatment of advanced renal cell carcinoma | Feb 2011 | Pazopanib is recommended as a first-line treatment option for people with advanced renal cell carcinoma<br>• who have not received prior cytokine therapy and have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 **and**<br>• if the manufacturer provides pazopanib with a 12.5% discount on the list price as agreed in the patient access scheme.<br>When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.<br>People who are currently being treated with pazopanib for advanced metastatic renal cell carcinoma but who do not meet the criteria in the NICE guideline should have the option to continue their therapy until they and their clinicians consider it appropriate to stop | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 214 | Bevacizumab in combination with a taxane for the first-line treatment of metastatic breast cancer | Feb 2011 | Bevacizumab in combination with a taxane is not recommended for the first-line treatment of metastatic breast cancer.<br>Patients currently receiving bevacizumab in combination with a taxane for the first-line treatment of metastatic breast cancer should have the option to continue therapy until they and their clinicians consider it appropriate to stop | CDF | Green |
| 213 | Aripiprazole for the treatment of schizophrenia in people aged 15 to 17 years | Jan 2011 | Aripiprazole is recommended as an option for the treatment of schizophrenia in people aged 15 to 17 years who are intolerant of risperidone, or for whom risperidone is contraindicated, or whose schizophrenia has not been adequately controlled with risperidone.<br>People aged 15 to 17 years currently receiving aripiprazole for the treatment of schizophrenia who do not meet the criteria specified in the NICE guidance should have the option to continue treatment until it is considered appropriate to stop. This decision should be made jointly by the clinician and the person with schizophrenia, and if appropriate, their parents or carers. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 212 | Bevacizumab in combination with oxaliplatin and either fluorouracil plus folinic acid or capecitabine for the treatment of metastatic colorectal cancer | Dec 2010 | Bevacizumab in combination with oxaliplatin and either fluorouracil plus folinic acid or capecitabine is not recommended for the treatment of metastatic colorectal cancer.<br>People currently receiving bevacizumab in combination with oxaliplatin and either fluorouracil plus folinic acid or capecitabine for the treatment of metastatic colorectal cancer should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | CDF | Green |
| 211 | Prucalopride for the treatment of chronic constipation in women | Dec 2010 | Prucalopride is recommended as an option for the treatment of chronic constipation only in women for whom treatment with at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and invasive treatment for constipation is being considered.<br>If treatment with prucalopride is not effective after 4 weeks, the woman should be re-examined and the benefit of continuing treatment reconsidered.<br>Prucalopride should only be prescribed by a clinician with experience of treating chronic constipation, who has carefully reviewed the woman's previous courses of laxative treatments specified above. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
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| 210 | Clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events | Dec 2010 | Update and replacement of NICE TA 90<br>Clopidogrel is recommended as an option to prevent occlusive vascular events:<br>• for people who have had an ischaemic stroke or who have peripheral arterial disease or multivascular disease **or**<br>• for people who have had a myocardial infarction only if aspirin is contraindicated or not tolerated.<br>Modified-release dipyridamole in combination with aspirin is recommended as an option to prevent occlusive vascular events:<br>• for people who have had a transient ischaemic attack **or**<br>• for people who have had an ischaemic stroke only if clopidogrel is contraindicated or not tolerated.<br>Modified-release dipyridamole alone is recommended as an option to prevent occlusive vascular events:<br>• for people who have had an ischaemic stroke only if aspirin and clopidogrel are contraindicated or not tolerated **or**<br>• for people who have had a transient ischaemic attack only if aspirin is contraindicated or not tolerated.<br>Treatment with clopidogrel to prevent occlusive vascular events should be started with the least costly licensed preparation.<br>People currently receiving clopidogrel or modified-release dipyridamole either with or without aspirin outside the criteria above should have the option to continue treatment until they and their clinicians consider it appropriate to stop | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 209 | Imatinib for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours | Nov 2010 | Update of NICE TA 86<br>Imatinib at 600 or 800 mg/day is not recommended for people with unresectable and/or metastatic gastrointestinal stromal tumours whose disease has progressed after treatment with 400 mg/day imatinib.<br>People who are currently receiving 600 or 800 mg/day imatinib for unresectable and/or metastatic gastrointestinal stromal tumours should have the option to continue therapy until they and their clinicians consider it appropriate to stop. | Non-formulary for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours | A |
| 208 | Trastuzumab for the treatment of HER2-positive metastatic gastric cancer | Nov 2010 | Trastuzumab, in combination with cisplatin and capecitabine or 5-fluorouracil, is recommended as an option for the treatment of people with human epidermal growth factor receptor 2 (HER2)-positive metastatic adenocarcinoma of the stomach or gastro-oesophageal junction who:<br>• have not received prior treatment for their metastatic disease **and**<br>• have tumours expressing high levels of HER2 as defined by a positive immunohistochemistry score of 3 (IHC3 positive).<br>People who are currently receiving treatment with trastuzumab for HER2-positive metastatic gastric cancer who do not meet the criteria in the NICE guidance should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 207 | Temsirolimus for the treatment of relapsed or refractory mantle cell lymphoma | Oct 2010 | Terminated Appraisal | Non-formulary | B |
| 206 | Bendamustine for the treatment of indolent (low grade) non-Hodgkin's lymphoma that is refractory to rituximab | Oct 2010 | Terminated Appraisal | Non-formulary | B |
| 205 | Eltrombopag for the treatment of chronic immune (idiopathic) thrombocytopenic purpura | Oct 2010 | This guidance has been superseded by NICE TA 293 | See NICE TA 293 | See NICE TA 293 |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 204 | Denosumab for the prevention of osteoporotic fractures in postmenopausal women | Oct 2010 | Denosumab is recommended as a treatment option for the primary prevention of osteoporotic fragility fractures only in postmenopausal women at increased risk of fractures:<br>• who are unable to comply with the special instructions for administering alendronate and either risedronate or etidronate, or have an intolerance of, or a contraindication to, those treatments **and**<br>• who have a combination of T-score, age and number of independent clinical risk factors for fracture (parental history of hip fracture, alcohol intake of ≥ 4 units/day and rheumatoid arthritis) as indicated in the guidance.<br>Denosumab is recommended as a treatment option for the secondary prevention of osteoporotic fragility fractures only in postmenopausal women at increased risk of fractures who are unable to comply with the special instructions for administering alendronate and either risedronate or etidronate, or have an intolerance of, or a contraindication to, those treatments.<br>People currently receiving denosumab for the primary or secondary prevention of osteoporotic fragility fractures who do not meet the criteria specified in recommendations above should have the option to continue treatment until they and their clinician consider it appropriate to stop | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 203 | Liraglutide for the treatment of type 2 diabetes mellitus | Oct 2010 | Liraglutide 1.2 mg daily in triple therapy regimens (in combination with metformin and a sulphonylurea, or metformin and a thiazolidinedione) is recommended as an option for the treatment of people with type 2 diabetes, when control of blood glucose remains or becomes inadequate (HbA1c ≥ 7.5%, or other higher level agreed with the individual), and the person has:<br>• a body mass index (BMI) ≥ 35 kg/$m^2$ **or**<br>• a BMI < 35 kg/$m^2$, and therapy with insulin would have significant occupational implications or weight loss would benefit other significant obesity-related comorbidities.<br>Treatment with liraglutide 1.2 mg daily in a triple therapy regimen should only be continued as described for exenatide in the NICE clinical guideline 87.<br>Liraglutide 1.2 mg daily in dual therapy regimens (in combination with metformin or a sulphonylurea) is recommended as an option for the treatment of people with type 2 diabetes, only if:<br>• the person is intolerant of either metformin **or** a sulphonylurea, or treatment with metformin **or** a sulphonylurea is contraindicated, **and**<br>• the person is intolerant of thiazolidinediones **and** dipeptidyl peptidase-4 (DPP-4) inhibitors, or treatment with thiazolidinediones **and** DPP-4 inhibitors is contraindicated.<br>Treatment with liraglutide 1.2 mg daily in a dual therapy regimen should only be continued if a beneficial metabolic response has been shown (defined as a reduction of at least 1 percentage point in HbA1c at 6 months).<br>Liraglutide 1.8 mg daily is not recommended for the treatment of people with type 2 diabetes.<br>People with type 2 diabetes currently receiving liraglutide 1.8mg should have the option to continue their current treatment until they and their clinicians consider it appropriate to stop | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 202 | Ofatumumab for the treatment of chronic lymphocytic leukaemia refractory to fludarabine and alemtuzumab | Oct 2010 | Ofatumumab is not recommended for the treatment of chronic lymphocytic leukaemia that is refractory to fludarabine and alemtuzumab.<br>People currently receiving ofatumumab for the treatment of chronic lymphocytic leukaemia that is refractory to fludarabine and alemtuzumab should have the option to continue treatment until they and their clinician consider it appropriate to stop. | Non-formulary | A |
| 201 | Omalizumab for the treatment of severe persistent allergic asthma in children aged 6–11 | Oct 2010 | Updated and replaced by NICE TA 278 | See NICE TA 278 | See NICE TA 278 |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 200 | Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C | Sep 2010 | Combination therapy with peginterferon alfa (2a or 2b) and ribavirin is recommended as a treatment option for adults with chronic hepatitis C:<br>• who have been treated previously with peginterferon alfa (2a or 2b) and ribavirin in combination, or with peginterferon alfa monotherapy, and whose condition either did not respond to treatment or responded initially to treatment but subsequently relapsed **or**<br>• who are co-infected with HIV.<br>Shortened courses of combination therapy with peginterferon alfa (2a or 2b) and ribavirin are recommended for the treatment of adults with chronic hepatitis C who:<br>• have a rapid virological response to treatment at week 4 that is identified by a highly sensitive test **and**<br>• are considered suitable for a shortened course of treatment.<br>When deciding on the duration of combination therapy, clinicians should take into account the licensed indication of the chosen drug (peginterferon alfa-2a or peginterferon alfa-2b), the genotype of the hepatitis C virus, the viral load at the start of treatment and the response to treatment (as indicated by the viral load). | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 199 | Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis | Aug 2010 | Updates and replaces NICE TA 104 and NICE TA 125<br>Etanercept, infliximab and adalimumab are recommended for the treatment of adults with active and progressive psoriatic arthritis when the following criteria are met.<br>• The person has peripheral arthritis with three or more tender joints and three or more swollen joints, **and**<br>• The psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying antirheumatic drugs (DMARDs), administered either individually or in combination.<br>Etanercept, adalimumab or infliximab treatment should be discontinued in people whose psoriatic arthritis has not shown an adequate response using the Psoriatic Arthritis Response Criteria (PsARC) at 12 weeks. An adequate response is defined as an improvement in at least two of the four PsARC criteria, (one of which has to be joint tenderness or swelling score) with no worsening in any of the four criteria. People whose disease has a Psoriasis Area and Severity Index (PASI) 75 response at 12 weeks but whose PsARC response does not justify continuation of treatment should be assessed by a dermatologist to determine whether continuing treatment is appropriate on the basis of skin response (see NICE TA 103, 134 and 146), for guidance on the use of tumour necrosis factor [TNF] inhibitors in psoriasis).<br>When using the PsARC healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect a person's responses to components of the PsARC and make any adjustments they consider appropriate. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 198 | Tocilizumab for the treatment of rheumatoid arthritis | Aug 2010 | Updated and replaced by NICE TA 247 | See NICE TA 247 | See NICE TA 247 |
| 197 | Dronedarone for the treatment of non-permanent atrial fibrillation | Aug 2010 | Dronedarone is recommended as an option for the maintenance of sinus rhythm after successful cardioversion in people with paroxysmal or persistent atrial fibrillation:<br>• whose atrial fibrillation is not controlled by first-line therapy (usually including beta-blockers), that is, as a second-line treatment option and after alternative options have been considered **and**<br>• who have at least 1 of the following cardiovascular risk factors:<br>  ○ hypertension requiring drugs of at least 2 different classes<br>  ○ diabetes mellitus<br>  ○ previous transient ischaemic attack, stroke or systemic embolism<br>  ○ left atrial diameter of 50 mm or greater **or**<br>  ○ age 70 years or older **and**<br>• who do not have left ventricular systolic dysfunction **and**<br>• who do not have a history of, or current, heart failure.<br>People who do not meet the above criteria and are currently receiving dronedarone should have the option to continue treatment until they and their clinicians consider it appropriate to stop. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 196 | Imatinib for the adjuvant treatment of gastrointestinal stromal tumours | Aug 2010 | Imatinib is not recommended for the adjuvant treatment of gastrointestinal stromal tumours (GISTs) after surgery.<br>People currently receiving imatinib for the adjuvant treatment of gastrointestinal stromal tumours after surgery should have the option to continue treatment until they and their clinician consider it appropriate to stop. | Non-formulary for this indication (except whilst available via the Cancer Drug Fund) | A |
| 195 | Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor | Aug 2010 | Updates and replaces NICE TA 126 and NICE TA 141, and replaces remaining recommendations of NICE TA 36<br>• Rituximab in combination with methotrexate is still recommended as an option for the treatment of adults with severe active rheumatoid arthritis who have had an inadequate response to, or have an intolerance of, other DMARDs, including at least one TNF inhibitor.<br>• Adalimumab, etanercept, infliximab and abatacept, each in combination with methotrexate, are now recommended as treatment options for adults if rituximab is contraindicated or withdrawn because of an adverse event<br>• Adalimumab and etanercept monotherapy are recommended as treatment options for adults with severe active rheumatoid arthritis who have had an inadequate response to, or have an intolerance of, other DMARDs, including at least one TNF inhibitor, and who cannot receive rituximab therapy because they have a contraindication to methotrexate, or when methotrexate is withdrawn because of an adverse event. | All Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
|---|---|---|---|---|---|
| 194 | Denosumab for the treatment of therapy-induced bone loss in non-metastatic prostate cancer | Jul 2010 | Terminated Appraisal | Non-formulary for the treatment of therapy-induced bone loss in non-metastatic prostate cancer | C |
| 193 | Rituximab for the treatment of relapsed or refractory chronic lymphocytic leukaemia | Jul 2010 | Rituximab in combination with fludarabine and cyclophosphamide is recommended as a treatment option for people with relapsed or refractory chronic lymphocytic leukaemia except when the condition:<br>• is refractory to fludarabine (that is, it has not responded to fludarabine or has relapsed within 6 months of treatment) or<br>• has previously been treated with rituximab, unless:<br>  ○ in the context of a clinical trial, at a dose lower than the dose currently licensed for chronic lymphocytic leukaemia or<br>  ○ in the context of a clinical trial, in combination with chemotherapy other than fludarabine and cyclophosphamide.<br>• Rituximab in combination with chemotherapy other than fludarabine and cyclophosphamide is recommended only in the context of research for people with relapsed or refractory chronic lymphocytic leukaemia. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
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| 192 | Gefitinib for the first-line treatment of locally advanced or metastatic non-small-cell lung cancer | Jul 2010 | Gefitinib is recommended as an option for the first-line treatment of people with locally advanced or metastatic non-small-cell lung cancer (NSCLC) if:<br>• they test positive for the epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation **and**<br>• the manufacturer provides gefitinib at the fixed price agreed under the patient access scheme. | Formulary | A |
| 191 | Capecitabine for the treatment of advanced gastric cancer | Jul 2010 | Capecitabine in combination with a platinum-based regimen is recommended for the first-line treatment of inoperable advanced gastric cancer. | Formulary | A |
| 190 | Pemetrexed for the maintenance treatment of non-small-cell lung cancer | Jun 2010 | People who have received pemetrexed in combination with cisplatin as first-line chemotherapy cannot receive pemetrexed maintenance treatment.<br><br>Pemetrexed is recommended as an option for the maintenance treatment of people with locally advanced or metastatic non-small-cell lung cancer other than predominantly squamous cell histology if disease has not progressed immediately following platinum-based chemotherapy in combination with gemcitabine, paclitaxel or docetaxel. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
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| 189 | Sorafenib for the treatment of advanced hepatocellular carcinoma | May 2010 | Sorafenib is not recommended for the treatment of advanced hepatocellular carcinoma in patients for whom surgical or locoregional therapies have failed or are not suitable.<br>People currently receiving sorafenib for the treatment of advanced hepatocellular carcinoma should have the option to continue treatment until they and their clinician consider it appropriate to stop. | CDF | Green |
| 188 | Human growth hormone (somatropin) for the treatment of growth failure in children | May 2010 | Updates and replaces NICE TA 42<br>Somatropin (recombinant human growth hormone) is recommended as a treatment option for children with growth failure associated with any of the following conditions:<br>• growth hormone deficiency<br>• Turner syndrome<br>• Prader–Willi syndrome<br>• chronic renal insufficiency<br>• born small for gestational age with subs–uent growth failure at 4 years of age or later<br>• short stature homeobox-containing gene (*SHOX*) deficiency. | Formulary | A |

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| Ref | TA Title | Date Issued | Guidance | Formulary status 3 months after publication | Compliance indicator |
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| 187 | Infliximab (review) and adalimumab for the treatment of Crohn's disease | May 2010 | Updates and replaces NICE TA 40<br>Infliximab and adalimumab, within their licensed indications, are recommended as treatment options for adults with severe active Crohn's disease, whose disease has not responded to conventional therapy (including immunosuppressive and/or corticosteroid treatments), or who are intolerant of or have contraindications to conventional therapy. Infliximab or adalimumab should be given as a planned course of treatment 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 to determine whether ongoing treatment is still clinically appropriate.<br>Treatment with infliximab or adalimumab should only be started and reviewed by clinicians with experience of TNF inhibitors and of managing Crohn's disease | Formulary | A |
| 186 | Certolizumab pegol for the treatment of rheumatoid arthritis | Feb 2010 | Certolizumab pegol is recommended as an option for the treatment of people with rheumatoid arthritis only if:<br>• certolizumab pegol is used as described for other tumour necrosis factor (TNF) inhibitor treatments in NICE TA 130 **and**<br>• the manufacturer provides the first 12 weeks of certolizumab pegol (10 pre-loaded 200-mg syringes) free of charge to all patients starting treatment.<br>When using the DAS28 (as set out in NICE TA 130) healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect responses to the DAS28 and make any adjustments accordingly. | Formulary | A |

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| 185 | Trabectedin for the treatment of advanced soft tissue sarcoma | Feb 2010 | Trabectedin is recommended as a treatment option for people with advanced soft tissue sarcoma if:<br>• treatment with anthracyclines and ifosfamide has failed or<br>• they are intolerant of or have contraindications for treatment with anthracyclines and ifosfamide<br>**and**<br>• the acquisition cost of trabectedin for treatment needed after the fifth cycle is met by the manufacturer. | Patient treatment pathway not provided at St George's (commissioning decision) | C |