NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Manchester University NHS Foundation Trust

This spreadsheet enables self-audit of a medicines formulary for adherence to NICE Technology Appraisals. No copyright is asserted if used for non-commercial purposes within the NHS.

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2018-19							
Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs (**TA543**)	03/10/2018	**Tofacitinib** with **methotrexate** - recommended as an option for treating active psoriatic arthritis in adults, only if it is used as per NICE TA199 (recommendations 1.1 and 1.2) or the person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or; TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE TA199. Tofacitinib is only recommended if the company provides it according to the commercial arrangement.	x		11/10/2018	8	Not on the Trust formulary. Rheumatology Consultants submitted Fast track application for use in line with NICE and confirmed compliance (05/10/18). MMC deemed compliant with use and added to formulary for this indication (11/10/18).
Cabozantinib for untreated advanced renal cell carcinoma (**TA542**)	03/10/2018	**Cabozantinib** - recommended for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the company provides cabozantinib according to the commercial arrangement.		x	11/10/2018	8	Not on Trust formulary for this indication. Renal and Haematology Team confirmed patients would be referred to Christie for treatment (05/10/18). MMC deemed N/A, added to the formulary, not stocked (11/10/18).
Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia (**TA541**)	19/09/2018	**Inotuzumab ozogamicin** - recommended as an option for treating relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukaemia in adults. People with relapsed or refractory Philadelphia-chromosome-positive disease should have had at least 1 tyrosine kinase inhibitor. Recommended only if the company provides it according to the commercial arrangement.	x		11/10/2018	22	Not on the Trust formulary. Haematology Consultants submitted Fast track application for use in line with NICE and confirmed compliance (04/10/18). MMC deemed compliant with use and added to formulary for this indication (11/10/18).
Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma (**TA540**)	03/09/2018	**Pembrolizumab - NOT RECOMMENDED** for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had autologous stem cell transplant and brentuximab vedotin. **Pembrolizumab** - recommended for use within the CDF as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had brentuximab vedotin and cannot have autologous stem cell transplant, only if: pembrolizumab is stopped after 2 years of treatment or earlier if the person has a stem cell transplant or the disease progresses and the conditions in the managed access agreement for pembrolizumab are followed.	x		13/09/2018	10	Not on the Trust formulary for this indication. Haematology Consultants submitted Fast track application for use in line with CDF and confirmed compliance (05/10/18). MMC deemed compliant with use and added to formulary for this indication (10/10/18).
Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours (**TA539**)	29/08/2018	**Lutetium (177Lu) oxodotreotide** - recommended as an option for treating unresectable or metastatic, progressive, well-differentiated (grade 1 or grade 2), somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumours (NETs) in adults only if the company provides it according to the commercial arrangement.		x	13/09/2018	15	Not on Trust formulary. Haematology Consultants confirmed patients would be referred to Christie for treatment (30/08/18). MMC deemed N/A, added to the formulary, not stocked (13/09/18).
Dinutuximab beta for treating neuroblastoma (**TA538**)	22/08/2018	**Dinutuximab beta** - recommended as an option for treating high-risk neuroblastoma in people aged 12 months and over whose disease has at least partially responded to induction chemotherapy, followed by myeloablative therapy and stem cell transplant, only if they have not already had anti-GD2 immunotherapy and the company provides dinutuximab beta according to the commercial arrangement.	x		13/09/2018	22	On Trust formulary for this indication (01/08/2018). Paediatric Consultants confirmed compliance (22/08/18). MMC deemed compliant with use (13/09/18).

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Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs (**TA537**)	08/08/2018	**Ixekizumab** alone, or with **methotrexate -** recommended as an option for treating active psoriatic arthritis in adults, only if it is used as described in NICE's TA guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis or; the person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after the first 12 weeks or; TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's TA guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). Ixekizumab is only recommended if the company provides it according to the commercial arrangement	x		13/09/2018	36	Not on Trust formulary for this indication. Rheumatology Consultants submitted Fast track application and confirmed compliance (23/08/18). MMC deemed compliant with use (13/09/18).
Alectinib for untreated ALK-positive advanced non-small-cell lung cancer (**TA536**)	08/08/2018	**Alectinib -** recommended as an option for untreated anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) in adults. It is recommended only if the company provides alectinib according to the commercial arrangement.		x	13/09/2018	36	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (28/08/18). MMC added to formulary (not stocked) (13/09/18).
Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine (**TA535**)	08/08/2018	**Lenvatinib** and **sorafenib -** recommended as options for treating progressive, locally advanced or metastatic differentiated thyroid cancer (papillary, follicular or Hürthle cell) in adults whose disease does not respond to radioactive iodine, only if they have not had a tyrosine kinase inhibitor before or; they have had to stop taking a tyrosine kinase inhibitor within 3 months of starting it because of toxicity (specifically, toxicity that cannot be managed by dose delay or dose modification). Lenvatinib and sorafenib are recommended only if the companies provide them according to the commercial arrangements.		x	13/09/2018	36	Not on Trust formulary for this indication. Head & Neck Consultants confirmed patients would be referred to Christie for treatment (22/08/18). MMC added to formulary (not stocked) (13/09/18).
Dupilumab for treating moderate to severe atopic dermatitis (**TA534**)	01/08/2018	**Dupilumab -** recommended as an option for treating moderate to severe atopic dermatitis in adults, only if the disease has not responded to at least 1 other systemic therapy, such as ciclosporin, methotrexate, azathioprine and mycophenolate mofetil, or these are contraindicated or not tolerated; the company provides dupilumab according to the commercial arrangement	x		13/09/2018	43	Not on Trust formulary. Dermatology Consultants submitted Fast track application and confirmed compliance (31/08/18). MMC deemed compliant with use (13/09/18)
Ocrelizumab for treating relapsing–remitting multiple sclerosis (**TA533**)	25/07/2018	**Ocrelizumab -** recommended as an option for treating relapsing–remitting multiple sclerosis in adults with active disease defined by clinical or imaging features, only if alemtuzumab is contraindicated or otherwise unsuitable and the company provides ocrelizumab according to the commercial arrangement.		x	09/08/2018	15	Not on Trust formulary for this indication. Neurology team confirmed (25/07/18) that is N/A. All eligible MS patients are referred for treatment of disease modifying drugs via the specialist MS service at SRFT. MMC added to formulary (09/08/18). Not stocked.
Cenegermin for treating neurotrophic keratitis (**TA532**)	18/07/2018	**Cenegermin - NOT RECOMMENDED** for treating moderate or severe neurotrophic keratitis in adults.		x	09/08/2018	22	Not on Trust formulary for this indication. MREH Cornea Consultants confirmed treatment is not applicable, not used (19/07/18). MMC deemed compliant with non-use (09/08/18).
Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer (**TA531**)	18/07/2018	**Pembrolizumab -** recommended as an option for untreated PD-L1-positive metastatic non-small-cell lung cancer (NSCLC) in adults whose tumours express PD-L1 (with at least a 50% tumour proportion score) and have no epidermal growth factor receptor- or anaplastic lymphoma kinase-positive mutations, only if pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier in the event of disease progression and the company provides pembrolizumab according to the commercial access agreement.		x	09/08/2018	22	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (18/07/18). MMC added to formulary (not stocked) (09/08/18).
Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy (**TA530**)	04/07/2018	**Nivolumab – NOT RECOMMENDED** for treating locally advanced unresectable or metastatic urothelial carcinoma in adults who have had platinum-containing therapy.		x	12/07/2018	8	Not on Trust formulary for this indication. Urology Consultants confirmed treatment is not applicable, not used (07/07/18). MMC deemed compliant with non-use (12/07/18).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer (**TA529**)	04/07/2018	**Crizotinib** – recommended for use within the Cancer Drugs Fund as an option for treating ROS1-positive advanced non-small-cell lung cancer (NSCLC) in adults, only if the conditions in the managed access agreement are followed.		x	12/07/2018	8	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (09/07/18). MMC added to formulary (not stocked) (12/07/18).
Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer (**TA528**)	04/07/2018	**Niraparib –** is recommended for use within the CDF as an option for treating relapsed, platinum-sensitive high-grade serous epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to the most recent course of platinum-based chemotherapy in adults, only if: they have a germline BRCA mutation and have had 2 courses of platinum-based chemotherapy or; they do not have a germline BRCA mutation and have had 2 or more courses of platinum-based chemotherapy and; the conditions in the managed access agreement for niraparib are followed.		x	12/07/2018	8	Not on Trust formulary for this indication. Gynaecology Consultants confirmed patients would be referred to Christie for treatment (12/07/18). MMC added to formulary (not stocked) (12/07/18).
Beta interferons and glatiramer acetate for treating multiple sclerosis (replaces TA32) (**TA527**)	27/06/2018	**Interferon beta-1a –** recommended as an option for treating multiple sclerosis (MS), only if the person has relapsing–remitting multiple sclerosis; and the companies provide it according to commercial arrangements. **Interferon beta-1b (Extavia) –** recommended as an option for treating MS, only if the person has relapsing–remitting MS and has had 2 or more relapses within the last 2 years or; the person has secondary progressive MS with continuing relapses and; the company provides it according to the commercial arrangement. **Glatiramer acetate –** recommended as an option for treating MS, only if the person has relapsing–remitting MS and the company provides it according to the commercial arrangement. **Interferon beta-1b (Betaferon) – NOT RECOMMENDED** as an option for treating MS.		x	12/07/2018	15	Not on Trust formulary for this indication. Neurology team confirmed (09/07/18) that is N/A. All eligible MS patients are referred for treatment of disease modifying drugs via the specialist MS service at SRFT. MMC added to formulary (12/07/18). Not stocked.
Arsenic trioxide for treating acute promyelocytic leukaemia (**TA526**)	13/06/2018	**Arsenic trioxide** - recommended as an option for inducing remission and consolidation in acute promyelocytic leukaemia (characterised by the presence of the t[15;17] translocation or the PML/RAR-alpha gene) in adults with: untreated, low-to-intermediate risk disease (defined as a white blood cell count of 10x103 per microlitre or less), when given with all-trans-retinoic acid (ATRA); relapsed or refractory disease, after a retinoid and chemotherapy.	x		21/06/2018	8	On Trust formulary for relapsed APML (14/11/02). Haematology Consultants submitted Fast track application to cover any difference from original application and confirmed compliance (18/05/18). MMC deemed compliant with use (21/06/18).
Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (**TA525**)	13/06/2018	**Atezolizumab -** recommended as an option for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy, only if: atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and; the company provides atezolizumab with the discount agreed in the PAS.		x	21/06/2018	8	Not on Trust formulary for this indication. Urology Consultants confirmed patients would be referred to Christie for treatment (15/06/18). MMC added to formulary (not stocked) (21/06/18).
Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma (replaces TA446) (**TA524**)	13/06/2018	**Brentuximab vedotin** - recommended as an option for treating CD30-positive Hodgkin lymphoma in adults with relapsed or refractory disease, only if they have already had autologous stem cell transplant or; they have already had at least 2 previous therapies when autologous stem cell transplant or multi-agent chemotherapy are not suitable and; the company provides brentuximab vedotin according to the commercial agreement.	x		14/11/2013	-1672	On the Trust formulary for this indication (14/11/13). Haematology Consultants confirmed compliance (18/05/18). MMC deemed compliant with use (21/06/18).
Midostaurin for untreated acute myeloid leukaemia (**TA523**)	13/06/2018	**Midostaurin -** recommended as an option in adults for treating newly diagnosed acute FLT3-mutation-positive myeloid leukaemia with standard daunorubicin and cytarabine as induction therapy, with high-dose cytarabine as consolidation therapy, and alone after complete response as maintenance therapy. It is recommended only if the company provides midostaurin with the discount agreed in the PAS.	x		21/06/2018	8	Not on the Trust formulary. Haematology Consultants submitted Fast track application and confirmed compliance (18/05/18). MMC deemed compliant with use (21/06/18).

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Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (**TA522**)	13/06/2018	**Pembrolizumab** - recommended for use within the CDF as an option for untreated locally advanced or metastatic urothelial carcinoma in adults when cisplatin-containing chemotherapy is unsuitable, only if pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and; the conditions of the managed access agreement for pembrolizumab are followed.		x	21/06/2018	8	Not on Trust formulary for this indication. Urology Consultants confirmed patients would be referred to Christie for treatment (15/06/18). MMC added to formulary (not stocked) (21/06/18).
Guselkumab for treating moderate to severe plaque psoriasis (**TA521**)	13/06/2018	**Guselkumab –** recommended as an option for treating plaque psoriasis in adults, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and; the disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet A radiation), or these options are contraindicated or not tolerated and the company provides the drug according to the commercial arrangement.	x		12/07/2018	29	Not on Trust formulary. Dermatology Consultants submitted fast track application in line with (04/07/18). MMC approved for use in line with NICE and added to formulary for this indication (12/07/18).
Atezolizumab for treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy (**TA520**)	16/05/2018	**Atezolizumab –** recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer (NSCLC) in adults who have had chemotherapy (and targeted treatment if they have an EGFR- or ALK-positive tumour), only if atezolizumab is stopped at 2 years of uninterrupted treatment or earlier if the disease progresses and the company provides atezolizumab with the discount agreed in the PAS.		x	21/06/2018	36	Not on Trust formulary. Respiratory Consultants confirmed that patients would be referred to the Christie hospital (16/05/18). MMC approved for use in line with NICE and added to formulary for this indication (21/06/18). Not stocked
Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (**TA519**)	25/04/2018	**Pembrolizumab –** recommended for use within the CDF as an option for treating locally advanced or metastatic urothelial carcinoma in adults who have had platinum-containing chemotherapy, only if pembrolizumab is stopped at 2 years of uninterrupted treatment or earlier in the event of disease progression and the conditions in the managed access agreement for pembrolizumab are followed.		x	10/05/2018	15	Not on Trust formulary for this indication. Urology Consultants confirmed patients would be referred to Christie for treatment (25/04/18). MMC added to formulary (not stocked) (10/05/18).
Tocilizumab for treating giant cell arteritis (**TA518**)	18/04/2018	**Tocilizumab** when used with a tapering course of glucocorticoids (and when used alone after glucocorticoids) – recommended as an option for treating giant cell arteritis in adults, only if they have relapsing or refractory disease; they have not already had tocilizumab; tocilizumab is stopped after 1 year of uninterrupted treatment at most and the company provides it with the discount agreed in the PAS.	x		10/05/2018	22	Not on Trust formulary. Rheumatology Consultants submitted fast track application for use in line with NICE (25/04/18). MMC approved for use in line with NICE and added to formulary for this indication (10/05/18)
Avelumab for treating metastatic Merkel cell carcinoma (**TA517**)	11/04/2018	**Avelumab –** recommended as an option for treating metastatic Merkel cell carcinoma in adults, only if they have had 1 or more lines of chemotherapy for metastatic disease. Recommended for use within the CDF as an option for treating metastatic Merkel cell carcinoma in adults, only if they have not had chemotherapy for metastatic disease and the conditions in the managed access agreement for avelumab are followed.		x	10/05/2018	29	Not on Trust formulary. Dermatology Consultants confirmed that patients would be referred to the Christie Hospital for treatment (30/04/18). MMC approved for use in line with NICE and added to formulary for this indication, not stocked (10/05/18)
			11	16			
			% "Yes"	**% "N/A"**	_	**Average implement time**(days)	
Adherence statistics for 2018-19			41%	59%		**-44**	

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2017-18							
Cabozantinib for treating medullary thyroid cancer (**TA516**)	28/03/2018	**Cabozantinib** - recommended as an option for treating progressive medullary thyroid cancer in adults with unresectable, locally advanced or metastatic disease, only if the company provides cabozantinib with the discount agreed in the PAS.	x		08/04/2018	11	Not on Trust formulary for this indication. Head & Neck surgical / HaemOnc Consultants confirmed that patients would be referred to the Christie Hospital for treatment (28/03/18). MMC approved for use in line with NICE, not stocked (08/04/18).
Eribulin for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen (replaces TA250) (**TA515**)	28/03/2018	**Eribulin - NOT RECOMMENDED** for treating locally advanced or metastatic breast cancer in adults who have had only 1 chemotherapy regimen.		x	08/04/2018	11	Not on Trust formulary for this indication. Haematology/Oncology Consultants confirmed treatment is not applicable, not used (28/03/18). MMC deemed compliant with non-use (08/04/18).
Regorafenib for previously treated advanced hepatocellular carcinoma (**TA514**)	21/03/2018	**Regorafenib - NOT RECOMMENDED** for treating advanced unresectable hepatocellular carcinoma in adults who have had sorafenib.		x	08/04/2018	18	Not on Trust formulary for this indication. Haematology/Oncology and Hepatology Consultants confirmed treatment is not applicable, not used (21/03/18). MMC deemed compliant with non-use (08/04/18).
Obinutuzumab for untreated advanced follicular lymphoma (**TA513**)	21/03/2018	**Obinutuzumab** - recommended as an option for untreated advanced follicular lymphoma in adults (that is, 1st as induction treatment with chemotherapy, then alone as maintenance therapy), only if the person has a Follicular Lymphoma International Prognostic Index (FLIPI) score of 2 or more and the company provides obinutuzumab with the discount agreed in the PAS.	x		08/04/2018	18	Not on Trust formulary for this indication. Haematology/Oncology Consultants completed fast track application form (27/03/18). MMC approved for use in line with NICE and added to formulary for this indication (08/04/18).
Tivozanib for treating advanced renal cell carcinoma (**TA512**)	21/03/2018	**Tivozanib -** recommended as an option for treating advanced renal cell carcinoma in adults, only if they have had no previous treatment and the company provides tivozanib with the discount agreed in the PAS.	x		08/04/2018	18	Not on Trust formulary. Haematology, Oncology and Renal Consultants confirmed patients would be referred to Christie hospital for treatment (21/03/18). MMC approved for use in line with NICE , not stocked (08/04/18).
Brodalumab for treating moderate to severe plaque psoriasis (**TA511**)	21/03/2018	**Brodalumab -** recommended as an option for treating plaque psoriasis in adults, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and the disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet A radiation), or these options are contraindicated or not tolerated & the company provides the drug with the discount agreed in the PAS.	x		08/04/2018	18	Not on Trust formulary. Dermatology / Rheumatology Consultants completed fast track application form (06/04/18). MMC approved for use in line with NICE and added to formulary for this indication (08/04/18).
Daratumumab monotherapy for treating relapsed and refractory multiple myeloma (**TA510**)	14/03/2018	**Daratumumab** (monotherapy) - recommended for use within the CDF as an option for treating relapsed and refractory multiple myeloma in adults whose previous therapy included a proteasome inhibitor and an immunomodulator, and whose disease progressed on the last therapy, only if they have daratumumab after 3 previous therapies and the conditions in the managed access agreement are followed.	x		08/02/2018	-34	On the Trust formulary for this indication in line with CDF (08/02/18). Haematology Consultants confirmed compliance (20/03/18). MMC deemed compliant with use (08/04/18).

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Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer (**TA509**)	07/03/2018	**Pertuzumab** in combination with trastuzumab and docetaxel - recommended for treating HER2-positive metastatic or locally recurrent unresectable breast cancer, in adults who have not had previous anti-HER2 therapy or chemotherapy for their metastatic disease, only if the company provides pertuzumab within the agreed commercial access arrangement.	x		08/04/2018	32	Not on Trust formulary for this indication. Surgical, SMH and Oncology Consultants confirmed that patients would be referred to the Christie Hospital for treatment (14/03/18). MMC added to the formulary, not stocked (08/04/18).
Autologous chondrocyte implantation using chondrosphere for treating symptomatic articular cartilage defects of the knee (**TA508**)	07/03/2018	**ACI** using chondrosphere - recommended as an option for treating symptomatic articular cartilage defects of the femoral condyle and patella of the knee (International Cartilage Repair Society grade III or IV) in adults, only if the person has not had previous surgery to repair articular cartilage defects; there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis) and the defect is over $2cm^2$.		x	08/04/2018	32	Not on Trust formulary for this indication. Orthopaedic Surgery Consultants (Central) confirmed eligible patients would be referred to specialist centres for treatment (07/04/18).
Sofosbuvir–velpatasvir–voxilaprevir for treating chronic hepatitis C (**TA507**)	21/02/2018	**Sofosbuvir–velpatasvir–voxilaprevir** - recommended as an option for treating chronic hepatitis C in adults if used as specified and the company provides the drug at the same price or lower than that agreed with the Commercial Medicines Unit.	x		10/05/2018	78	Not on Trust formulary. Hepatology Consultants completed fast track application form (16/04/18). To be approved for use in line with NICE by MMC for this indication (May 2018).
Lesinurad for treating chronic hyperuricaemia in people with gout (**TA506**)	07/02/2018	**Lesinurad - NOT RECOMMENDED** with a xanthine oxidase inhibitor for treating hyperuricaemia in adults with gout whose serum uric acid is above the target level despite an adequate dose of a xanthine oxidase inhibitor alone.		x	08/02/2018	1	Not on Trust formulary. Rheumatology and Urology Consultants confirmed treatment is not applicable, not used (06/02/18). MMC deemed compliant with non-use (08/02/18).
Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (**TA505**)	07/02/2018	**Ixazomib**, with **lenalidomide** & **dexamethasone** - recommended for use within the CDF as an option for treating multiple myeloma in adults only if they have already had 2 or 3 lines of therapy and the conditions in the managed access agreement for ixazomib are followed.	x		08/02/2018	1	Not on Trust formulary. Haematology/Oncology Consultants completed fast track application form (07/02/18). MMC approved for use in line with NICE and added to formulary for this indication (08/02/18).
Pirfenidone for treating idiopathic pulmonary fibrosis (replaces TA282) (**TA504**)	06/02/2018	**Pirfenidone -** recommended as an option for treating idiopathic pulmonary fibrosis in adults only if the person has a forced vital capacity (FVC) between 50% and 80% predicted; the company provides pirfenidone with the discount agreed in the PAS and treatment is stopped if there is evidence of disease progression (an absolute decline of 10% or more in predicted FVC within any 12-month period).	x		08/02/2018	2	On Trust formulary for this indication. Repiratory Consultants confirmed patients would be referred for treatment to ILD Clinic at UHSM (08/02/18). MMC approved for use in line with NICE but not stocked (08/02/18).
Fulvestrant for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer (**TA503**)	31/01/2018	**Fulvestrant - NOT RECOMMENDED** for treating locally advanced or metastatic oestrogen-receptor positive breast cancer in postmenopausal women who have not had endocrine therapy before.		x	08/02/2018	8	Not on Trust formulary. Surgical, SMH and Oncology Consultants confirmed treatment is not applicable (06/02/18). MMC deemed compliant with non-use (08/02/18).
Ibrutinib for treating relapsed or refractory mantle cell lymphoma (**TA502**)	31/01/2018	**Ibrutinib -** recommended as an option for treating relapsed or refractory mantle cell lymphoma in adults, only if they have had only 1 previous line of therapy and the company provides ibrutinib with the discount agreed in the commercial access agreement with NHS England.	x		08/02/2018	8	On Trust formulary but not for this indication. Haematology/Oncology Consultants completed fast track application form (02/02/18). MMC approved for use in line with NICE and added to formulary for this indication (08/02/18).
Intrabeam radiotherapy system for adjuvant treatment of early breast cancer (**TA501**)	31/01/2018	Intrabeam radiotherapy system - **NOT RECOMMENDED** for routine commissioning for adjuvant treatment of early invasive breast cancer during breast-conserving surgical removal of the tumour. Intrabeam radiotherapy system - recommended only using machines that are already available and in conjunction with NHSE specified clinical governance, data collection and submission arrangements.		x	08/02/2018	8	Treatment not currently offered at the Trust. Consultants confirmed patients would be referred elsewhere to Christie for treatment (26/01/18). MMC deemed compliant with use and added to formulary (not stocked) (08/02/18).

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Ceritinib for untreated ALK-positive non-small-cell lung cancer (**TA500**)	24/01/2018	**Ceritinib** - recommended as an option for untreated anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer in adults, only if the company provides it with the discount agreed in the PAS.	x		08/02/2018	15	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (26/01/18). MMC deemed compliant with use and added to formulary (not stocked) (08/02/18).
Glecaprevir–pibrentasvir for treating chronic hepatitis C (**TA499**)	24/01/2018	**Glecaprevir–pibrentasvir** - recommended as an option for treating chronic hepatitis C in adults, only if the company provides the drug at the same price or lower than that agreed with the Commercial Medicines Unit.	x		08/02/2018	15	On the Trust formulary for this indication in line with NHSE (10/08/17). Hepatology Consultants confirmed compliance (25/01/18). MMC deemed compliant with use (08/02/18).
Lenvatinib with everolimus for previously treated advanced renal cell carcinoma (**TA498**)	24/01/2018	**Lenvatinib** plus everolimus - recommended as an option for treating advanced renal cell carcinoma in adults who have had 1 previous vascular endothelial growth factor (VEGF)-targeted therapy, only if their Eastern Cooperative Oncology Group (ECOG) performance status score is 0 or 1 and the company provides lenvatinib with the discount agreed in the PAS.	x		08/02/2018	15	Not on Trust formulary. Renal Consultants confirmed patients would be referred to the Christie Hospital for treatment (24/01/18). MMC added to formulary (not stocked) (08/02/18).
Golimumab for treating non-radiographic axial spondyloarthritis (**TA497**)	10/01/2018	**Golimumab** - recommended as an option for treating severe non-radiographic axial spondyloarthritis in adults whose disease has responded inadequately to, or who cannot tolerate, nonsteroidal anti-inflammatory drugs.	x		08/02/2018	29	Not on Trust formulary for this indication. Rheumatology Consultants completed fast track application (11/01/18). MMC approved for use in line with NICE (08/02/18).
Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer (**TA496**)	20/12/2017	**Ribociclib** with an **aromatase inhibitor** - recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer as initial endocrine-based therapy in adults. Recommended only if the company provides it with the discount agreed in the PAS.	x		11/01/2018	22	Not on Trust formulary. Surgical and Oncology SMH Consultants confirmed that patients would be referred to Christie or UHSM for treatment. MMC approved for use in line with NICE, not stocked (11/01/18).
Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer (**TA495**)	20/12/2017	**Palbociclib** with an **aromatase inhibitor** - recommended as an option for treating hormone receptor-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer as initial endocrine-based therapy in adults. Recommended only if the company provides it with the discount agreed in the PAS.	x		11/01/2018	22	Not on Trust formulary. Surgical and Oncology SMH Consultants confirmed that patients would be referred to Christie or UHSM for treatment. MMC approved for use in line with NICE, not stocked (11/01/18).
Naltrexone-bupropion for managing overweight and obesity in adults (**TA494**)	12/12/2017	**Naltrexone–bupropion - NOT RECOMMENDED** for managing overweight and obesity in adults alongside a reduced-calorie diet and increased physical activity.		x	14/12/2017	2	Not on Trust formulary. Not approved by NICE. MMC deemed compliant with non-use (14/12/17).
Cladribine tablets for treating relapsing–remitting multiple sclerosis (**TA493**)	06/12/2017	**Cladribine** (tablets) - recommended as an option for treating highly active multiple sclerosis in adults, only if the person has rapidly evolving severe relapsing–remitting multiple sclerosis, that is, at least 2 relapses in the previous year and at least 1 T1 gadolinium-enhancing lesion at baseline MRI or; relapsing–remitting multiple sclerosis that has responded inadequately to treatment with disease-modifying therapy, defined as 1 relapse in the previous year and MRI evidence of disease activity.	x		14/12/2017	8	Not on Trust formulary for this indication. Neurology Consultants confirmed patients would be referred to Salford Royal Hospital where all treatment initiated (06/12/17). MMC added to formulary (not stocked) (14/12/17).
Atezolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (**TA492**)	06/12/2017	**Atezolizumab -** recommended for use within the Cancer Drugs Fund as an option for untreated locally advanced or metastatic urothelial carcinoma in adults, for whom cisplatin-based chemotherapy is unsuitable, only if the conditions of the managed access agreement for atezolizumab are followed.	x		14/12/2017	8	Not on Trust formulary for this indication. Urology Consultants confirmed patients would be referred to Christie for treatment (12/12/17). MMC added to formulary (not stocked) (14/12/17).
Ibrutinib for treating Waldenstrom's macroglobulinaemia (**TA491**)	22/11/2017	**Ibrutinib** - recommended for use in the Cancer Drugs Fund as an option for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 prior therapy, only if the conditions in the managed access agreement for ibrutinib are followed.	x		09/11/2017	-13	On the Trust formulary for this indication in line with CDF (09/11/17). Haematology Consultants confirmed compliance (22/11/17). MMC deemed compliant with use (14/12/17).

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Nivolumab for treating squamous cell carcinoma of the head and neck after platinum-based chemotherapy (**TA490**)	22/11/2017	**Nivolumab -** recommended for use within the CDF as an option for treating squamous cell carcinoma of the head and neck in adults whose disease has progressed on platinum-based chemotherapy, only if the disease has progressed within 6 months of having chemotherapy; nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression and the conditions in the managed access agreement are followed.	x		14/12/2017	22	Not on Trust formulary for this indication. Head & Neck Consultants confirmed patients would be referred to Christie for treatment (01/12/17). MMC added to formulary (not stocked) (14/12/17).
Vismodegib for treating basal cell carcinoma (**TA489**)	22/11/2017	**Vismodegib - NOT RECOMMENDED** for treating symptomatic metastatic basal cell carcinoma, or locally advanced basal cell carcinoma that is inappropriate for surgery or radiotherapy, in adults.		x	14/12/2017	22	Not on the Trust formulary. Dermatology Consultants confirmed compliance (22/11/17). MMC deemed compliant with use (14/12/17)
Regorafenib for previously treated unresectable or metastatic gastrointestinal stromal tumours (**TA488**)	15/11/2017	**Regorafenib -** recommended as an option for treating unresectable or metastatic gastrointestinal stromal tumours in adults whose disease has progressed on, or who are intolerant to, prior treatment with imatinib and sunitinib, only if their Eastern Cooperative Oncology Group (ECOG) performance status is 0 to 1 and the company provides regorafenib with the discount agreed in the PAS.	x		14/12/2017	29	Not on Trust formulary for this indication. Gastro and Surgical Consultants confirmed patients would be referred to Christie for treatment (16/11/17). MMC added to formulary (not stocked) (14/12/17).
Venetoclax for treating chronic lymphocytic leukaemia (**TA487**)	08/11/2017	**Venetoclax** - recommended for use within the CDF, as an option for treating chronic lymphocytic leukaemia, that is, in adults: ● with a 17p deletion or TP53 mutation and when a B-cell receptor pathway inhibitor is unsuitable, or whose disease has progressed after a B-cell receptor pathway inhibitor or ● without a 17p deletion or TP53 mutation, and whose disease has progressed after both chemo immunotherapy and a B-cell receptor pathway inhibitor and ● only if the conditions in the managed access agreement are followed.	x		14/12/2017	36	Not on Trust formulary. Haematology Consultants submitted fast track application (13/11/17) for review at MMC (14/12/17).
Aflibercept for treating choroidal neovascularisation (**TA486**)	01/11/2017	**Aflibercept -** recommended as an option for treating visual impairment because of myopic choroidal neovascularisation in adults, only if the company provides aflibercept with the discount agreed in the PAS.	x		11/01/2018	71	Not on Trust formulary for this indication. Ophthalmology Consultants submitted fast track application (08/01/18) and confirmed compliance MMC approved for use in line with NICE (11/01/18).
Sarilumab for moderate to severe rheumatoid arthritis (**TA485**)	01/11/2017	**Sarilumab, with methotrexate** - recommended as an option for treating active RA in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs) **Sarilumab, with methotrexate** - recommended as an option for treating active RA in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD. **Sarilumab, with methotrexate** - recommended as an option for treating active RA in adults whose disease has responded inadequately to rituximab and at least 1 biological DMARD **Sarilumab (monotherapy)** - recommended for people who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria above are met.	x		09/11/2017	8	Not on Trust formulary. Rheumatology Consultants submitted fast track application (02/11/17). MMC approved in line with NICE for this indication and added to the formulary (09/11/17).
Nivolumab for previously treated non-squamous non-small-cell lung cancer (**TA484**)	01/11/2017	**Nivolumab -** recommended for use within the CDF as an option for treating locally advanced or metastatic non-squamous non-small-cell lung cancer in adults after chemotherapy.	x		09/11/2017	8	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (06/11/17). MMC deemed compliant with use and added to formulary (not stocked) (09/11/17).

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Nivolumab for previously treated squamous non-small-cell lung cancer (**TA483**)	01/11/2017	**Nivolumab** - recommended for use within the CDF as an option for treating locally advanced or metastatic squamous NSCLC in adults after chemotherapy.	x		09/11/2017	8	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (06/11/17). MMC deemed compliant with use and added to formulary (not stocked) (09/11/17).
Immunosuppressive therapy for kidney transplant in children and young people (replaces TA99) (**TA482**)	11/10/2017	**Basiliximab; Immediate-release tacrolimus; Mycophenolate mofetil** - as part of an immunosuppressive regimen - recommended as options to prevent organ rejection in children and young people having a kidney transplant. **Rabbit anti-human thymocyte immunoglobulin; prolonged-release tacrolimus; mycophenolate sodium; sirolimus; everolimus & belatacept - NOT RECOMMENDE**D as initial treatments to prevent organ rejection in children and young people having a kidney transplant.	x		12/10/2017	1	Basiliximab, immediate-release tacrolimus, mycophenolate mofetil on Trust formulary for this indication. Paediatric Renal Transplant Consultants confirmed compliance (26/10/17). MMC approved in line with NICE for this indication and added to the formulary (09/11/17).
Immunosuppressive therapy for kidney transplant in adults (replaces TA85) (**TA481**)	11/10/2017	**Basiliximab; Immediate-release tacrolimus; Mycophenolate mofetil -** as part of an immunosuppressive regimen - recommended as options to prevent organ rejection in adults having a kidney transplant. **Rabbit anti-human thymocyte immunoglobulin; prolonged-release tacrolimus; mycophenolate sodium; sirolimus; everolimus & belatacept - NOT RECOMMENDED** as initial treatments to prevent organ rejection in adults having a kidney transplant.	x		09/11/2017	29	Basiliximab, immediate-release tacrolimus, mycophenolate mofetil on Trust formulary for this indication. Renal Transplant team confirmed compliance (02/11/17). MMC deemed compliant with use (09/11/17)
Tofacitinib for moderate to severe rheumatoid arthritis (**TA480**)	11/10/2017	**Tofacitinib, with methotrexate** - recommended as an option for treating active RA in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying anti-rheumatic drugs (DMARDs). **Tofacitinib, with methotrexate** - recommended as an option for treating active RA in adults whose disease has responded inadequately to, or who cannot have, other DMARDs, including at least 1 biological DMARD. **Tofacitinib (monotherapy)** - can be used for adults who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria above are met.	x		09/11/2017	29	Not on Trust formulary. Rheumatology Consultants submitted fast track application (12/10/17). MMC approved in line with NICE for this indication and added to the formulary (09/11/17).
Reslizumab for treating severe eosinophilic asthma (**TA479**)	04/10/2017	**Reslizumab** as an add-on therapy **-** recommended as an option for the treatment of severe eosinophilic asthma that is inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids plus another drug, only if the blood eosinophil count has been recorded as 400 cells per microlitre or more; the person has had 3 or more severe asthma exacerbations needing systemic corticosteroids in the past 12 months.	x		09/11/2017	36	Not on the Trust formulary. Respiratory Consultants (Central & Trafford) deemed not applicable. UHSM submitted fast track application (17/10/17) for use by Complex Asthma clinic at Wythenshawe and confirmed use would be compliant with NICE. MMC approved in line with NICE for this indication and added to the formulary (09/11/17).
Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma (**TA478**)	04/10/2017	**Brentuximab vedotin** - recommended as an option for treating relapsed or refractory systemic anaplastic large cell lymphoma in adults, only if they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and the company provides the medicine according to the commercial access agreement with NHS England.	x		12/10/2017	8	Not on Trust formulary for this indication. Haematology/Oncology Consultants completed fast track application form (04/10/17). MMC approved for use in line with NICE and added to formulary (12/10/17).
Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee (**TA477**)	04/10/2017	**Autologous chondrocyte implantation (ACI)** - recommended as an option for treating symptomatic articular cartilage defects of the knee, only if the person has not had previous surgery to repair articular cartilage defects; there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis); the defect is over $2cm^2$ and the procedure is done at a tertiary referral centre.		x	12/10/2017	8	Not on Trust formulary for this indication. Orthopaedic Surgery Consultants (Central) confirmed that eligible patients would be referred to other specialist centres for treatment (07/10/17).

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Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer (replaces TA360) (**TA476**)	06/09/2017	**Paclitaxel (nab-paclitaxel)** with **gemcitabine -** recommended as an option for untreated metastatic adenocarcinoma of the pancreas in adults, only if other combination chemotherapies are unsuitable and they would otherwise have gemcitabine monotherapy and the company provides nab-paclitaxel with the discount agreed in the PAS.	x		14/09/2017	8	Not on Trust formulary for this indication. Hepatobiliary Consultants confirmed that patients would be referred to the Christie to receive this treatment (06/09/17). MMC approved for addition to the formulary not stocked (14/09/17).
Dimethyl fumarate for treating moderate to severe plaque psoriasis (**TA475**)	06/09/2017	**Dimethyl fumarate -** recommended as an option for treating plaque psoriasis in adults, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10 and has not responded to other systemic therapies, including, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet A radiation), or these options are contraindicated or not tolerated.	x		14/09/2017	8	Not on Trust formulary for this indication. Dermatology Consultants submitted a fast track application (11/09/17). MMC approved for addition to the formulary in line with NICE (14/09/17).
Sorafenib for treating advanced hepatocellular carcinoma (replaces TA189) (**TA474**)	06/09/2017	**Sorafenib -** recommended as an option for treating advanced hepatocellular carcinoma only for people with Child-Pugh grade A liver impairment, only if the company provides sorafenib within the agreed commercial access arrangement.	x		14/09/2017	8	Not on Trust formulary for this indication. Hepatology Consultants confirmed that patients would be referred to the Christie to receive this treatment (13/09/17). MMC approved for addition to the formulary not stocked (14/09/17).
Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck (replaces TA172) (**TA473**)	31/08/2017	**Cetuximab** in combination with **platinum-based chemotherapy -** recommended as an option for treating recurrent or metastatic squamous cell cancer of the head and neck in adults only if the cancer started in the oral cavity and when the company provides the drug in line with the commercial access agreement with NHS England.	x		14/09/2017	14	Not on Trust formulary for this indication. Head and Neck Consultants confirmed that patients would be referred to the Christie to receive this treatment (05/09/17). MMC approved for addition to the formulary not stocked (14/09/17).
Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab (**TA472**)	30/08/2017	**Obinutuzumab** in combination with **bendamustine** followed by **obinutuzumab maintenance -** recommended for use within the CDF as an option for treating adults with follicular lymphoma that did not respond or progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen, only if the conditions in the managed access agreement for obinutuzumab are followed.	x		14/09/2017	15	Not on Trust formulary for this indication. Haematology Consultants submitted fast track application (05/09/17). MMC approved and deemed compliant with use and added to formulary (14/09/17).
Eluxadoline for treating irritable bowel syndrome with diarrhoea (**TA471**)	30/08/2017	**Eluxadoline -** recommended as an option for treating irritable bowel syndrome with diarrhoea in adults, only if the condition has not responded to other pharmacological treatments (for example, antimotility agents, antispasmodics, tricyclic antidepressants) or pharmacological treatments are contraindicated or not tolerated, and it is started in secondary care.	x		12/10/2017	43	Not on Trust formulary for this indication. Fast track application submitted (14/09/17). Approved by MMC for addition to the formulary and use in line with NICE (12/10/17).
Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia (**TA470**) (**TERMINATED APPRAISAL**)	23/08/2017	**Ofatumumab** with **chemotherapy - NOT RECOMMENDED** for treating chronic lymphocytic leukaemia because no evidence submission was received from Novartis Pharmaceuticals UK **(TERMINATED APPRAISAL)**.		x	14/09/2017	22	Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (14/09/17).
Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia (**TA469**) (**TERMINATED APPRAISAL**)	23/08/2017	**Idelalisib** with **ofatumumab - NOT RECOMMENDED** for treating chronic lymphocytic leukaemia because no evidence submission was received from Gilead Sciences **(TERMINATED APPRAISAL).**		x	14/09/2017	22	Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (14/09/17).
Methylnaltrexone bromide for treating opioid-induced constipation (**TA468**) (**TERMINATED APPRAISAL**)	23/08/2017	**Methylnaltrexone bromide - NOT RECOMMENDED** for treating opioid-induced constipation because no evidence submission was received from Swedish Orphan Biovitrum Ltd **(TERMINATED APPRAISAL).**		x	14/09/2017	22	Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (14/09/17).

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Holoclar for treating limbal stem cell deficiency after eye burns (**TA467**)	16/08/2017	**Holoclar -** recommended as an option in people with moderate to severe limbal stem cell deficiency after eye burns; recommended in people with moderate to severe limbal stem cell deficiency after eye burns for treating both eyes only in the context of research and when there is not enough tissue for a conjunctival limbal autograft.	x		14/09/2017	29	Not on Trust formulary for this indication. MREH Consultants confirmed patients would be referred to the Queen Victoria Hospital in East Grinstead for treatment (17/08/17). MMC approved in line with NICE for this indication and added to the formulary - not stocked (14/09/17).
Baricitinib for moderate to severe rheumatoid arthritis (**TA466**)	09/08/2017	**Baricitinib** with **methotrexate** - recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs) **Baricitinib** with **methotrexate -** recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if disease is severe (a DAS28 of more than 5.1) and they cannot have rituximab. **Baricitinib (monotherapy) -** for people who cannot take methotrexate because it is contraindicated or because of intolerance	x		14/09/2017	36	Not on Trust formulary for this indication. Rheumatology Consultants submitted fast track application (10/08/17). MMC approved in line with NICE for this indication and added to the formulary (14/09/17).
Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma (**TA465**)	09/08/2017	**Olaratumab** in combination with **doxorubicin -** recommended for use within the Cancer Drugs Fund as an option for advanced soft tissue sarcoma in adults, only if they have not had any previous systemic chemotherapy for advanced soft tissue sarcoma, they cannot have curative treatment with surgery or their disease does not respond to radiotherapy.	x		14/09/2017	36	Not on Trust formulary for this indication. Haematology/Oncology Consultants confirmed patients would be referred to the Christie Hospital for treatment (09/08/17). MMC added to formulary (not stocked) (14/09/17).
Bisphosphonates for treating osteoporosis (**TA464**)	09/08/2017	**Oral Alendronic acid, ibandronic acid & risedronate sodium -** recommended as options for treating osteoporosis in adults. **IV ibandronic acid & zoledronic acid -** recommended as options for treating osteoporosis in adults	x		14/09/2017	36	Oral bisphosphonates currently on the formulary for this indication (Jun-00; Mar-07 & Jun-00 respectively). Fast track application submitted to cover IV ibandronic & zoledronic acid (01/09/17) MMC approved in line with NICE for this indication and added to the formulary (14/09/17).
Cabozantinib for previously treated advanced renal cell carcinoma (**TA463**)	09/08/2017	**Cabozantinib -** recommended as an option for treating advanced renal cell carcinoma in adults after vascular endothelial growth factor (VEGF)-targeted therapy.	x		14/09/2017	36	Not on Trust formulary for this indication. Renal Consultants confirmed patients would be referred to the Christie Hospital for treatment (09/08/17). MMC added to formulary (not stocked) (14/09/17).
Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma (**TA462**)	26/07/2017	**Nivolumab** - recommended as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults after autologous stem cell transplant and treatment with brentuximab vedotin.	x		13/07/2017	-13	On Trust formulary for this indication (13/07/17) in line with its addition to the CDF for relapsed hodgkin lymphoma in patients who have undergone HSCT and also failed brentuximab. The Haematology team confirmed use is already in line with NICE (28/07/17). MMC deemed compliant with use (10/08/17).
Roflumilast for treating chronic obstructive pulmonary disease (replaces TA244) (**TA461**)	26/07/2017	**Roflumilast** (as an add-on to bronchodilator therapy) - recommended as an option for treating severe chronic obstructive pulmonary disease in adults with chronic bronchitis.	x		14/09/2017	50	On formulary in line with TA244 for adults with severe COPD. This replaces TA244 as an add-on to bronchodilator therapy. Respiratory Consultants submitted fast track application (14/08/17) and confirmed use would be compliant with NICE. MMC approved in line with NICE for this indication and added to the formulary (14/09/17).

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Adalimumab and dexamethasone for treating non-infectious uveitis (**TA460**)	26/07/2017	**Adalimumab** - recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids. **Dexamethasone** (intravitreal implant) - recommended as an option for treating non-infectious uveitis in the posterior segment of the eye in adults.	x		14/09/2017	50	Adalimumab added to Trust formulary for this indication (Mar-13). MMC application for dexamethasone submitted in Mar-17, decision to wait for NICE guidance to be released. MREH Consultants submitted fast track application (23/08/17) and confirmed use would be compliant with NICE. MMC approved in line with NICE for this indication and added to the formulary (14/09/17).
Collagenase clostridium histolyticum for treating Dupuytren's contracture (**TA459**)	26/07/2017	**Collagenase clostridium histolyticum (CCH) -** recommended as an option for treating Dupuytren's contracture with a palpable cord in adults.	x		10/08/2017	15	Not on the Trust formulary. Orthopaedic Surgery Consultants submitted fast track application (09/08/17) and confirmed use would be compliant with NICE. MMC approved in line with NICE for this indication and added to the formulary (10/08/17).
Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane (**TA458**)	19/07/2017	**Trastuzumab emtansine** - recommended as an option for treating human epidermal growth factor receptor 2 (HER2)-positive, unresectable, locally advanced or metastatic breast cancer in adults who previously received trastuzumab and a taxane, separately or in combination. Patients should have either received prior therapy for locally advanced or metastatic disease or developed disease recurrence during or within 6 months of completing adjuvant therapy.	x		10/08/2017	22	Not on Trust formulary for this indication. Surgical & Haematology/Oncology Consultants confirmed patients would be referred to either UHSM or the Christie hospitals for treatment (19/07/17). MMC added to formulary. Not stocked for this indication (10/08/17).
Carfilzomib for previously treated multiple myeloma (**TA457**)	19/07/2017	**Carfilzomib** with **dexamethasone** - recommended as an option for treating multiple myeloma in adults, only if they have had only 1 previous therapy, which did not include bortezomib.	x		13/07/2017	-6	On Trust formulary for this indication for CDF (13/07/17). Haematology Consultants confirmed compliance (19/07/17). MMC deemed compliant with use (10/08/17).
Ustekinumab for moderately to severely active Crohn's disease after previous treatment (**TA456**)	12/07/2017	**Ustekinumab -** recommended as an option for treating moderately to severely active Crohn's disease, that is, for adults who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a TNF-alpha inhibitor or have medical contraindications to such therapies.	x		10/08/2017	29	Not on Trust formulary. Fast track application submitted (17/07/17). Rheumatology Consultants confirmed compliance (17/07/17). MMC approved in line with NICE for this indication and added to the formulary (10/08/17).
Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people (**TA455**)	12/07/2017	**Adalimumab -** recommended as an option for treating plaque psoriasis in children and young people aged 4 years or older. **Etanercept -** recommended as an option for treating plaque psoriasis in children and young people aged 6 years or older. **Ustekinumab -** recommended as an option for treating plaque psoriasis in children and young people aged 12 years or older.	x		18/07/2017	6	Not on Trust formulary for this indication. Paediatric Dermatology Consultants confirmed patients would be referred to SRFT for treatment (18/07/17). MMC added to formulary (not stocked for this indication) (10/08/17).
Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (**TA454**) (**TERMINATED APPRAISAL**)	05/07/2017	**Daratumumab**, with **lenalidomide** & **dexamethasone - NOT RECOMMENDED** for treating relapsed or refractory multiple myeloma because no evidence submission was received from Janssen-Cilag **(TERMINATED APPRAISAL)**.		x	13/07/2017	8	Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (13/07/17).
Bortezomib for treating multiple myeloma after second or subsequent relapse (**TA453**) (**TERMINATED APPRAISAL**)	05/07/2017	**Bortezomib - NOT RECOMMENDED** for treating multiple myeloma after second or subsequent relapse because no evidence submission was received from Janssen–Cilag **(TERMINATED APPRAISAL)**.		x	13/07/2017	8	Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (13/07/17).
Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation (**TA452**) (**TERMINATED APPRAISAL**)	05/07/2017	**Ibrutinib - NOT RECOMMENDED** for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation because no evidence submission was received from Janssen–Cilag **(TERMINATED APPRAISAL)**.		x	13/07/2017	8	Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant (13/07/17).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia (**TA451**)	28/06/2017	**Ponatinib** - recommended as an option for treating chronic-, accelerated- or blast-phase chronic myeloid leukaemia in adults when the disease is resistant to dasatinib or nilotinib or; they cannot tolerate dasatinib or nilotinib and for whom subsequent treatment with imatinib is not clinically appropriate or; the T315I gene mutation is present. **Ponatinib** - recommended as an option for treating Philadelphia-chromosome-positive acute lymphoblastic leukaemia in adults when the disease is resistant to dasatinib or; they cannot tolerate dasatinib and for whom subsequent treatment with imatinib is not clinically appropriate or; the T315I gene mutation is present.	x		13/07/2017	15	Not on Trust formulary. Fast track application submitted (30/06/17). Haematology/Oncology Consultants confirmed use would be compliant with NICE (30/06/17). MMC approved in line with NICE for this indication and added to the formulary (13/07/17).
Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia (**TA450**)	28/06/2017	**Blinatumomab** - recommended as an option for treating Philadelphia-chromosome-negative relapsed or refractory precursor B-cell acute lymphoblastic leukaemia in adults.	x		13/07/2017	15	Not on Trust formulary. Fast track application submitted (30/06/17). Haematology/Oncology Consultants confirmed compliance (30/06/17). MMC approved in line with NICE for this indication and added to the formulary (13/07/17).
Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease (**TA449**)	28/06/2017	**Everolimus** and **sunitinib -** recommended as options for treating well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease. **Everolimus** - recommended as an option for treating well-differentiated (grade 1 or grade 2) non-functional unresectable or metastatic NETs of gastrointestinal or lung origin in adults with progressive disease.	x		13/07/2017	15	Not on Trust formulary for this indication. Haematology/Oncology Consultants confirmed patients would be referred to the Christie hospital for treatment (12/07/17). MMC approved in line with NICE for this indication and added to the formulary. Not stocked for this indication (13/07/17).
Etelcalcetide for treating secondary hyperparathyroidism (**TA448**)	28/06/2017	**Etelcalcetide** - recommended as an option for treating 2^{RY} hyperparathyroidism in adults with chronic kidney disease on haemodialysis, only if treatment with a calcimimetic is indicated but cinacalcet is not suitable.	x		13/07/2017	15	Not on Trust formulary. Fast track application submitted (12/07/17). Renal Medicines Consultants confirmed compliance (12/07/17). MMC approved in line with NICE for this indication and added to the formulary (13/07/17).
Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer (**TA447**)	28/06/2017	**Pembrolizumab -** recommended for use within the CDF as an option for untreated PD-L1-positive metastatic non-small-cell lung cancer in adults, only if their tumours express PD-L1 with at least a 50% tumour proportion score and have no epidermal growth factor receptor- or anaplastic lymphoma kinase-positive mutations; pembrolizumab is stopped at 2 years of uninterrupted treatment and no documented disease progression.	x		13/07/2017	15	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (28/06/17). MMC deemed compliant with use and added to formulary (not stocked) (13/07/17).
Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma (**TA446**)	14/06/2017	**Brentuximab vedotin -** recommended as an option for treating CD30-positive Hodgkin lymphoma in adults, only if they have relapsed or refractory disease after autologous stem cell transplant.	x		14/11/2013	-1308	On Trust formulary for this indication (14/11/13). Haematology Consultants confirmed compliance (15/06/17). MMC deemed compliant with use (13/07/17).
Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs (**TA445**)	24/05/2017	**Certolizumab pegol & Secukinumab** (alone, or in combination with methotrexate) - recommended as an option for treating active psoriatic arthritis in adults.	x		08/06/2017	15	Not on Trust formulary for this indication. Rheumatology Consultants submitted fast track application (25/05/17). MMC deemed compliant with use, added to formulary (08/06/17).
Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy (**TA444**) (**TERMINATED APPRAISAL**)	24/05/2017	**Afatinib - NOT RECOMMENDED** for treating locally advanced or metastatic squamous non-small-cell lung cancer after platinum-based chemotherapy because no evidence submission was received from Boehringer Ingelheim **(TERMINATED APPRAISAL)**.		x	08/06/2017	15	Not on Trust formulary for this indication. Terminated appraisal by NICE. MMC deemed compliant with non-use (08/06/17).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Obeticholic acid for treating primary biliary cholangitis (**TA443**)	26/04/2017	**Obeticholic acid -** recommended as an option for treating primary biliary cholangitis in combination with ursodeoxycholic acid for people whose disease has responded inadequately to ursodeoxycholic acid or as monotherapy for people who cannot tolerate ursodeoxycholic acid.	x		08/06/2017	43	Not on Trust formulary. Hepatobiliary Consultants submitted MMC application (18/05/17). MMC deemed compliant with use and added to formulary (08/06/17).
Ixekizumab for treating moderate to severe plaque psoriasis (**TA442**)	26/04/2017	**Ixekizumab** - recommended as an option for treating plaque psoriasis in adults, only if: the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and a Dermatology Life Quality Index (DLQI) of more than 10; the disease has not responded to standard systemic therapies, for example, ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation), or these treatments are contraindicated or the person cannot tolerate them.	x		11/05/2017	15	Not on Trust formulary. Fast track application submitted (27/04/17). Dermatology Consultants confirmed compliance (04/05/17). MMC approved in line with NICE for this indication and added to the formulary (11/05/17).
Daclizumab for treating relapsing–remitting multiple sclerosis (**TA441**)	26/04/2017	**Daclizumab -** recommended as an option for treating multiple sclerosis in adults, only if: the person has active relapsing–remitting multiple sclerosis previously treated with disease-modifying therapy, or rapidly evolving severe relapsing–remitting multiple sclerosis (that is, at least 2 relapses in the previous year and at least 1 gadolinium-enhancing lesion at baseline MRI) and alemtuzumab is contraindicated or otherwise unsuitable.	x		11/05/2017	15	Not on Trust formulary for this indication. Neurology Consultants confirmed patients would be referred to specialist MS clinic at SRFT for treatment (08/05/17). MMC added to formulary (11/05/17).
Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine (**TA440**)	26/04/2017	Pegylated liposomal **irinotecan** in combination with **5-fluorouracil** and **leucovorin - NOT RECOMMENDED** for treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy.		x	11/05/2017	15	Not on Trust formulary. Consultants confirmed compliance (non-use) (04/05/16). MMC deemed compliant with non-use (11/05/17).
			60	17			
			% "Yes"	**% "N/A"**	_	**Average implement time**(days)	
Adherence statistics for 2017-18			78%	22%		**1**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS Foundation Trust

This spreadsheet enables self-audit of a medicines formulary for adherence to NICE Technology Appraisals. No copyright is asserted if used for non-commercial purposes within the NHS.

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2016-17							
Cetuximab and panitumumab for previously untreated metastatic colorectal cancer (replaces TA176; partially updates TA240) (**TA439**)	29/03/2017	**Cetuximab -** recommended as an option for previously untreated epidermal growth factor receptor (EGFR)-expressing, RAS wild-type metastatic colorectal cancer in adults in combination with: 5-fluorouracil, folinic acid and oxaliplatin (FOLFOX) or 5-fluorouracil, folinic acid and irinotecan (FOLFIRI). **Panitumumab** - recommended as an option for previously untreated RAS wild-type metastatic colorectal cancer in adults in combination with FOLFOX or FOLFIRI.	x		13/04/2017	15	Not on Trust formulary for this indication. Colorectal Consultants confirmed that patients are referred to the Christie hospital for treatment (02/04/17). MMC added to formulary (13/04/17).
Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (**TA438**) (**TERMINATED APPRAISAL**)	29/03/2017	**Alectinib - NOT RECOMMENDED** for anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer previously treated with crizotinib as no evidence submission was received from Roche **(TERMINATED APPRAISAL)**		x	13/04/2017	15	Not on Trust formulary. Not recommended by NICE MMC deemed compliant with non-use (13/04/17).
Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (**TA437**) (**TERMINATED APPRAISAL**)	22/03/2017	**Ibrutinib with bendamustine and rituximab - NOT RECOMMENDED** for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy because no evidence submission was received from Janssen-Cilag **(TERMINATED APPRAISAL)**		x	13/04/2017	22	Not on Trust formulary for this indication. Not recommended by NICE MMC deemed compliant with non-use (13/04/17).
Bevacizumab for treating EGFR mutation-positive non-small-cell lung cancer (**TA436** (**TERMINATED APPRAISAL**)	22/03/2017	**Bevacizumab - NOT RECOMMENDED** for treating epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer as no evidence submission was received from Roche **(TERMINATED APPRAISAL)**		x	13/04/2017	22	Not on Trust formulary for this indication. Not recommended by NICE MMC deemed compliant with non-use (13/04/17).
Tenofovir alafenamide for treating chronic hepatitis B (**TA435**) (**TERMINATED APPRAISAL**)	22/03/2017	**Tenofovir alafenamide - NOT RECOMMENDED** for treating chronic hepatitis B as no evidence submission received from Gilead **(TERMINATED APPRAISAL)**		x	13/04/2017	22	Not on Trust formulary for this indication. Not recommended by NICE MMC deemed compliant with non-use (13/04/17).
Elotuzumab for previously treated multiple myeloma (**TA434**) (**TERMINATED APPRAISAL**)	22/03/2017	Elotuzumab - **NOT RECOMMENDED** for treatment of multiple myeloma as no evidence submission received from Bristol–Myers Squibb **(TERMINATED APPRAISAL)**.		x	13/04/2017	22	Not on Trust formulary. Not recommended by NICE MMC deemed compliant with non-use (13/04/17).
Apremilast for treating active psoriatic arthritis (**TA433**)	22/02/2017	**Apremilast** alone or in combination with **DMARDs -** recommended as an option for treating active psoriatic arthritis in adults.	x		09/03/2017	15	Not on Trust formulary for this indication. Rheumatology Consultants submitted fast track application and confirmed compliance (22/02/17). MMC added to formulary (09/03/17).

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Everolimus for advanced renal cell carcinoma after previous treatment (**TA432**)	22/02/2017	**Everolimus -** recommended as an option for treating advanced renal cell carcinoma that has progressed during or after treatment with vascular endothelial growth factor targeted therapy.	x		09/03/2017	15	Not on Trust formulary for this indication. Renal Consultants confirmed as not applicable, patients with solid tumours are referred to the Christie Hospital (01/03/17). MMC added to formulary (09/03/17).
Mepolizumab for treating severe refractory eosinophilic asthma (**TA431**)	25/01/2017	**Mepolizumab -** as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults.	x		09/03/2017	43	Not on Trust formulary. Respiratory Consultants submitted fast track application and confirmed compliance (27/02/17). MMC added to formulary (09/03/17).
Sofosbuvir–velpatasvir for treating chronic hepatitis C (**TA430**)	25/01/2017	**Sofosbuvir–velpatasvir** - recommended as an option for treating chronic hepatitis C in adults.	x		09/02/2017	15	Not on Trust formulary. Gastroenterology Consultants submitted fast track application and confirmed compliance (25/01/17). MMC added to formulary (09/02/17).
Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation (**TA429**)	25/01/2017	**Ibrutinib -** recommended as an option for treating chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation in adults.	x		09/02/2017	15	On Trust formulary (11/06/15). Haematology Consultants confirmed compliance (13/01/17). MMC deemed compliant with use (09/02/17).
Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy (**TA428**)	11/01/2017	**Pembrolizumab -** recommended as an option for treating locally advanced or metastatic PD-L1-positive NSCLC in adults who have had at least one chemotherapy (and targeted treatment if they have an epidermal growth factor receptor [EGFR]- or anaplastic lymphoma kinase [ALK]-positive tumour)	x		12/01/2017	1	Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie for treatment (11/01/17). MMC deemed compliant with use and added to formulary (not stocked) (09/02/17).
Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib (replaces TA338) (**TA427**)	11/01/2017	**Pomalidomide** in combination with low-dose **dexamethasone -** recommended as an option for treating multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib.	x		09/02/2017	29	On Trust formulary (14/11/13). Haematology Consultants confirmed compliance (13/01/17). MMC deemed compliant with use (09/02/17).
Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia (replaces TA251 partially replaces TA70) (**TA426**)	22/12/2016	**Imatinib -** recommended as an option for untreated, chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia (CML) in adults. **Dasatinib** and **nilotinib -** recommended as options for untreated chronic-phase Philadelphia-chromosome-positive CML in adults. The drugs are recommended only if the companies provide them with the discounts agreed in the relevant PAS.	x		12/01/2017	21	On Trust formulary (06/2007; 01/2009 & 11/2001 respectively). Haematology Consultants confirmed compliance (23/12/17). MMC deemed compliant with use (12/01/17).

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Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia (replaces TA241 partially replaces TA70) (**TA425**)	22/12/2016	**Dasatinib** and **nilotinib -** recommended as options for treating only chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia (CML) in adults, if they cannot have imatinib, or their disease is imatinib-resistant and the companies provide the drugs with the discounts agreed in the relevant PAS. **High-dose imatinib** (600 mg in the chronic phase or 800 mg in the accelerated and blast-crisis phases) - **NOT RECOMMENDED** for treating Philadelphia-chromosome-positive CML in adults whose disease is imatinib-resistant.	x		12/01/2017	21	On Trust formulary (06/2007; 01/2009 & 11/2001 respectively). Haematology Consultants confirmed compliance (23/12/17). MMC deemed compliant with use (12/01/17).
Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer (**TA424**)	22/12/2016	**Pertuzumab** in combination with **trastuzumab** and chemotherapy - recommended as an option for the neoadjuvant treatment of adults with human epidermal growth factor receptor 2 (HER2)‑positive breast cancer; that is, in patients with HER2-positive, locally advanced, inflammatory or early-stage breast cancer at high risk of recurrence. Only recommended if the company provides pertuzumab with the discount agreed in the PAS.	x		12/01/2017	21	Not on Trust formulary. Oncology Consultants confirmed patients would be referred to UHSM or Christie for treatment (22/12/16). MMC deemed compliant with use and added to formulary (not stocked) (12/01/17).
Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens (**TA423**)	22/12/2016	**Eribulin** - recommended as an option for treating locally advanced or metastatic breast cancer in adults, only when it has progressed after at least 2 chemotherapy regimens (which may include an anthracycline or a taxane, and capecitabine AND the company provides eribulin with the discount agreed in the PAS.	x		12/01/2017	21	Not on Trust formulary. Oncology Consultants confirmed patients would be referred to UHSM or Christie for treatment (22/12/16). MMC deemed compliant with use and added to formulary (not stocked) (12/01/17).
Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (**TA422**)	22/12/2016	**Crizotinib** - recommended as an option for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults. Only recommended if the company provides it with the discount agreed in the PAS.	x		12/01/2017	21	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (05/01/17). MMC deemed compliant with use and added to formulary (not stocked) (12/01/17).
Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (**TA421**)	22/12/2016	**Everolimus**, in combination with **exemestane -** recommended as an option for treating advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer in postmenopausal women without symptomatic visceral disease that has recurred or progressed after a non-steroidal aromatase inhibitor. Only recommended if the company provides it with the discount agreed in the PAS.	x		12/01/2017	21	Not on Trust formulary. Oncology Consultants confirmed patients would be referred to UHSM or Christie for treatment (22/12/16). MMC deemed compliant with use and added to formulary (not stocked) (12/01/17).
Ticagrelor for preventing atherothrombotic events after myocardial infarction (**TA420**)	14/12/2016	**Ticagrelor -** in combination with **aspirin - r**ecommended as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event. Treatment should be stopped when clinically indicated or at a maximum of 3 years.	x		09/02/2017	57	Not on Trust formulary for this indication. Cardiology Consultants submitted fast track application and confirmed compliance (??/??/17). MMC added to formulary (09/02/17).

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Apremilast for treating moderate to severe plaque psoriasis (replaces TA368) (**TA419**)	23/11/2016	**Apremilast** - recommended as an option for treating chronic plaque psoriasis in adults whose disease has not responded to other systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and ultraviolet-A light), or when these treatments are contraindicated or not tolerated.	x		08/12/2016	15	Not on Trust formulary. Dermatology Consultants submitted fast track application and confirmed compliance (07/12/16). MMC approved and added to formulary (08/12/16).
Dapagliflozin in triple therapy for treating type 2 diabetes (**TA418**)	23/11/2016	**Dapagliflozin** (triple therapy) - recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea.	x		08/12/2016	15	Not on Trust formulary for this indication. Diabetes Consultants submitted fast track application and confirmed compliance (08/12/16). MMC added to formulary (08/12/16).
Nivolumab for previously treated advanced renal cell carcinoma (**TA417**)	23/11/2016	**Nivolumab** - recommended as an option for previously treated advanced renal cell carcinoma in adults.	x		08/12/2016	15	Not on Trust formulary for this indication. Renal Medicine Consultants confirmed patients would be referred to Christie for treatment (23/11/16). MMC deemed compliant with use and added to formulary (not stocked) (08/12/16).
Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer (**TA416**)	26/10/2016	**Osimertinib -** recommended as an option for use within the CDF for treating locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive NSCLC in adults whose disease has progressed.	x		10/11/2016	15	Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie for treatment (01/11/16). MMC deemed compliant with use and added to formulary (not stocked) (10/11/16).
Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor (**TA415**)	26/10/2016	**Certolizumab pegol** with **methotrexate -** recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who can't tolerate other DMARDs including at least 1 TNF-alpha inhibitor.	x		10/11/2016	15	Not on Trust formulary for this indication. Rheumatology Consultants submitted fast track application and confirmed compliance (03/11/16). MMC added to formulary (10/11/16).
Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma (**TA414**)	26/10/2016	**Cobimetinib** - in combination with **vemurafenib** - **NOT RECOMMENDED** for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation.		x	01/11/2016	6	Not on Trust formulary. Dermatology Consultants confirmed compliance with non-use (01/11/16). MMC deemed compliant with non-use (10/11/16)
Elbasvir–grazoprevir for treating chronic hepatitis C (**TA413**)	26/10/2016	**Elbasvir–grazoprevir -** recommended as an option for treating genotype 1 or 4 chronic hepatitis C in adults	x		10/11/2016	15	Not on Trust formulary. Gastroenterology Consultants submitted fast track application and confirmed compliance (08/11/16). MMC added to formulary (10/11/16).
Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases (**TA412**)	28/09/2016	**Radium-223 dichloride** - recommended as an option for treating hormone-relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases in adults, only if: ● they have already had docetaxel or ● docetaxel is contraindicated or is not suitable.	x		08/10/2016	10	Not on Trust formulary. Urology Consultants confirmed patients would be referred to Christie for treatment (08/10/16). MMC deemed compliant with use and added to formulary (not stocked) (13/10/16).

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer (**TA411**)	28/09/2016	**Necitumumab -** in combination with **gemcitabine** & **cisplatin - NOT RECOMMENDED** for adults with locally advanced or metastatic epidermal growth factor receptor (EGFR)-expressing squamous non-small-cell lung cancer that hasn't been treated with chemotherapy.		x	30/09/2016	2	Not on Trust formulary. Respiratory Consultants confirmed compliance with non-use (30/09/16). MMC deemed compliant with non-use (13/10/16).
Talimogene laherparepvec for treating unresectable metastatic melanoma (**TA410**)	28/09/2016	**Talimogene laherparepvec** - recommended, in adults, as an option for treating unresectable, regionally or distantly metastatic (Stage IIIB, IIIC or IVM1a) melanoma that has not spread to bone, brain, lung or other internal organs.	x		08/10/2016	10	Not on Trust formulary. Dermatology Consultants confirmed patients would be referred to Christie for treatment (08/10/16). MMC deemed compliant with use and added to formulary (13/10/16).
Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion (**TA409**)	28/09/2016	**Aflibercept** - recommended as an option for treating visual impairment in adults caused by macular oedema after branch retinal vein occlusion.	x		10/10/2016	12	Not on Trust formulary for this indication. MREH Consultants submitted application & confirmed compliance with NICE (10/10/16). MMC deemed compliant with use and added to formulary (13/10/16).
Pegaspargase for treating acute lymphoblastic leukaemia (**TA408**)	28/09/2016	**Pegaspargase** - as part of antineoplastic combination therapy, is recommended as an option for treating acute lymphoblastic leukaemia in children, young people and adults only when they have untreated newly diagnosed disease.	x		11/10/2016	13	On Trust formulary for this indication. Haematology Consultants confirmed compliance (11/10/16). MMC deemed compliant with use (13/10/16)
Secukinumab for active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors (**TA407**)	28/09/2016	**Secukinumab** - recommended as an option for treating active ankylosing spondylitis in adults whose disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors).	x		12/10/2016	14	Not on Trust formulary. Rheumatology Consultants confirmed (12/10/16). MMC deemed compliant with use and added to formulary (13/10/16).
Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (**TA406**)	28/09/2016	**Crizotinib -** recommended as an option for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults.		x	28/09/2016	0	Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie for treatment (28/09/16). MMC deemed compliant with use and added to formulary (13/10/16)
Trifluridine–tipiracil for previously treated metastatic colorectal cancer (**TA405**)	24/08/2016	**Trifluridine–tipiracil** - recommended as an option for treating metastatic colorectal cancer, in adults who have had previous treatment with available therapies including fluoropyrimidine-, oxaliplatin- or irinotecan-based chemotherapies, anti-vascular endothelial growth factor (VEGF) agents and anti-epidermal growth factor receptor (EGFR) agents, or when these therapies are not suitable.		x	01/09/2016	8	Not on Trust formulary. Colorectal Consultants confirmed patients would be referred to Christie for treatment (01/09/16). MMC deemed compliant with use and added to formulary (13/10/16)
Degarelix for treating advanced hormone-dependent prostate cancer (**TA404**)	24/08/2016	**Degarelix - r**ecommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases.	x		10/11/2016	78	Not on Trust formulary for this indication. Urology Consultants submitted fast track application and confirmed compliance (04/11/16). MMC added to formulary (10/11/16).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Ramucirumab for previously treated locally advanced or metastatic non-small-cell lung cancer (**TA403**)	24/08/2016	**Ramucirumab** in combination with **docetaxel - NOT RECOMMENDED** for treating locally advanced or metastatic non-small-cell lung cancer in adults whose disease has progressed after platinum-based chemotherapy.		x	13/10/2016	50	Not on Trust formulary. Respiratory Consultants confirmed compliance (01/09/16). MMC deemed compliant with non-use (13/10/16)
Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin (**TA402**)	24/08/2016	**Pemetrexed** - recommended as an option for the maintenance treatment of locally advanced or metastatic non‑squamous NSCLC in adults.		x	13/10/2016	50	Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie for treatment (01/09/16). MMC deemed compliant with use and added to formulary (13/10/16)
Bosutinib for previously treated chronic myeloid leukaemia (**TA401**)	24/08/2016	**Bosutinib** - recommended as an option for chronic, accelerated and blast phase Philadelphia chromosome positive CML in adults, when they have previously had 1 or more tyrosine kinase inhibitor and imatinib, nilotinib and dasatinib are not appropriate.	x		13/10/2016	50	Not on trust formulary. Haematology submitted fast track application and confirmed compliance (26/08/16). MMC deemed compliant with use in line with NICE and added to formulary (13/10/16).
Nivolumab in combination with ipilimumab for treating advanced melanoma (**TA400**)	27/07/2016	**Nivolumab -** in combination with ipilimumab is recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults.	x		05/08/2016	9	Dermatology Consultants confirmed patients would be referred to Christie for treatment (05/08/16). MMC deemed applicable & compliant with use and added to formulary (11/08/16).
Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts (**TA399)**	27/07/2016	**Azacitidine - NOT RECOMMENDED** for treating acute myeloid leukaemia with more than 30% bone marrow blasts in people of 65 years or older who are not eligible for haematopoietic stem cell transplant.		x	27/07/2016	0	Not on Trust formulary for this indication. Haematology Consultants confirmed compliance (27/07/16). MMC deemed compliant with non-use (11/08/16)
Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation (**TA398**)	27/07/2016	**Lumacaftor – ivacaftor** - **NOT RECOMMENDED** for treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.		x	29/07/2016	2	Not on Trust formulary. Paediatric Respiratory Consultants confirmed compliance (29/07/16). MMC deemed compliant with non-use (11/08/16)
Belimumab for treating active autoantibody-positive systemic lupus erythematosus (**TA397**)	22/06/2016	**Belimumab -** recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in adults.	x		23/06/2016	1	On Trust formulary. Rheumatology Consultants confirmed compliance (23/06/16). MMC deemed compliant with use (14/07/16).
Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma (**TA396**)	22/06/2016	**Trametinib -** in combination with dabrafenib is recommended as an option for treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation		x	23/06/2016	1	Not on Trust formulary. Dermatology Consultants confirmed patients would be referred to Christie for treatment (23/06/16). MMC deemed compliant with use and added to formulary (14/07/16)
Ceritinib for previously treated anaplastic lymphoma kinase positive non-small-cell lung cancer (**TA395**)	22/06/2016	**Ceritinib** - recommended as an option for treating advanced anaplastic lymphoma kinase positive non‑small‑cell lung cancer in adults who have previously had crizotinib.		x	28/06/2016	6	Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie for treatment (28/06/16). MMC deemed compliant with use and added to formulary (14/07/16)
Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia (**TA394**)	22/06/2016	**Evolocumab** - recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia.	x		12/07/2016	20	Not on Trust formulary. MMC application submitted. Lipid Clinic Consultants confirmed compliance (12/07/16). MMC approved in line with NICE for this indication and added to the formulary (14/07/16).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia (**TA393**)	22/06/2016	**Alirocumab** - recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia	x		12/07/2016	20	Not on Trust formulary. MMC application submitted. Lipid Clinic Consultants confirmed compliance (12/07/16). MMC approved in line with NICE for this indication and added to the formulary (14/07/16).
Adalimumab for treating moderate to severe hidradenitis suppurativa (**TA392**)	22/06/2016	**Adalimumab -** recommended as an option for treating active moderate to severe hidradenitis suppurativa in adults whose disease has not responded to conventional systemic therapy.	x		01/07/2016	9	Not on Trust formulary for this indication. MMC application submitted. Dermatology Consultants confirmed compliance (01/07/16). MMC approved in line with NICE for this indication and added to the formulary (14/07/16).
Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel (**TA391**)	26/05/2016	**Cabazitaxel -** in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone‑relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy.		x	29/05/2016	3	Not on Trust formulary. Urology Consultants confirmed patients would be referred to Christie for treatment (29/05/16). MMC deemed compliant with use and added to formulary (09/06/16)
Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes (**TA390**)	26/05/2016	**Canagliflozin**, **dapagliflozin** & **empagliflozin** (monotherapies) - recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control.	x		09/06/2016	14	Not on Trust formulary for this indication. MMC application submitted. Diabetes Consultants confirmed compliance (23/06/16). MMC approved in line with NICE for this indication and added to the formulary (09/06/16).
Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer (**TA389**)	27/04/2016	**Paclitaxel -** in combination with platinum or as monotherapy is recommended as an option for treating recurrent ovarian cancer. **Pegylated liposomal doxorubicin hydrochloride (PLDH)** - as monotherapy is recommended as an option for treating recurrent ovarian cancer. **PLDH -** in combination with platinum is recommended as an option for treating recurrent ovarian cancer.		x	04/05/2016	7	Not on Trust formulary for this indication. Haematology Consultants confirmed patients would be referred to Christie for treatment (04/05/16). MMC deemed compliant with use and added to formulary (12/05/16)
Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction (**TA388**)	27/04/2016	**Sacubitril valsartan -** recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in eligible people.	x		04/05/2016	7	Not on Trust formulary. MMC application submitted. Cardiology Consultants confirmed compliance (04/05/16). MMC approved in line with NICE for this indication and added to the formulary (12/05/16).
Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated (**TA387**)	27/04/2016	**Abiraterone** - in combination with prednisone or prednisolone is recommended as an option for treating metastatic hormone-relapsed prostate cancer.		x	04/05/2016	7	Urology Consultants confirmed patients would be referred to Christie for treatment (04/05/16). MMC deemed applicable & compliant with use and added to formulary (12/05/16)
			34	13			
			% "Yes"	**% "N/A"**	_	**Average implement time**(days)	
Adherence statistics for 2016-17			72%	28%		**17**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS Foundation Trust

This spreadsheet enables self-audit of a medicines formulary for adherence to NICE Technology Appraisals. No copyright is asserted if used for non-commercial purposes within the NHS.

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2015-16							
Ruxolitinib for treating disease-related splenomegaly or symptoms in adults with myelofibrosis (**TA386**)	23/03/2016	**Ruxolitinib** - recommended as an option for treating disease-related splenomegaly or symptoms in adults with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis.	x		14/04/2016	22	Not on Trust formulary. MMC application submitted (04/04/16). MMC approved in line with NICE for this indication and added to the formulary (14/04/16).
Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia (**TA385**)	24/02/2016	**Ezetimibe** (monotherapy) - recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults in whom initial statin therapy is contraindicated or not tolerated. **Ezetimibe** (co-administered with a statin) - recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who have started statin therapy	x		10/03/2016	15	On Trust formulary (09/09/03). Lipid Clinic Consultants confirmed compliance (05/03/16). MMC deemed applicable & compliant with use and added to formulary for extra indications (10/03/16).
Nivolumab for treating advanced (unresectable or metastatic) melanoma (**TA384**)	24/02/2016	**Nivolumab** (monotherapy) - recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults.		x	10/03/2016	15	Not on Trust formulary. Dermatology Consultants confirmed patients would be referred to Christie for treatment (26/02/16). MMC deemed applicable & compliant with use and added to formulary (10/03/16).
TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis (**TA383**)	24/02/2016	**Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab** - recommended as options for treating severe active ankylosing spondylitis in adults whose disease has responded inadequately to, or who cannot tolerate NSAIDs. Infliximab is recommended only if treatment is started with the least expensive infliximab product.	x		10/03/2016	15	Not on Trust formulary (except golimumab 13/10/11). MMC application submitted. MMC approved in line with NICE for this indication and added to the formulary (10/03/16).
Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (**TERMINATED APPRAISAL**) (**TA382**)	26/01/2016	**Eltrombopag - NOT RECOMMENDED** for treatment of severe aplastic anaemia refractory to immunosuppressive therapy **(terminated appraisal)**.		x	11/02/2016	16	Not on Trust formulary for this indication. Haematology Consultants confirmed compliance (08/02/16). MMC deemed not applicable & compliant with non-use (11/02/16).
Olaparib for maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube & peritoneal cancer after response to 2nd line or subsequent platinum-based chemotherapy (**TA381**)	26/01/2016	**Olaparib** - recommended as an option for treating adults with relapsed, platinum sensitive ovarian, fallopian tube or peritoneal cancer who have BRCA1 or BRCA2 mutations and whose disease has responded to platinum based chemotherapy.	x		11/02/2016	16	Not on Trust formulary. SMH Consultants confirmed patients would be referred to Christie for treatment (03/02/16). MMC deemed applicable & compliant with use (11/02/16).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Panobinostat for treating multiple myeloma after at least 2 previous treatments (**TA380**)	26/01/2016	**Panobinostat** in combination with **bortezomib** & **dexamethasone**) - recommended as an option for adult patients with relapsed and/or refractory multiple myeloma who have received at least 2 prior regimens including bortezomib and an immunomodulatory agent.	X		11/02/2016	16	Not on Trust formulary. MMC application submitted (08/02/16). MMC approved in line with NICE for this indication and added to the formulary (11/02/16).
Nintedanib for treating idiopathic pulmonary fibrosis (**TA379**)	26/01/2016	**Nintedanib** - recommended as an option for treating idiopathic pulmonary fibrosis.	X		11/02/2016	16	Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to specialist centre at South Manchester for Treatment (09/02/16). MMC deemed applicable & compliant with use (11/02/16).
Ramucirumab for treating advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy (**TA378**)	26/01/2016	**Ramucirumab** (alone or with paclitaxel) **- NOT RECOMMENDED** for advanced gastric cancer or gastro–oesophageal junction adenocarcinoma previously treated with chemotherapy.		X	11/02/2016	16	Not on Trust formulary. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (11/02/16).
Enzalutamide for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated (**TA377**)	26/01/2016	**Enzalutamide -** recommended as an option for treating metastatic hormone‑relapsed prostate cancer.		x	05/02/2016	10	Not on Trust formulary. Urology Consultants confirmed patients would be referred to Christie for treatment (05/02/16). MMC deemed compliant with use and added to formulary (11/02/16)
Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases (**TA376**)	26/01/2016	**Radium‑223 dichloride** - recommended as an option for treating adults with hormone‑relapsed prostate cancer, symptomatic bone metastases and no known visceral metastases.		x	05/02/2016	10	Not on Trust formulary. Urology Consultants confirmed patients would be referred to Christie for treatment (05/02/16). MMC deemed compliant with use and added to formulary (11/02/16)
Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed (**TA375**)	26/01/2016	**Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab** and **abatacept**, all in combination with **methotrexate -** recommended as options for treating rheumatoid arthritis	x		26/01/2016	0	On Trust formulary for this indication. Rheumatology Consultants confirmed compliance (26/01/16). MMC deemed compliant with use (11/02/16).
Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy (**TA374**)	16/12/2015	**Erlotinib** - recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer that has progressed in people who have had non-targeted chemotherapy because of delayed confirmation that their tumour is epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation-positive. **Erlotinib** - recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer that has progressed after non-targeted chemotherapy in people with tumours of unknown EGFR-TK mutation status		x	14/01/2016	29	Not on Trust formulary. Respiratory Consultants confirmed patients would be referred to Christie for treatment (18/12/15). MMC deemed compliant with use and added to formulary (14/01/16)
Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis (**TA373**)	16/12/2015	**Abatacept, adalimumab, etanercept & tocilizumab -** recommended as options for treating polyarticular juvenile idiopathic arthritis (JIA), including polyarticular-onset, polyarticular-course & extended oligoarticular JIA.	x		14/01/2016	29	On Trust formulary for this indication (06/06/14). Rheumatology Consultants confirmed compliance (21/12/15). MMC deemed compliant with use (14/01/16).

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Apremilast for treating active psoriatic arthritis (**TA372**)	16/12/2015	**Apremilast** (alone or in combination with disease-modifying antirheumatic drug (DMARD) therapy) - **NOT RECOMMENDED** for treating adults with active psoriatic arthritis that has not responded to prior DMARD therapy, or such therapy is not tolerated.		X	14/01/2016	29	Not on Trust formulary. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (14/01/16)
Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane (**TA371**)	16/12/2015	**Trastuzumab emtansine** - **NOT RECOMMENDED** for treating adults with human epidermal growth factor 2 (HER2) positive, unresectable locally advanced or metastatic breast cancer previously treated with trastuzumab and a taxane.		X	14/01/2016	29	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (14/01/16)
Bortezomib for previously untreated mantle cell lymphoma (**TA370**)	16/12/2015	**Bortezomib** - recommended as an option for previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable.	x		14/01/2016	29	Not on Trust formulary. MMC application submitted (21/12/15). MMC approved in line with NICE for this indication and added to the formulary (14/01/16).
Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears (**TA369**)	16/12/2015	**Ciclosporin** - recommended as an option for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes.	x		10/12/2015	-6	On Trust formulary for this indication (10/12/15). MREH Consultants confirmed compliance (30/12/15). MMC deemed compliant with use (14/01/16).
Apremilast for treating moderate to severe plaque psoriasis (**TA368**)	25/11/2015	**Apremilast - NOT RECOMMENDED** for treating adults with moderate to severe chronic plaque psoriasis that has not responded to systemic therapy, or systemic therapy is contraindicated or not tolerated.		x	30/11/2015	5	NICE rejected for this indication. Dermatology Consultants confirmed compliance (30/11/15). MMC deemed compliant with non-use (10/12/15).
Vortioxetine for treating major depressive episodes (**TA367**)	25/11/2015	**Vortioxetine** - recommended as an option for treating major depressive episodes in adults whose condition has responded inadequately to 2 antidepressants within the current episode.	x		10/12/2015	15	Not on Trust formulary. MMC application submitted. MMC approved in line with NICE for this indication and added to the formulary (10/12/15).
Pembrolizumab for advanced melanoma not previously treated with ipilimumab (**TA366**)	25/11/2015	**Pembrolizumab** - recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults that has not been previously treated with ipilimumab.		x	26/11/2015	1	Dermatology Consultants confirmed patients would be referred to Christie for treatment (26/11/15). MMC deemed applicable & compliant with use and added to formulary (10/12/16).
Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C (**TA365**)	25/11/2015	**Ombitasvir–paritaprevir–ritonavir** (with or without dasabuvir) - recommended as an option for treating genotype 1 or 4 chronic hepatitis C in adults.	x		30/11/2015	5	On Trust formulary for this indication. Gastroenterology Consultants confirmed compliance (30/11/15). MMC deemed compliant with use (10/12/15).
Daclatasvir for treating chronic hepatitis C (**TA364**)	25/11/2015	**Daclatasvir** - recommended as an option for treating chronic hepatitis C in adults	x		30/11/2015	5	On Trust formulary for this indication. Gastroenterology Consultants confirmed compliance (30/11/15). MMC deemed compliant with use (10/12/15).
Ledipasvir–sofosbuvir for treating chronic hepatitis C (**TA363**)	25/11/2015	**Ledipasvir–sofosbuvir -** recommended as an option for treating chronic hepatitis C in adults.	x		30/11/2015	5	On Trust formulary for this indication. Gastroenterology Consultants confirmed compliance (30/11/15). MMC deemed compliant with use (10/12/15).

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Paclitaxel as albumin-bound nanoparticles with carboplatin for untreated non-small-cell lung cancer (**TERMINATED APPRAISAL**) (**TA362**)	27/10/2015	**Paclitaxel** - as albumin-bound nanoparticles with carboplatin - **NOT RECOMMENDED** for untreated non-small-cell lung cancer **(TERMINATED APPRAISAL)**.		x	12/11/2015	16	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (12/11/15).
Simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C (**TERMINATED APPRAISAL**) (**TA361**)	27/10/2015	**Simeprevir** (in combination with sofosbuvir) - **NOT RECOMMENDED** for treating genotype 1 or 4 chronic hepatitis C **(TERMINATED APPRAISAL)**.		x	12/11/2015	16	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (12/11/15).
Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer (**TA360**)	27/10/2015	**Paclitaxel** (in combination with gemcitabine) - **NOT RECOMMENDED** for adults with previously untreated metastatic adenocarcinoma of the pancreas.		x	03/11/2015	7	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (12/11/15)
Idelalisib for treating chronic lymphocytic leukaemia (**TA359**)	27/10/2015	**Idelalisib** (in combination with rituximab) - recommended for untreated CLL in adults with a 17p deletion or TP53 mutation or for CLL in adults when the disease has been treated but has relapsed within 24 months.	x		07/11/2015	11	Not on Trust formulary. MMC application submitted (07/11/15). MMC approved in line with NICE for this indication and added to the formulary (12/11/15).
Tolvaptan for treating autosomal dominant polycystic kidney disease (**TA358**)	27/10/2015	**Tolvaptan -** recommended as an option for treating autosomal dominant polycystic kidney disease in adults to slow the progression of cyst development and renal insufficiency.	x		12/11/2015	16	Not on Trust formulary for this indication. MMC application submitted. MMC approved in line with NICE for this indication and added to the formulary (12/11/15).
Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab (**TA357**)	27/10/2015	**Pembrolizumab** - recommended as an option for treating advanced (unresectable or metastatic) melanoma in adults.		x	30/10/2015	3	Not on Trust formulary. Dermatology Consultants confirmed patients would be referred to Christie for treatment (30/10/15). MMC deemed compliant with use and added to formulary (12/11/15)
Ruxolitinib for treating polycythaemia vera (**TERMINATED APPRAISAL**) (**TA356**)	23/09/2015	**Ruxolitinib -** NICE is unable to make a recommendation about the use of ruxolitinib for treating polycythaemia vera that is resistant to hydroxycarbamide or for people who cannot tolerate hydroxycarbamide because no evidence submission was received from Novartis.		x	08/10/2015	15	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (08/10/15)
Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation (**TA355**)	23/09/2015	**Edoxaban** - recommended as an option for preventing stroke and systemic embolism in adults with non-valvular atrial fibrillation with one or more risk factors, including: congestive heart failure; hypertension; diabetes; prior stroke or transient ischaemic attack or aged 75 years or older.	x		08/10/2015	15	Not on Trust formulary. MMC application submitted. MMC approved in line with NICE for this indication and added to the formulary (08/10/15).
Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism (**TA354**)	26/08/2015	**Edoxaban** - recommended as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults.	x		10/09/2015	15	Not on Trust formulary. MMC application submitted. MMC approved in line with NICE for this indication and added to the formulary (10/09/15).

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Bevacizumab for treating relapsed, platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (**TERMINATED APPRAISAL**) (**TA353**)	26/08/2015	**Bevacizumab** - NICE is unable to make a recommendation about the use of bevacizumab for treating relapsed, platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer because no evidence submission was received from Roche Products for the technology.		x	10/09/2015	15	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (10/09/15).
Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy (**TA352**)	26/08/2015	**Vedolizumab** - recommended as an option for treating moderately to severely active Crohn's disease.	x		10/09/2015	15	MMC application submitted (06/15). MMC approved in line with NICE for this indication and added to the formulary (10/09/15).
Cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy (**TERMINATED APPRAISAL**) (**TA351**)	22/07/2015	**Cangrelor** - NICE is unable to make a recommendation about the use of cangrelor for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy because no evidence submission was received from The Medicines Company.	x		13/08/2015	22	Not on Trust formulary. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (13/08/15).
Secukinumab for treating moderate to severe plaque psoriasis (**TA350**)	22/07/2015	**Secukinumab** - recommended as an option for treating adults with plaque psoriasis.	x		13/08/2015	22	Not on Trust formulary. MMC application submitted. MMC approved in line with NICE for this indication and added to the formulary (13/08/15).
Dexamethasone intravitreal implant for treating diabetic macular oedema (**TA349**)	22/07/2015	**Dexamethasone** intravitreal implant - recommended as an option for treating diabetic macular oedema.	x		05/08/2015	14	On Trust formulary. MMC aplication for this indication submitted (05/08/15). MMC approved in line with NICE for this indication and added to the formulary (13/08/15).
Everolimus for preventing organ rejection in liver transplantation (**TA348**)	22/07/2015	**Everolimus - NOT RECOMMENDED** for preventing organ rejection in people having a liver transplant.		x	13/08/2015	22	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (13/08/15)
Nintedanib for previously treated locally advanced, metastatic, or locally recurrent non-small-cell lung cancer (**TA347**)	22/07/2015	**Nintedanib** in combination with **docetaxel** - recommended as an option for locally advanced, metastatic or locally recurrent non-small-cell lung cancer of adenocarcinoma histology that has progressed after 1st line chemotherapy.		x	27/07/2015	5	Not on Trust formulary for this indication. Respiratory Consultants confirmed patients would be referred to Christie for treatment (27/07/15). MMC deemed applicable & compliant with use and added to formulary (13/08/15)
Aflibercept for treating diabetic macular oedema **(TA346**)	22/07/2015	**Aflibercept** - recommended as an option for treating visual impairment caused by diabetic macular oedema	x		14/05/2015	-69	On Trust formulary. MMC application submitted (05/15). MMC approved in line with NICE for this indication and added to the formulary (13/08/15).
Naloxegol for treating opioid-induced constipation (**TA345**)	22/07/2015	**Naloxegol -** recommended as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives.	x		13/08/2015	22	Not on Trust formulary. MMC application submitted. MMC approved in line with NICE for this indication and added to the formulary (13/08/15).
Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia (**TA344**)	02/06/2015	**Ofatumumab** in combination with **chlorambucil** - recommended as an option for untreated chronic lymphocytic leukaemia.	x		09/06/2015	7	Not on Trust formulary. MMC application submitted (09/06/15). MMC approved in line with NICE for this indication and added to the formulary (09/07/15).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia (**TA343**)	02/06/2015	**Obinutuzumab** in combination with **chlorambucil** - recommended as an option for adults with untreated chronic lymphocytic leukaemia who have comorbidities that make full-dose fludarabine-based therapy unsuitable for them.	x		09/07/2015	37	Not on Trust formulary. MMC application submitted (09/06/15). MMC approved in line with NICE for this indication and added to the formulary (09/07/15).
Vedolizumab for treating moderately to severely active ulcerative colitis (**TA342**)	02/06/2015	**Vedolizumab** - recommended as an option for treating moderately to severely active ulcerative colitis in adults.	x		11/06/2015	9	MMC approved as per NICE for this indication and added to the formulary (11/06/15).
Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (**TA341**)	02/06/2015	**Apixaban** - recommended as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults.	x		11/06/2015	9	On Trust formulary. MMC approved in line with NICE for this indication and added to the formulary (11/06/15).
Ustekinumab for treating active psoriatic arthritis (rapid review of TA313) (**TA340**)	02/06/2015	**Ustekinumab** - recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults	x		11/06/2015	9	On Trust formulary. MMC approved in line with NICE for this indication (11/06/15). Compliant response from Dermatology (11/07/15).
Omalizumab for previously treated chronic spontaneous urticaria (**TA339**)	02/06/2015	**Omalizumab** - recommended as an option (add-on) therapy to treat severe chronic spontaneous urticaria in adults & young people aged 12 years and over.	x		11/06/2015	9	On Trust formulary. MMC approved in line with NICE for this indication (11/06/15).
			30	18			
			% "Yes"	**% "N/A"**	_	**Average implement time**(days)	
Adherence statistics for 2015-16			63%	38%		**13**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS Foundation Trust

This spreadsheet enables self-audit of a medicines formulary for adherence to NICE Technology Appraisals. No copyright is asserted if used for non-commercial purposes within the NHS.

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2014-15							
Pomalidomide for relapsed and refractory multiple myeloma previously treated with lenalidomide and bortezomib (**TA338**)	25/03/2015	**Pomalidomide** in combination with **dexamethasone -** not recommended to treating relapsed and refractory multiple myeloma in adults who have had at least 2 previous treatments, including lenalidomide and bortezomib, and whose disease has progressed on the last therapy.	x		30/03/2015	5	On Trust formulary for this indication, MMC approved 14/11/13. Haematology Consultants confirmed compliance (30/03/15) patient access through CDF.
Rifaximin for preventing episodes of overt hepatic encephalopathy (**TA337**)	25/03/2015	**Rifaximin** - recommended as an option for reducing the recurrence of episodes of overt hepatic encephalopathy in people aged 18 years or older.	x		14/06/2012	-1014	On Trust formulary for this indication, MMC approved 14/06/12. Gastroenterology Consultants confirmed compliance (01/04/15).
Empagliflozin in combination therapy for treating type 2 diabetes (**TA336**)	25/03/2015	**Empagliflozin** - recommended as an option in a dual therapy regimen in combination with metformin for treating type 2 diabetes (T2DM); in a triple therapy regimen to treat T2DM in combination with metformin & a sulfonylurea or metformin & a thiazolidinedione; in combination with insulin with or without other antidiabetic drugs to treat T2DM.	x		09/04/2015	15	MMC application submitted (13/11/14). MMC approved in line with NICE for this indication and added to the formulary (09/04/15).
Rivaroxaban for preventing adverse outcomes after acute management of acute coronary syndrome (**TA335**)	25/03/2015	**Rivaroxaban -** recommended as an option in combination with aspirin plus clopidogrel or aspirin alone, for preventing atherothrombotic events in people who have had an acute coronary syndrome with elevated cardiac biomarkers.	x		06/05/2015	42	Not on Trust formulary for this indication. Cardiology Consultants confirmed compliance (06/05/15). MMC deemed applicable & compliant with use and added to formulary (14/05/15)
Regorafenib for metastatic colorectal cancer after treatment for metastatic disease (**TERMINATED APPRAISAL**) (**TA334**)	25/02/2015	**Regorafenib** - NICE unable to make a recommendation about the use of Regorafenib for metastatic colorectal cancer because Bayer considered that the number of people in the trial who had care equivalent to standard care in the UK was too small to form the basis of a submission for this appraisal.		x	11/03/2015	14	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (11/03/15).
Axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment (**TA333**)	25/02/2015	**Axitinib** - recommended as an option for treating adults with advanced renal cell carcinoma after failure of treatment with a first-line tyrosine kinase inhibitor or a cytokine.	x		27/02/2015	2	Not on Trust formulary for this indication. Haematology Consultants confirmed patients would be referred to Christie for treatment (27/02/15). MMC deemed applicable & compliant with use and added to formulary (11/03/15)
Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone-relapsed prostate cancer (**TA332**)	25/02/2015	**Sipuleucel-T** - **NOT RECOMMENDED** to treat adults who have asymptomatic or minimally symptomatic metastatic non-visceral hormone-relapsed prostate cancer for which chemotherapy is not yet clinically indicated.		x	11/03/2015	14	Not on Trust formulary for this indication. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (11/03/15).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Simeprevir in combination with peginterferon alfa and ribavirin for treating genotypes 1 and 4 chronic hepatitis C (**TA331**)	25/02/2015	**Simeprevir** in combination with **peginterferon alfa** & **ribavirin** - recommended as an option for treating genotype 1 and 4 chronic hepatitis C in adults.	x		12/06/2014	-258	On Trust formulary for this indication, MMC approved 12/06/14. Gastroenterology Consultants confirmed compliance (27/02/15). MMC deemed applicable & compliant with use (12/03/15)
Sofosbuvir for treating chronic hepatitis C (**TA330**)	25/02/2015	**Sofosbuvir -** recommended as an option for treating chronic hepatitis C in adults.	x		12/06/2014	-258	On Trust formulary for this indication, MMC approved 12/06/14. Gastroenterology Consultants confirmed compliance (27/02/15). MMC deemed applicable & compliant with use (12/03/15)
Infliximab, adalimumab & golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (review of TA140 and TA262) (**TA329**)	25/02/2015	**Infliximab, adalimumab** and **golimumab -** recommended as treatment options for moderate to severe active ulcerative colitis in adults whose disease has responded inadequately to conventional therapy or who cannot tolerate, or have medical contraindications for, such therapies.	x		12/03/2015	15	MMC application submitted (adalimumab 12/06/14). MMC approved in line with NICE for this indication and added to the formulary (12/03/15).
Idelalisib for treating follicular lymphoma that is refractory to 2 prior treatments (**TERMINATED APPRAISAL**) (**TA328**)	17/12/2014	**Idelalisib -** NICE unable to make a recommendation about the use of idelalisib for follicular lymphoma that is refractory to 2 prior lines of treatment because no evidence submission was received from Gilead Sciences.		x	15/01/2015	29	Not on Trust formulary. Not recommended by NICE. MMC deemed not applicable & compliant with non-use (15/01/15).
Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (**TA327**)	17/12/2014	**Dabigatran etexilate** - recommended as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults.	x		15/01/2015	29	Not on Trust formulary for this indication. MMC deemed applicable & added to the formulary for this indication in line with NICE (15/01/15).
Imatinib for the adjuvant treatment of gastrointestinal stromal tumours (review of TA196) (**TA326**)	26/11/2014	**Imatinib** - 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.		x	11/12/2014	15	Not on Trust formulary for this indication. MMC deemed applicable & added to the formulary for this indication in line with NICE (11/12/14).
Nalmefene for reducing alcohol consumption in people with alcohol dependence (**TA325**)	26/11/2014	**Nalmefene** - recommended as an option for reducing alcohol consumption, for people with alcohol dependence.	x		11/12/2014	15	Not on Trust formulary. MMC deemed applicable & added to the formulary for this indication in line with NICE (11/12/14).
Dual-chamber pacemakers for symptomatic bradycardia due to sick sinus syndrome without atrioventricular block (part review of TA88) (**TA324**)	26/11/2014	**Dual-chamber pacemakers** - recommended as an option for treating symptomatic bradycardia due to sick sinus syndrome without atrioventricular block.	x		11/12/2014	15	Not on Trust formulary. MMC deemed applicable & added to the formulary for this indication in line with NICE (11/12/14).
Erythropoiesis-stimulating agents (epoetin & darbepoetin) for treating anaemia in people with cancer having chemotherapy (review of TA142) (**TA323**)	26/11/2014	**Epoetin alfa**, **beta**, **theta** & **zeta**, and **darbepoetin alfa** - recommended as options for treating anaemia in people with cancer who are having chemotherapy	x		11/12/2014	15	Not on Trust formulary for this indication. MMC deemed applicable & added to the formulary for this indication in line with NICE (11/12/14).

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality (**TA322**)	24/09/2014	**Lenalidomide** - recommended as an option 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	x		08/10/2014	14	Not on Trust formulary for this indication. MMC deemed applicable & added to the formulary for this indication in line with NICE (08/10/14).
Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma (**TA321**)	22/10/2014	**Dabrafenib** - recommended as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma	x		22/10/2014	0	Not on Trust formulary for this indication. Dermatology Consultants confirmed compliance (22/10/14). MMC deemed applicable & added to the formulary for this indication in line with NICE (13/11/14).
Dimethyl fumarate for treating relapsing-remitting multiple sclerosis (**TA320**)	27/08/2014	**Dimethyl fumarate** - 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)		x	11/09/2014	15	MMC approved as per NICE (11/09/14). Neurology Consultants confirmed treatment would not be offered at CMFT, prescribed @ Disease Modifying Treatment Clinic SRFT (//14)
Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma (**TA319**)	23/07/2014	**Ipilimumab** - recommended 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.	x		13/08/2014	21	Not on Trust formulary for this indication (Adults). Dermatology Consultants confirmed patients would be referred to Christie for treatment (13/08/14). MMC deemed applicable & compliant with use, added to formulary for this indication in line with NICE (14/08/14)
Lubiprostone for treating chronic idiopathic constipation (**TA318**)	23/07/2014	**Lubiprostone** - recommended as an option for treating chronic idiopathic constipation in 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.	x		24/07/2014	1	MMC approved as per NICE (14/08/14). Gastroenterology consultants confirmed use would be in line with NICE (24/07/14)
Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes (review of TA182) (**TA317**)	23/07/2014	**Prasugrel** in combination with **aspirin** - recommended as an option 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.	x		12/11/2009	-1714	MMC approved for this indication (12/11/09). Cardiology consultants confirmed compliance (31/10/14). MMC deemed applicable & compliant with use (14/08/14)
Enzalutamide for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen (**TA316**)	23/07/2014	**Enzalutamide** - recommended as an option for treating metastatic hormone-relapsed prostate cancer in adults whose disease has progressed during or after docetaxel-containing chemotherapy, only if the manufacturer provides enzalutamide with the discount agreed in the patient access scheme		x	04/08/2014	12	Not on Trust formulary for this indication (Adults). Urology Consultants confirmed patients would be referred to Christie for treatment (04/08/14). MMC deemed applicable & compliant with use, added to formulary for this indication in line with NICE# (14/08/14)

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Diabetes (type 2) - canagliflozin (**TA315**)	25/06/2014	**Canagliflozin** dual therapy regimen with metformin is recommended as an option for treating type 2 diabetes. Triple therapy regimen with metformin and a sulfonylurea or metformin and a thiazolidinedione is recommended as an option for treating type 2 diabetes. Canagliflozin in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating type 2 diabetes.	x		10/07/2014	15	MMC approved as per NICE (10/07/14). Diabetes Consultants confirmed treatment would be in line with NICE (09/09/14).
Arrhythmias - ICDs & Heart failure - cardiac resynchronisation (**TA314**)	25/06/2014	Implantable cardioverter defibrillators (ICDs), cardiac resynchronisation therapy (CRT) with defibrillator (CRT-D) or CRT with pacing (CRT-P) are recommended as treatment options	x		10/07/2014	15	MMC approved as per NICE (10/07/14)
Psoriatic arthritis (active) - ustekinumab (**TA313**)	28/05/2014	**Ustekinumab** - **NOT RECOMMENDED** 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.	x		19/08/2014	83	Not on Trust formulary for this indication (Adults). Rheumatology Consultants confirmed compliance with non-use in patients for this indication (19/08/14). MMC deemed applicable & compliant with non-use (12/06/14)
Multiple sclerosis (relapsing-remitting) - alemtuzumab (**TA312**)	28/05/2014	**Alemtuzumab** - recommended as an option for treatment of adults with active relapsing–remitting multiple sclerosis.	x		02/06/2014	5	MMC approved as per NICE (12/06/14). Neurology Consultants confirmed treatment would not be offered at CMFT, prescribed @ Disease Modifying Treatment Clinic SRFT (02/06/14)
Multiple myeloma - bortezomib (induction therapy) (**TA311**)	23/04/2014	**Bortezomib -** recommended as an option 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.	x		10/01/2007	-2660	On Trust formulary for this indication (10/01/07). Haematology Consultants confirmed compliance (24/04/14). MMC deemed applicable & compliant with use (08/05/14).
Lung cancer (non small cell, EGFR mutation positive) - afatinib (**TA310**)	23/04/2014	**Afatinib -** recommended as an option for treating adults with locally advanced or metastatic non-small-cell lung cancer.		x	28/04/2014	5	Not on Trust formulary for this indication (Adults). Respiratory Consultants confirmed patients would be referred to Christie for treatment (28/04/14). MMC deemed applicable & compliant with use. Added to the formulary for this indication in line with NICE (08/05/14)
Lung cancer (non small cell, non squamous) - pemetrexed (**TA309**)	23/04/2014	**Pemetrexed - 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.		x	28/04/2014	5	Not on Trust formulary for this indication (Adults). Respiratory Consultants confirmed compliance with use (28/04/14). MMC deemed applicable & compliant with non-use (08/05/14)
			22	8			
			% "Yes"	**% "N/A"**	_	**Average implement time**(days)	

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Adherence statistics for 2014-15			73%	27%		**-183**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS Foundation Trust

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2013-14							
Vasculitis (anti-neutrophil cytoplasmic antibody-associated) - rituximab (with glucocorticoids) (**TA308**)	26/03/2014	**Rituximab -** in combination with glucocorticoids - 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)	x		01/04/2014	6	Not on Trust formulary for this indication. Fast track TA form completed (01/04/14) Consultants confirmed compliance with use (01/04/14). MMC approved and deemed compliant with non-use (10/04/14).
Colorectal cancer (metastatic) - aflibercept (**TA307**)	26/03/2014	**Aflibercept -** in combination with irinotecan and fluorouracil-based therapy - **NOT RECOMMENDED** for treating metastatic colorectal cancer that is resistant to or has progressed after an oxaliplatin containing regimen.	x		31/03/2014	5	Not on Trust formulary for this indication. Colorectal Surgeons confirmed non-use that patients are referred to the Christie hospital for chemotherapy (31/03/14). MMC approved and deemed compliant with non-use (10/04/14).
Lymphoma (non Hodgkin's, relapsed, refractory) - pixantrone monotherapy (**TA306**)	26/02/2014	**Pixantrone -** monotherapy is recommended as an option for treating adults with multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma.	x		03/03/2014	5	Not on Trust formulary for this indication. Fast track TA form completed (03/03/14). MMC approved and deemed compliant with use in line with NICE (10/04/14)
Macular oedema (central retinal vein occlusion) - aflibercept solution for injection (**TA305**)	26/02/2014	**Aflibercept -** recommended as an option for treating visual impairment caused by macular oedema secondary to central retinal vein occlusion.	x		10/04/2014	43	Not on Trust formulary for this indication. Fast track TA form completed (07/04/14). MMC approved and deemed compliant with use in line with NICE (10/04/14)
Arthritis of the hip (end stage) - hip replacement (total) & resurfacing arthroplasty (Rev TA2, TA44) (**TA304**)	26/02/2014	Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.	x		13/03/2014	15	MMC approved as per NICE (13/03/14). Orthopaedic Consultants confirmed applicable and compliant with guidance (06/05/14)
Multiple sclerosis (relapsing) - teriflunomide (**TA303**)	22/01/2014	**Teriflunomide** - recommended for treating adults with active relapsing–remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years).	x		06/02/2014	15	MMC approved as per NICE (13/02/14). Neurology Consultants confirmed treatment would not be offered at CMFT, prescribed @ Disease Modifying Treatment Clinic SRFT (06/02/14)
Juvenile idiopathic arthritis (systemic) - canakinumab (**TERMINATED APPRAISAL**) (**TA302**)	27/11/2013	**Canakinumab** - **NOT RECOMMENDED** for systemic juvenile idiopathic arthritis because no evidence submission was received from the manufacturer.	x		12/12/2013	15	Not on Trust formulary for this indication. MMC deemed not applicable and compliant with non-use (12/12/13)

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Diabetic macular oedema - fluocinolone acetonide intravitreal implant (rapid review of TA271) (**TA301**)	27/11/2013	**Fluocinolone acetonide** - recommended as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies only if the implant is to be used in an eye with an intraocular (pseudophakic) lens & the manufacturer provides the implant with the discount agreed in the patient access scheme.	x		31/01/2014	65	Not on Trust formulary for this indication. Fast track TA form completed (31/01/14). MMC deemed compliant with use subject to agreeing funding with commissioners (13/02/14)
Hepatitis C (children and young people) - peginterferon alfa & ribavirin (**TA300**)	27/11/2013	**Peginterferon alfa** in combination with **Ribavirin -** recommended as an option for treating chronic hepatitis C in children and young people.	x		12/12/2013	15	Paediatric Consultants confirmed compliance, treatment initiated at CMFT in conjunction with the Liver unit at Leeds (12/12/13). MMC deemed compliant with use (12/12/13)
Leukaemia (chronic myeloid) - bosutinib (**TA299**)	27/11/2013	**Bosutinib - NOT RECOMMENDED** for treating Philadelphia-chromosome-positive chronic myeloid leukaemia (CML).	x		28/11/2013	1	Not on Trust formulary for this indication. Haematology Consultants confirmed compliance with non-use (28/11/13). MMC deemed not applicable and compliant with non-use (12/12/13)
Choroidal neovascularisation (pathological myopia) - ranibizumab (**TA298**)	27/11/2013	**Ranibizumab** - recommended as an option for treating visual impairment due to choroidal neovascularisation secondary to pathological myopia.	x		31/01/2014	65	Not on Trust formulary for this indication. Fast track TA form completed (31/01/14). MMC deemed compliant with use subject to agreeing funding with commissioners (13/02/14)
Vitreomacular traction - ocriplasmin (**TA297**)	23/10/2013	**Ocriplasmin** - recommended as an option for treating vitreomacular traction in adults, only if: • an epiretinal membrane is not present and • they have a stage II full-thickness macular hole with a diameter of 400 micrometres or less and/or • they have severe symptoms.	x		30/10/2013	7	Not on Trust formulary for this indication. Fast track TA form completed (30/10/13). MMC deemed compliant with use subject to agreeing funding with commissioners (14/11/13)
Lung cancer (non-small-cell, anaplastic lymphoma kinase fusion gene, previously treated) - crizotinib (**TA296**)	25/09/2013	**Crizotinib** - **NOT RECOMMENDED** wfor treating adults with previously treated anaplastic-lymphoma kinase-positive advanced non-small-cell lung cancer.	x		02/10/2013	7	Not on Trust formulary for this indication (Adults (14/02/13). Respiratory Consultants confirmed compliance with non-use (02/10/13). MMC deemed applicable & compliant with non-use (10/10/13)
Breast cancer (HER2 negative, oestrogen receptor positive, locally advanced or metastatic) - everolimus (with an aromatase inhibitor) (**TA295**)	28/08/2013	**Everolimus** with **exemestane -** not recommended within its marketing authorisation for treating postmenopausal women with advanced human epidermal growth factor receptor 2 (HER2) negative hormone-receptorpositive breast cancer that has recurred or progressed following treatment with a non-steroidal aromatase inhibitor.	x		12/09/2013	15	Not on Trust formulary for this indication. Consultants confirmed that patients would receive treatment at UHSM if recommended (28/08/13). MMC deemed compliant with non-use (12/09/13)
Macular degeneration (wet age-related) - aflibercept (1st line) (**TA294**)	24/07/2013	**Aflibercept** - recommended as an option for treating wet age-related macular degeneration only if: • it is used in accordance with the recommendations for ranibizumab in NICE technology appraisal guidance 155 (re-issued May 2012) and • the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme.	x		14/02/2013	-160	On Trust formulary for this indication (Adults (14/02/13). MREH Consultants confirmed compliance (24/07/13). MMC deemed applicable & compliant with use (08/08/13)

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Thrombocytopenic purpura - eltrombopag (**TA293**)	24/07/2013	**Eltrombopag -** recommended as an option for treating adults with chronic immune (idiopathic) thrombocytopenic purpura in adults who have had a splenectomy and whose condition is refractory to other treatments, or 2nd line in adults who have not had a splenectomy because surgery is contraindicated), only if: ● their condition is refractory to standard active treatments and rescue therapies, or ● they have severe disease and a high risk of bleeding that needs frequent courses of rescue therapies and ● the manufacturer provides eltrombopag with the discount agreed in the patient access scheme.	x		14/08/2008	-1,805	On Trust formulary for this indication (Adults (14/08/08) Paeds (01/05/10). CAMHS Consultants confirmed compliance (24/07/13). MMC deemed applicable & compliant with use (08/08/13)
Bipolar disorder (children) - aripiprazole (**TA292**)	24/07/2013	**Aripiprazole -** recommended as an option for treating moderate to severe manic episodes in adolescents with bipolar I disorder, that is, up to 12 weeks of treatment for moderate to severe manic episodes in bipolar I disorder in adolescents aged 13 and older).	x		01/07/2009	-1,484	On Trust formulary for this indication (Paeds 01/07/09). CAMHS Consultants confirmed compliance (24/07/13). MMC deemed applicable & compliant with use (08/08/13)
Gout (tophaceous, severe debilitating, chronic) - pegloticase (**TA291**)	26/06/2013	**Pegloticase - NOT RECOMMENDED** 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 dose have failed to normalise serum uric acid, or for whom these medicines are contraindicated.	x		18/07/2013	22	Not on Trust formulary. MMC deemed not applicable and compliant with non-use (18/07/13). Rheumatology Consultants confirmed compliance with non-use (07/13)
Overactive bladder - mirabegron (**TA290**)	26/06/2013	**Mirabegron -** recommended as an option for treating the symptoms of OAB only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects.	x		09/07/2013	13	Not on Trust formulary for this indication. Fast track TA form completed (09/07/13). Urology Consultants confirmed compliance (09/07/13). MMC deemed applicable & compliant with use (18/07/13)
Myelofibrosis (splenomegaly, symptoms) - ruxolitinib (**TA289**)	26/06/2013	**Ruxolitinib** - **NOT RECOMMENDED** for the treatment of disease-related splenomegaly or symptoms in adult patients with primary myelofibrosis (aka chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis.	x		08/08/2013	43	On Trust formulary for this indication (08/08/13). Not recommended by NICE. On National Cancer Drugs Fund. MMC approved (08/08/13).
Type 2 diabetes - Dapagliflozin combination therapy (**TA288**)	26/06/2013	**Dapagliflozin** - dual therapy with **metformin** - recommended as an option for treating T2DM, only if it is used as described for DPP-4 inhibitors in T2DM: the management of type 2 diabetes (NICE CG87). **Dapagliflozin** in combination with insulin with or without other antidiabetic drugs is recommended as an option for treating T2DM. **Dapagliflozin** - **NOT RECOMMENDED** for triple therapy - with metformin and a sulfonylurea to treat T2DM, except as part of a clinical trial.	x		18/07/2013	22	On Trust formulary for this indication (18/07/13). Diabetes Consultants confirmed compliance (25/07/13). MMC deemed applicable & compliant with use (18/07/13)

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Pulmonary embolism and recurrent venous thromboembolism - rivaroxaban (**TA287**)	26/06/2013	**Rivaroxaban -** recommended as an option for treating pulmonary embolism and preventing recurrent deep vein thrombosis & pulmonary embolism in adults.	x		18/07/2013	22	Not on Trust formulary for this indication. Fast track TA form completed (10/07/13). Haematology . Cardiology / Obs & Gynaecology Consultants confirmed compliance (10/07/13). MMC deemed applicable & compliant with use (18/07/13)
Schizophrenia or bipolar disorder - loxapine inhalation (**TERMINATED APPRAISAL**) (**TA286**)	22/05/2013	**Loxapine** - **NOT RECOMMENDED** for the treatment of acute agitation and disturbed behaviours associated with schizophrenia and bipolar disorder because no evidence submission was received from the manufacturer of the technology.	x		13/06/2013	22	Not on Trust formulary for this indication. MMC deemed not applicable and compliant with non-use (13/06/13)
Ovarian, fallopian tube and primary peritoneal cancer (recurrent advanced, platinum-sensitive or partially platinum-sensitive) - bevacizumab (**TA285**)	22/05/2013	**Bevacizumab** with **gemcitabine** and **carboplatin - NOT RECOMMENDED** to treat people with the 1st recurrence of platinum-sensitive advanced ovarian cancer (including fallopian tube & primary peritoneal cancer) who haven't received prior therapy with bevacizumab or other VEGF inhibitors or VEGF receptor-targeted agents.	x		23/05/2013	1	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital. Lead Clinical Pharmacist for Obstetrics & Gynaecology confirmed patients undergo surgery & then receive chemotherapy at the Christie (23/05/13). MMC deemed not applicable and compliant with non-use (13/06/13)
Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer (**TA284**)	22/05/2013	**Bevacizumab** with **paclitaxel** and **carboplatin - NOT RECOMMENDED** for 1st-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).	x		23/05/2013	1	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital. Lead Clinical Pharmacist for Obstetrics & Gynaecology confirmed patients undergo surgery & then receive chemotherapy at the Christie (23/05/13). MMC deemed not applicable and compliant with non-use (13/06/13)
Macular oedema (retinal vein occlusion) - ranibizumab (**TA283**)	22/05/2013	**Ranibizumab -** recommended as an option for treating visual impairment caused by macular oedema: ● following central retinal vein occlusion or ● following branch retinal vein occlusion only if treatment with laser photocoagulation has not been beneficial, or when laser photocoagulation is not suitable.	x		13/06/2013	22	Not on Trust formulary for this indication. Fast track TA form completed (08/07/13). MREH Consultants confirmed compliance (13/06/13). MMC deemed applicable & compliant with use (13/06/13)
Idiopathic pulmonary fibrosis - pirfenidone (**TA282**)	24/04/2013	**Pirfenidone** - recommended as an option for treating idiopathic pulmonary fibrosis only if: ● the person has a forced vital capacity (FVC) between 50% and 80% predicted and ● the manufacturer provides pirfenidone with the discount agreed in the patient access scheme.	x		16/05/2013	22	Not on Trust formulary for this indication. Respiratory Consultants confirmed compliance - patients referred to centre at UHSM for treatment. MMC deemed applicable & compliant (16/05/13)
Gout - canakinumab (**TERMINATED APPRAISAL**) (**TA281**)	24/04/2013	**Canakinumab - NOT RECOMMENDED** for use in the NHS for treating gouty arthritis attacks and reducing the frequency of subsequent attacks because no evidence submission was received from the manufacturer of the technology.	x		16/05/2013	22	Not on Trust formulary for this indication. MMC deemed not applicable as compliant with non-use (16/05/13)

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Rheumatoid arthritis - abatacept (2nd line) (rapid review of TA234) (**TA280**)	24/04/2013	**Abatacept** with **methotrexate** - recommended as a treatment option for rheumatoid arthritis in adults whose disease has responded inadequately to 2 conventional disease-modifying anti rheumatic drugs (DMARDs), including methotrexate	x		09/12/2010	-867	On Trust formulary for this indication (09/12/10). Rheumatology Consultants confirmed compliance (04/05/13). MMC deemed applicable & compliant with (13/06/13)
Vertebral fractures - vertebroplasty and kyphoplasty (**TA279**)	24/04/2013	**Percutaneous vertebroplasty** & **percutaneous balloon kyphoplasty** without stenting - recommended as treatment options for osteoporotic vertebral compression fractures		x	07/06/2013	44	Surgical treatment for this condition is offered at specialist centre. (07/06/13)
Asthma (severe, persistent, patients aged 6+, adults) - omalizumab (review of TA133, TA201) (**TA278**)	24/04/2013	**Omalizumab** - 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 who need continuous or frequent treatment with oral corticosteroids (defined as 4 or more courses in the previous year)	x		05/03/2008	-1,876	On Trust formulary for this indication (Paeds - 05/03/08; Adults - 08/10/09). Respiratory Consultants (adults) confirmed compliance (23/05/13); Paed's (06/13). MMC deemed applicable & compliant with use (13/06/13)
			30	1			
			% "Yes"	**% "N/A"**	_	**Average implement time**(days)	
Adherence statistics for 2013-14			97%	3%		**-182**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS Foundation Trust

This spreadsheet enables self-audit of a medicines formulary for adherence to NICE Technology Appraisals. No copyright is asserted if used for non-commercial purposes within the NHS.

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2012-13							
Methylnaltrexone for treating opioid-induced bowel dysfunction in people with advanced illness receiving palliative care (**TERMINATED APPRAISAL**) (**TA277**)	27/03/2013	**Methylnaltrexone** - unable to recommend NHS use. TA terminated due to lack of evidence submission for treating opioid induced bowel dysfunction in people with advanced illness receiving palliative care.	x		22/04/2013	26	On Trust formulary for this indication (Palliative Care only). Palliative Care Consultants confirmed not regularly prescribed except for palliative patients who suffer from severe refractory opioid induced constipation that does not respond to conventional laxatives. MMC deemed compliant with non-use (11/04/13)
Cystic fibrosis (pseudomonas lung infection) - colistimethate sodium and tobramycin (**TA276**)	27/03/2013	**Tobramycin DPI & Colistimethate sodium DPI -** recommended as options for treating chronic pulmonary infection caused by *Pseudomonas aeruginosa* in people with cystic fibrosis	x		11/04/2013	15	Not on Trust formulary for this indication. Fast track TA form to be completed. Adult Respiratory Consultants stated not applicable CF patients care provided by SMUHT. MMC deemed not applicable & compliant with guidance (11/04/13)
Stroke and systemic embolism (prevention, non-valvular atrial fibrillation) - apixaban (**TA275**)	27/02/2013	**Apixaban -** recommended as an option to prevent stroke and systemic embolism in people with nonvalvular atrial fibrillation.	x		14/03/2013	15	Not on Trust formulary for this indication. Fast track TA form completed (28/05/13). Cardiology Consultants confirmed compliance (28/05/13). MMC deemed applicable & compliant with guidance (14/03/13)
Macular oedema (diabetic) - ranibizumab (**TA274**)	27/02/2013	**Ranibizumab -** recommended as an option to treat visual impairment due to diabetic macular oedema.	x		27/02/2013	0	On Trust formulary for this indication. Fast track TA form completed (12/04/13). MREH Consultants confirmed compliance (27/02/13). MMC deemed applicable & compliant with (14/03/13)
Hyperplasia (benign prostatic) - tadalafil (**TERMINATED APPRAISAL**) (**TA273**)	23/01/2013	**Tadalafil -** Unable to recommend NHS use. TA terminated due to lack of evidence submission.	x		23/01/2013	0	Not on Trust formulary for this indication. Urology Consultants confirmed compliance (03/02/13). MMC deemed not applicable as compliant with non-use (14/02/13)
Urothelial tract carcinoma (transitional cell, advanced, metastatic) - vinflunine (**TA272**)	23/01/2013	**Vinflunine - NOT RECOMMENDED** for the treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract that has progressed after treatment with platinum-based chemotherapy.	x		03/02/2013	11	Not on Trust formulary for this indication. Urology Consultants confirmed compliance (03/02/13). MMC deemed not applicable as compliant with non-use (14/02/13)
Diabetic macular oedema - fluocinolone acetonide intravitreal implant (**TA271**)	23/01/2013	**Fluocinolone acetonide intravitreal implant -** not recommended for the treatment of chronic diabetic macular oedema.	x		06/02/2013	14	Not on Trust formulary for this indication. MREH Consultants confirmed compliance (06/02/13). MMC deemed not applicable as compliant with non-use (14/02/13)
Leukaemia (acute myeloid) - decitabine (terminated appraisal) (**TA270**)	14/12/2012	**Decitabine -** Unable to recommend NHS use. TA terminated due to lack of evidence submission.	x		10/01/2013	27	Not on Trust formulary for this indication. MMC deemed not applicable as compliant with non-use (10/01/13)
Melanoma (BRAF V600 mutation positive, unresectable metastatic) - vemurafenib (**TA269**)	14/12/2012	**Vemurafenib** - recommended as an option for treating BRAF V600 mutation positive unresectable or metastatic melanoma.		x	17/12/2012	3	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital. MMC deemed not applicable (10/01/13)

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Melanoma (stage III or IV) - ipilimumab (**TA268**)	14/12/2012	**Ipilimumab -** recommended as an option for treating advanced (unresectable or metastatic) melanoma in people who have received prior therapy.		x	17/12/2012	3	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital. MMC deemed not applicable (10/01/13)
Chronic heart failure - ivabradine (**TA267**)	28/11/2012	**Ivabradine -** recommended as an option for treating chronic heart failure.	x		12/06/2008	-1630	Approved by Trust MMC for this indication 12/06/2008. MMC approved NICE guidelines (13/12/12)
Cystic fibrosis - mannitol dry powder for inhalation (**TA266**)	28/11/2012	**Mannitol dry powder for inhalation** - is recommended as an option for treating cystic fibrosis in adults		x	29/11/2012	1	Not on Trust formulary for this indication, Respiratory Consultants confirmed they do not provide / supervise adult CF treatment (29/11/12). MMC deemed not applicable (13/12/12)
Bone metastases from solid tumours - denosumab (**TA265**)	24/10/2012	**Denosumab** - recommended as an option for preventing skeletal-related events in adults with bone metastases from breast cancer and from solid tumours other than prostate	x		12/08/2010	-804	Approved by Trust MMC for this indication 12/08/2010
Stroke (acute, ischaemic) - alteplase (**TA264**)	27/09/2012	**Alteplase** - recommended for treating acute ischaemic stroke in adults.	x		11/03/2004	-3122	Alteplase MMC approved (11/03/04). MMC approved NICE guidelines (18/10/12)
Bevacizumab in combination with capecitabine for the 1st-line treatment of metastatic breast cancer (**TA263**)	22/08/2012	**Bevacizumab** in combination with **capecitabine** - **NOT RECOMMENDED** for the 1st-line treatment of metastatic breast cancer.	x		13/09/2012	22	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital. MMC deemed not applicable (13/09/12)
Venous thromboembolism (treatment and long term secondary prevention) - rivaroxaban (**TA261**)	23/07/2012	**Rivaroxaban –** recommended as a possible treatment for DVT, and to help prevent a pulmonary embolism or another DVT.	x		12/01/2012	-193	Approved by Trust MMC for this indication 12/01/2012
Ulcerative colitis (moderate to severe, 2Nd line) - adalimumab (**TERMINATED APPRAISAL**) (**TA262**)	26/07/2012	**Adalimumab – NOT RECOMMENDED** . TA terminated due to lack of evidence submission.	x		09/08/2012	14	Not on Trust formulary for this indication, however an application for this indication is expected
Breast cancer (metastatic hormone-receptor) - lapatinib and trastuzumab (with aromatase inhibitor) (**TA257**)	04/07/2012	**Lapatinib & trastuzumab** - **NOT RECOMMENDED** with an aromatase inhibitor for post-menopausal women with HER2 & hormone receptor + metastatic breast cancer.	x		12/07/2012	8	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital
Migraine (chronic) - botulinum toxin type A (**TA260**)	26/06/2012	**Botulinum toxin –** recommended as a possible treatment for preventing headaches in some adults with chronic migraine.		x	02/07/2012	6	Not on Trust formulary for this indication, this treatment would be offered at Salford Royal hospital
Prostate cancer (metastatic, castration resistant) - abiraterone (following cytoxic therapy) (**TA259**)	20/06/2012	**Abiraterone** c recommended as possible treatment for metastatic prostate cancer after testosterone reduction therapy and docetaxel.		x	28/06/2012	8	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital
Lung cancer (non small cell, EGFR-TK mutation positive) - erlotinib (1st line) (**TA258**)	15/06/2012	**Erlotinib** – recommended as a possible first-line treatment in locally advanced or metastatic non-small-cell lung cancer.		x	27/06/2012	12	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital
Atrial fibrillation (stroke prevention) - rivaroxaban (**TA256)**	24/05/2012	**Rivaroxaban** – recommended as an option for AF patients with risk factors.	x		08/03/2012	-77	Approved by Trust MMC for this indication 08/03/12

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			Yes *(mark 'x' if applicable)*	***N/A*** *(mark 'x' if applicable)*	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Prostate cancer - cabazitazel (**TA255**)	15/05/2012	**Cabazitaxel – NOT RECOMMENDED** for patients who have had docetaxel.	x		28/06/2012	44	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital
Hepatitis C (genotype 1) - telaprevir (**TA252**)	14/05/2012	**Telaprevir** – recommended with peginterferon and ribavirin for previously untreated patients, or those not responding enough to peginterferon.	x		13/10/2011	-214	Approved by Trust MMC for this indication 13/10/11
Hepatitis C (genotype 1) - boceprevir (**TA253**)	14/05/2012	**Boceprevir** – recommended with peginterferon and ribavirin in compensated liver disease in untreated patients, or those unresponsive to previous treatment.	x		13/10/2011	-214	Approved by Trust MMC for this indication 13/10/11
Multiple sclerosis (relapsing-remitting) - fingolimod (**TA254**)	27/04/2012	**Fingolimod** – recommended for patients not responding sufficiently to beta interferon.		x	26/04/2012	-1	Not on Trust formulary for this indication, this treatment would be offered at Salford Royal hospital (26/04/12). MMC deemed not applicable (10/05/12)
Leukaemia (chronic myeloid, first line) - dasatanib, nilotinib and standard-dose imatinib (**TA251**)	24/04/2012	**Imatinib** – recommended as an option. **Nilotinib** – only under a patient access scheme. **Dasatinib** – not recommended.	x		08/11/2001	-3820	Imatinib approved by MMC 08/11/01, Nilotinib 08/01/09, Dasatinib 14/06/07. Compliance with guidance not received from Haem Consultants
Breast cancer (advanced) - eribulin (**TA250**)	15/04/2012	**Eribulin – NOT RECOMMENDED** if cancer has progressed despite two chemotherapy regimens.	x		27/04/2012	12	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital
			21	7			
			% "Yes"	**% "N/A"**	_	**Average implement time**(days)	
Adherence statistics for 2012-13			75%	25%		**-351**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS Foundation Trust

This spreadsheet enables self-audit of a medicines formulary for adherence to NICE Technology Appraisals. No copyright is asserted if used for non-commercial purposes within the NHS.

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2011-12							
Atrial fibrillation - dabigatran etexilate (**TA249**)	01/03/2012	**Dabigatran –** recommended as an option for AF patients with risk factors to prevent stroke and embolism.	x		10/11/2011	-112	Approved by Trust MMC for this indication 10/11/11
Rheumatoid arthritis - tocilizumab (**TA247** update to TA198)	01/02/2012	**Tocilizumab –** recommended with methotrexate as an option for rheumatoid arthritis after other treatments have failed or not been tolerated.	x		14/10/2010	-475	Approved by Trust MMC for this indication 14/10/10
Diabetes (type 2) - exenatide (prolonged release) (**TA248**)	01/02/2012	**Exenatide prolonged release –** recommended in combination with oral drugs as an option for selected patients with type 2 diabetes	x		10/11/2011	-83	Approved by Trust MMC for this indication 10/11/11
Venom anaphylaxis - immunotherapy pharmalgen (**TA246**)	01/02/2012	**Pharmalgen –** recommended treatment for bee or wasp venom allergy after a severe reaction, or moderate reaction in certain circumstances.	x		22/02/2012	21	Immunology consultants confirmed compliance 22/02/12
Venous thromboembolism (hip and knee surgery) - apixaban (**TA245**)	01/01/2012	**Apixaban –** recommended option to reduce thromboembolism after knee/hip replacement.	x		09/02/2012	39	No application received by MMC for this indication, discussed at MMC 09/02/12 and deemed not applicable.
Chronic obstructive pulmonary disease - roflumilast (**TA244**)	01/01/2012	**Roflumilast –** only recommended as part of a clinical trial.		x	08/02/2012	38	Not on Trust formulary for this indication, Respiratory Consultants do not intend applying for it (08/02/12)
Colorectal cancer (metastatic) 2nd line - cetuximab, bevacizumab and panitumumab (**TA242**)	01/01/2012	**Cetuximab –** not recommended. **Bevacizumab –** not recommended with fluoropyrimidines. **Panitumumab** - not recommended.		x	09/02/2012	39	Not on Trust formulary for this indication, chemotherapy would be offered at the Christie hospital for this indication
Follicular lymphoma - rituximab (**TA243**)	01/01/2012	**Rituximab –** recommended in combination for first line treatment of stage III–IV disease.	x		09/02/2012	39	Approved by Trust MMC for this indication 09/02/2012. Haematology Consultants confirmed compliance (08/10/12)
Leukaemia (chronic myeloid) - dasatinib, nilotinib, imatinib (intolerant, resistant) (**TA241**)	01/01/2012	**Dasatinib –** not recommended. **Nilotinib –** recommended for Philadelphia-chromosome-positive CML if imatinib unsuccessful or unsuitable. **Imatinib -** not recommend if imatinib-resistant.	x		09/02/2012	39	Imatinib approved by MMC 08/11/01, Nilotinib 08/01/09, Dasatinib 14/06/07. Compliance with guidance not received from Haem Consultants
Arthritis (juvenile idiopathic, systemic) - tocilizumab (**TA238**)	01/12/2011	**Tocilizumab –** recommended if NSAIDs, steroids and methotrexate have failed.	x		07/09/2011	-85	Approved on urgent Clinical need basis 07/09/11. Paed Rheumatology consultants confirmed compliance 02/07/12

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Breast cancer (metastatic) - fulvestrant (**TA239**)	01/12/2011	**Fulvestrant –** not recommend post-menopause in metastatic disease if oestrogen-dependent, or if it returned/worsened after anti-oestrogens.		x	12/01/2012	42	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital
Colorectal cancer (metastatic) - panitumumab (terminated appraisal) (**TA240**)	01/12/2011	**Panitumumab** - Unable to recommend NHS use. TA terminated due to lack of evidence submission.		x	12/01/2012	42	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital
Macular oedema (diabetic) - ranibizumab (**TA237**)	30/11/2011	**Ranibizumab –** not recommend for people with diabetic macular oedema.		x	08/12/2011	8	Not on Trust formulary for this indication, deemed not applicable by MMC 08/12/2011.
Osteosarcoma - mifamurtide (**TA235**)	01/10/2011	**Mifamurtide –** recommended as a treatment for specified children, adolescents and young adults with osteosarcoma.	x		14/12/2011	74	Not on Trust formulary for this indication, Paediatric Oncology confirmed compliance 14/12/2011.
Acute coronary syndromes - ticagrelor (**TA236**)	01/10/2011	**Ticagrelor –** recommended combined with low-dose aspirin for up to a year as a treatment for specified people with acute coronary syndromes.	x		21/10/2011	20	Approved in principle prior to full logistical organisation across GMMMG & GMCCSN networks. Fully approved by MMC 12/07/12
Ankylosing spondylitis - golimumab (**TA233**)	24/08/2011	**Golimumab –** a recommended option for severe, active ankylosing spondylitis in the same circumstances as TA143 when NSAIDs unsuccessful.	x		08/10/2011	45	Approved by Trust MMC for this indication 13/10/11. Rheumatology Consultants confirmed compliance 08/10/11
Rheumatoid arthritis - abatacept (2nd line) (**TA234**)	24/08/2011	**Abatacept –** not recommended with methotrexate in moderate to severe RA if DMARDs ineffective.	x		06/09/2011	13	Approved by Trust MMC for this indication 13/10/11. Rheumatology Consultants confirmed compliance 06/09/11
Macular oedema (retinal vein occlusion) - dexamethasone (**TA229**)	01/07/2011	**Dexamethasone intravitreal implant –** recommended for specified people with macular oedema due to retinal vein occlusion.	x		09/06/2011	-22	Approved by Trust MMC for this indication 09/06/11. Rheumatology Consultants confirmed compliance 14/10/11
Depression - agomelatine (**TERMINATED APPRAISAL**) (**TA231**)	01/07/2011	**Agomelatine** - Unable to recommend NHS use for major depressive episodes. TA terminated due to lack of evidence submission.		x	11/08/2011	41	No application received by MMC for this indication, discussed at MMC 11/08/11 and deemed not applicable
Epilepsy (partial) - retigabine (adjuvant) (**TA232**)	01/07/2011	**Retigabine –** recommended adjunctive option for partial onset seizures with or without secondary generalisation in some people with epilepsy.		x	28/07/2011	27	Not on Trust formulary for this indication, this treatment would be offered at Salford Royal hospital. Neurology consultants stated SRFT prescribing 28/07/11
Multiple myeloma (first line) - bortezomib and thalidomide (**TA228**)	01/07/2011	**Thalidomide –** recommended 1st-line option for specified people with multiple myeloma. **Bortezomib –** recommended 2nd-line if thalidomide not tolerated or suitable.	x		27/07/2011	26	Bortezomib MMC approved for this indication (11/01/07). Haematology consultants confirmed compliance (27/07/11)
Myocardial infarction (persistent ST-segment elevation) - bivalirudin (**TA230**)	01/07/2011	**Bivalirudin** - recommended as a possible treatment for adults with STEMI having percutaneous coronary intervention.	x		08/10/2009	-631	MMC approved for this indication (08/10/09). Cardiology consultants confirmed compliance (30/09/11)
Lung cancer (non-small-cell, advanced or metastatic maintenance treatment) - erlotinib (monotherapy) (**TA227**)	01/06/2011	**Erlotinib –** not recommended as maintenance after platinum-chemotherapy in locally advanced or metastatic non-small-cell lung cancer.		x	01/07/2011	30	Not on Trust formulary, Respiratory Consultants confirmed chemotherapy if recommended would be offered at the Christie hospital for this indication (01/07/11)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Lymphoma (follicular non-Hodgkin's) - rituximab (**TA226**)	01/06/2011	**Rituximab –** recommended as a possible treatment to maintain remission in follicular non-Hodgkin's lymphoma.	x		09/09/2011	100	Not on Trust formulary for this indication, Haematology Consultants confirmed compliance 09/09/11
Rheumatoid arthritis (after failure of previous anti-rheumatic drugs) - golimumab (**TA225**)	22/06/2011	**Golimumab –** recommended with methotrexate as a possible treatment for rheumatoid arthritis in the same circumstances as TA130.	x		13/10/2011	113	MMC approved for this indication (13/10/11), Rheumatology consultants conformed compliance (08/11/11)
Rheumatoid arthritis (methotrexate-naïve) - golimumab (**TERMINATED APPRAISAL**) (**TA224**)	22/06/2011	**Golimumab –** Unable to recommend NHS use. TA terminated due to lack of evidence submission.		x	14/07/2011	22	Not on Trust formulary for this indication, discussed at MMC 14/07/11 and deemed not applicable.
Peripheral arterial disease - cilostazol, naftidrofyryl oxalate, pentoxifylline and inositol nicotinate (**TA223**)	24/05/2011	**Naftidrofuryl oxalate –** recommended as an option for intermittent claudication in people with peripheral arterial disease. **Cilostazol, pentoxifylline and inositol nicotinate – NOT RECOMMENDED**.	x		12/09/2011	111	Naftidrofuryl oxylate approved for this indication. Vascular surgeons confrimed compliance (12/09/11)
Thrombocytopenic purpura - romiplostim (**TA221**)	27/04/2011	**Romiplostim –** recommended for chronic, severe, and refractory ITP	x		11/03/2010	-412	MMC approved for this indication (11/03/10). Haematology consultants conformed compliance 17/06/11
Ovarian cancer (relapsed) - trabectedin (**TA222**)	01/04/2011	**Trabectedin – NOT RECOMMENDED** with pegylated liposomal doxorubicin for relapsed platinum-sensitive ovarian cancer.		x	12/05/2011	41	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (12/05/11)
Psoriatic arthritis - golimumab (**TA220**)	01/04/2011	**Golimumab –** recommended as a possible treatment after trying other DMARDs in the same circumstances as TA199.	x		13/10/2011	195	MMC approved for this indication (13/10/11), Rheumatology consultants conformed compliance (08/11/11)
Everolimus for the second-line treatment of advanced renal cell carcinoma (**TA219**)	01/04/2011	**Everolimus – NOT RECOMMENDED** 2nd line for advanced renal cell carcinoma.		x	20/04/2011	19	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (12/05/11)
			20	11			
			% "Yes"	**% "N/A"**	_	**Average implement time** (days)	
Adherence statistics for 2011-12			65%	35%		**-21**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS
NHS Foundation Trust

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2010-11							
Alzheimer's disease - donepezil, galantamine, rivastigmine and memantine (**TA217**)	23/03/2011	**Donepezil, galantamine, rivastigmine** – recommended for mild and moderate disease. **Memantine** – recommended for moderate disease if people cannot take AChE inhibitors, and for managing severe disease.	x		14/04/2011	22	Donepezil approved 12/03/98 and rivastigmine 12/11/98. All drugs are on formulary for this indication. Management of these patients is under Manchester Health & Social Care Trust. Discussed at MMC 14/04/11
Myelodysplastic syndromes - azacitidine (**TA218**)	23/03/2011	**Azacitidine** – recommended as an option for specified adults not eligible for haematopoietic stem cell transplantation.	x		08/04/2010	-349	MMC approved for this indication (08/04/10). Haematology consultants confirmed compliance (06/06/11)
Renal cell carcinoma (first line metastatic) - pazopanib (**TA215**)	23/02/2011	**Pazopanib** – recommended as a possible treatment for some people with renal cell carcinoma.	x		10/03/2011	15	Not on Trust formulary for this indication, Renal confirmed chemo at the Christie, discussed at MMC 10/03/11 and deemed not applicable.
Breast cancer - bevacizumab (in combination with a taxane) (**TA214**)	01/02/2011	**Bevacizumab** – not recommended with a taxane first line for metastatic breast cancer.	x		10/03/2011	37	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (10/03/11)
Leukaemia (lymphocytic) - bendamustine (**TA216**)	01/02/2011	**Bendamustine** – recommended for untreated chronic lymphocytic leukaemia of Binet stage B or C where fludarabine cannot be used.	x		10/03/2011	37	MMC approved for this indication (10/03/11). Haematology consultants confirmed compliance (14/03/11)
Schizophrenia - aripiprazole (**TA213**)	26/01/2011	**Aripiprazole** – recommended in 15 to 17 year olds with schizophrenia if risperidone unresponsive/ unsuitable.	x		01/07/2009	-574	MMC approved for this indication (01/07/09). RMCH Psychiatry Consultants confirmed compliance (30/03/12)
Osteoporosis - primary prevention (**TA160**)	26/01/2011	To prevent fractures in postmenopausal women with osteoporosis but no fractures: **Alendronate** – recommended. **Risedronate, etidronate** – recommended if alendronate not suitable. **Strontium ranelate** – recommended if bisphosphonates not suitable. **Raloxifene – NOT RECOMMENDED**	x		08/07/2009	-567	Risedronate MMC approved for this indication (08/06/00), Raloxifene approved (12/11/98), Strontium ranelate (13/01/05). Consultant with specialist interest in this field confirmed compliance with original guidance (08/07/09)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Osteoporosis - secondary prevention including strontium ranelate (**TA161**)	26/01/2011	To prevent fractures in postmenopausal women with osteoporosis who have had fractures: **Alendronate** – recommended. **Risedronate, etidronate** – recommended if alendronate not suitable. **Strontium ranelate, raloxifene** – recommended if bisphosphonates not suitable. **Teriparatide** – If above options not suitable, or fracture sustained while on bisphosphonates.	x		08/07/2009	-567	Risedronate MMC approved for this indication (08/06/00), Raloxifene approved (12/11/98), Strontium ranelate (13/01/05) and Teriparatide (10/02/05). Consultant with specialist interest in this field confirmed compliance with original guidance (08/07/09)
Constipation (women) - prucalopride (**TA211**)	15/12/2010	**Prucalopride** – recommended as option for women with chronic constipation after failure of high dose laxatives.	x		12/08/2010	-125	MMC approved for this indication (12/08/10). Consultant who applied to MMC for this indication, confirmed compliance 11/01/11
Vascular disease - clopidogrel and dipyridamole (**TA210**)	15/12/2010	To prevent occlusive vascular events: **Clopidogrel** – recommended after ischaemic stroke; in peripheral arterial/ multivascular disease; after MI only if aspirin not suitable. **Dipyridamole m/r with aspirin** – recommended after a TIA; or after an ischaemic stroke only if clopidogrel unsuitable. **Dipyridamole m/r alone** – recommended after an ischaemic stroke if aspirin and clopidogrel unsuitable, or after a TIA if aspirin unsuitable.	x		14/03/2002	-3198	Clopidogrel MMC approved for this indication (14/03/02), Dipyridamole m/r approved (14/03/02). Stroke Consultants conformed compliance (17/08/11)
Colorectal cancer (metastatic) - bevacizumab (**TA212**)	15/12/2010	**Bevacizumab** – not recommended with oxaliplatin and either fluorouracil plus folinic acid, or capecitabine for metastatic colorectal cancer.	x		13/01/2011	29	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (13/01/11)
Gastric cancer (HER2-positive metastatic) - trastuzumab (**TA208**)	24/11/2010	**Trastuzumab** – recommended as possible treatment for specified types of HER2-positive metastatic gastric adenocarcinoma.	x		09/12/2010	15	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (09/12/10)
Gastrointestinal stromal tumours (unresectable/metastatic) - imatinib (**TA209**)	24/11/2010	**Imatinib** – not recommended at higher doses if unresectable and/or metastatic GISTs get worse despite imatinib 400 mg a day. See also TA86.	x		09/12/2010	15	Not on Trust formulary for this indication, Treatment for solid tumours of this kind offered at the Christie hospital, deemed not applicable by MMC (09/12/10)
Diabetes (type 2) - liraglutide (**TA203**)	27/10/2010	**Liraglutide** – recommended at a dose of 1.2 mg daily and no more, with specified oral therapy.	x		14/01/2010	-286	MMC approved for this indication (14/01/10). Diabetes consultants confirmed compliance (23/11/10)
Osteoporotic fractures - denosumab (**TA204**)	27/10/2010	**Denosumab** – recommended for primary and secondary prevention of fractures in postmenopausal women with osteoporosis if oral bisphosphonates not suitable.	x		12/08/2010	-76	MMC approved for this indication (12/08/10). Consultant who applied for this indication confirmed compliance (09/11/10)
Asthma (in children) - omalizumab (**TA201**)	27/10/2010	**Omalizumab** – not recommended for children aged 6 to 11 years with severe persistent allergic asthma.	x		11/11/2010	15	Approved by Paediatric MMC for add-on therapy in asthma patients (05/03/08). Paediatric Respiratory Consultants confirmed compliance (11/11/10)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Chronic lymphocytic leukaemia - ofatumumab (**TA202**)	27/10/2010	**Ofatumumab** – not recommended for chronic lymphocytic leukaemia refractory to fludarabine and alemtuzumab.	x		17/01/2011	82	Not on Trust formulary for this indication, Haematology Consultants confirmed compliance (17/01/11)
Lymphoma (non-Hodgkin's) - bendamustine (terminated appraisal) (**TA206**)	27/10/2010	**Bendamustine** – Unable to recommend NHS use. TA terminated due to lack of evidence submission.		x	10/03/2011	134	deemed not applicable by MMC (11/11/10). MMC approved for this indication in accordance with North West Interim Cancer Drugs Fund panel document (10/03/11)
Mantle cell lymphoma (relapsed) - temsirolimus (terminated appraisal) (**TA207**)	27/10/2010	**Temsirolimus** – Unable to recommend NHS use. TA terminated due to lack of evidence submission.		x	11/11/2010	15	Not on Trust formulary for this indication, deemed not applicable by MMC (11/11/10)
Thrombocytopenic purpura - eltrombopag (**TA205**)	27/10/2010	**Eltrombopag** – not recommended chronic immune (idiopathic) thrombocytopenic purpura.		x	14/08/2008	-804	MMC approved for this indication (14/08/08) Partial compliance response from Haematology 14/11/2010 (CPC approved 24/11/2010)
Hepatitis C - peginterferon alfa and ribavirin (**TA200**)	22/09/2010	Combination therapy with **peginterferon alfa** (2a or 2b) and **ribavirin** is recommended as a treatment option for adults with chronic hepatitis C	x		11/09/2003	-2568	MMC approved for this indication (11/09/03) Compliant response from Gastro Consultants (27/9/10).
Rheumatoid arthritis - drugs for treatment after failure of a TNF inhibitor (**TA195**)	25/08/2010	Rituximab in combination with methotrexate - recommended as an treatment option for adults with severe active rheumatoid arthritis who have had an inadequate response to, or are intolerant of, other DMARDs, including at least one TNF inhibitor.	x		14/08/2008	-741	MMC approved for this indication (14/08/08). Rheumatology Consultants conformed compliance (02/10/10)
Psoriatic arthritis - etanercept, infliximab and adalimumab (**TA199**)	25/08/2010	**Etanercept, infliximab** and **adalimumab** are recommended for the treatment of adults with active and progressive psoriatic arthritis	x		09/09/2010	15	MMC approved etanercept , infliximab & adalimumab for this indication (09/09/10). Rheumatology Consultants conformed compliance (14/01/11)
Atrial fibrillation - dronedarone (**TA197**)	25/08/2010	**Dronedarone** – recommended as an option for the treatment of non-permanent atrial fibrillation.	x		09/09/2010	15	No prior application received by MMC for this indication, discussed at MMC 09/09/102 and added to the formulary.
Gastrointestinal stromal tumours - imatinib (adjuvant) (**TA196**)	25/08/2010	**Imatinib** – not recommended for the adjuvant treatment of GISTs after surgery	x		09/09/2010	15	Not on Trust formulary for this indication, deemed not applicable by MMC (09/09/10)
Lung cancer (non-small-cell, first line) - gefitinib (**TA192**)	28/07/2010	**Gefitinib** – recommended as an option for 1st-line treatment of people with locally advanced or metastatic non-small-cell lung cancer (NSCLC)		x	12/08/2010	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. deemed not applicable by MMC (12/08/10)
Bone loss (therapy-induced) in non-metastatic prostate cancer - denosumab (terminated appraisal) (**TA194**)	28/07/2010	**Denosumab** – unable to recommend NHS use. TA terminated due to lack of evidence submission.	x		12/08/2010	15	Not on Trust formulary for this indication, deemed not applicable by MMC (12/08/10)
Gastric cancer (advanced) - capecitabine (**TA191**)	28/07/2010	**Capecitabine** in combination with a platinum-based regimen is recommended for the 1t-line treatment of inoperable advanced gastric cancer.		x	12/08/2010	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. deemed not applicable by MMC (12/08/10)

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Leukaemia (chronic lymphocytic, relapsed) - rituximab (**TA193**)	28/07/2010	**Rituximab** in combination with fludarabine & cyclophosphamide – recommended as a treatment option for people with relapsed or refractory CLL	x		17/01/2011	173	Compliant response from Haematology Consultants (17/01/11)
Lung cancer (non-small-cell) - pemetrexed (maintenance) (**TA190**)	23/06/2010	**Pemetrexed** – recommended as an option for the maintenance treatment of people with locally advanced or metastatic non-small-cell lung cancer		x	08/07/2010	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. deemed not applicable by MMC (08/07/10)
Human growth hormone (somatropin) for the treatment of growth failure in children (review) (**TA188**)	26/05/2010	**Somatropin** – recommended as a treatment option for children with growth failure	x		06/07/2010	41	On Trust formulary for this indication. Compliance confirmed by Paediatric Endocrinology Consultants (06/07/10)
Hepatocellular carcinoma (advanced and metastatic) - sorafenib (first line) (**TA189**)	26/05/2010	**Sorafenib** – not recommended for the treatment of advanced hepatocellular carcinoma in patients for whom surgical or locoregional therapies have failed or are not suitable	x		11/06/2010	16	Not on Trust formulary, Compliant response from Hepatology Consultants (11/06/10)
Crohn's disease - infliximab (review) and adalimumab (review of TA40) (**TA187**)	26/05/2010	**Infliximab** and **adalimumab** – recommended as treatment options for adults with severe active Crohn's disease	x		10/06/2010	15	On Trust formulary for this indication. MMC approved inline with NICE guidance 10/06/10. Compliance confirmed by Gastro Consultants (13/07/10)
			27	6			
			% "Yes"	**% "N/A"**	_	**Average implement time** (days)	
Adherence statistics for 2010-11			82%	18%		**-275**	

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2009-10							
Rheumatoid arthritis - certolizumab pegol (**TA186**)	24/02/2010	**Certolizumab pegol** – recommended as an option for the treatment of people with Rheumatoid Arthritis.	x		13/05/2010	78	MMC approved for this indication (13/05/10), Rheumatology consultants confirmed compliance (10/06/10)
Soft tissue sarcoma - trabectedin (**TA185**)	24/02/2010	**Trabectedin** – recommended as a treatment option for people with advanced soft tissue sarcoma if: • treatment with anthracyclines & ifosfamide has failed or • they are intolerant of or have contraindications for treatment with anthracyclines & ifosfamide.		x	11/03/2010	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (11/03/10)
Lung cancer (small-cell) - topotecan (**TA184**)	25/11/2009	**Topotecan** (oral) – recommended as an option only for people with relapsed small-cell lung cancer for whom: • re-treatment with the 1st-line regimen is not appropriate and • the combination of cyclophosphamide, doxorubicin & vincristine (CAV) is contraindicated **Topotecan** (I.V.) – not recommended for people with relapsed small-cell lung cancer.		x	10/12/2009	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (10/12/09)
Cervical cancer (recurrent) - topotecan (**TA183**)	28/10/2009	**Topotecan** with **cisplatin** – recommended as a treatment option for women with recurrent or stage IVB cervical cancer only if they have not previously received cisplatin.		x	12/11/2009	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (12/11/09)
Acute coronary syndrome - prasugrel (**TA182**)	28/10/2009	**Prasugrel** with **aspirin –** recommended as an option for preventing atherothrombotic events in people with ACS having PCI, only when: ● immediate primary PCI for ST-segment-elevation myocardial infarction is necessary or ● stent thrombosis has occurred during clopidogrel treatment or ● the patient has diabetes mellitus.	x		12/11/2009	15	MMC approved for this indication (12/11/09), Cardiology Consultants confirmed compliance (21/07/10)
Lung cancer (non-small-cell, first line treatment) - pemetrexed (**TA181**)	23/09/2009	**Pemetrexed** with **cisplatin** – recommended as an option for the 1st-line treatment of patients with locally advanced or metastatic non-small-cell lung cancer (NSCLC).		x	26/01/2010	125	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital, Respiratory Consultants confirmed not applicable (26/01/10)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Gastrointestinal stromal tumours - sunitinib (**TA179**)	23/09/2009	**Sunitinib** – recommended as a treatment option for people with unresectable and/or metastatic malignant gastrointestinal stromal tumours if: ● imatinib treatment has failed because of resistance or intolerance, and ● the drug cost of sunitinib for the first treatment cycle will be met by the manufacturer.		x	08/10/2009	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (08/10/09). Consultants confirmed solid tumours dealt with at Christie & not applicable (20/01/10)
Psoriasis - ustekinumab (**TA180**)	23/09/2009	**Ustekinumab** – recommended as a treatment option for adults with plaque psoriasis when: ● The disease is severe, total Psoriasis Area Severity Index (PASI) score ≥10 & a Dermatology Life Quality Index (DLQI) score >10. ● The psoriasis has not responded to standard systemic therapies, including ciclosporin, methotrexate and PUVA (psoralen and long-wave ultraviolet radiation), or the person is intolerant of or has a contraindication to these treatments. ● The manufacturer provides the 90mg dose (two 45mg vials) for people who weigh more ≥100 kg at the same total cost as for a single 45mg vial.		x	22/10/2009	29	Not on Trust formulary, no application received or pending. Rheumatology Consultants said unlikely to be prescribed at Trust (22/10/09)
Colorectal cancer (first line) - cetuximab (**TA176**)	26/08/2009	**Cetuximab** with **5-fluorouracil** (5-FU), **folinic acid** and **oxaliplatin** (FOLFOX) – recommended for the 1st treatment of metastatic colorectal cancer only when: ● The primary colorectal tumour has been resected or is potentially operable. ● The metastatic disease is confined to the liver and is unresectable. ● The patient is fit enough to undergo surgery to resect the primary colorectal tumour and to undergo liver surgery if the metastases become resectable after treatment with cetuximab. ● The manufacturer rebates 16% of the amount of cetuximab used on a per patient basis.		x	10/09/2009	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (10/09/09). Consultants confirmed colorectal cancer chemo dealt with at Christie & not applicable (13/09/09)
Eczema (chronic) - alitretinoin (**TA177**)	26/08/2009	**Alitretinoin** – recommended as a treatment option for adults with severe chronic hand eczema that has not responded to potent topical corticosteroids if the person has: ● severe disease, as defined by the physician's global assessment (PGA) and ● a dermatology life quality index (DLQI) score of 15 or more.	x		03/09/2009	8	MMC approved for this indication (10/09/09), Consultants confirmed compliance (03/09/09)
Renal cell carcinoma (**TA178**)	26/08/2009	**Bevacizumab**, **sorafenib** & **temsirolimus** – not recommended as 1st-line treatment options for people with advanced &/or metastatic renal cell carcinoma. **Sorafenib** & **sunitinib** – not recommended as 2nd -l treatment options for people with advanced &/or metastatic renal cell carcinoma.	x		28/08/2009	2	None of the drugs are on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (10/09/09). Renal team confirmed not applicable - chemo at Christie (28/08/09)

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Hepatitis B - tenofovir disoproxil fumarate (**TA173**)	22/07/2009	**Tenofovir disoproxil –** recommended as an option for the treatment of people with chronic HBeAg-positive or HBeAg-negative hepatitis B in whom antiviral treatment is indicated.	x		11/12/2008	-223	MMC approved for this indication (11/12/08), Gastroenterology Consultants confirmed compliance (05/08/09)
Leukaemia (chronic lymphocytic, first line) - rituximab (**TA174**)	22/07/2009	**Rituximab** with **fludarabine** & **cyclophosphamide** – recommended as an option for the 1st-line treatment of chronic lymphocytic leukaemia in people for whom fludarabine in combination with cyclophosphamide is considered appropriate. **Rituximab** in combination with chemotherapy agents other than fludarabine and cyclophosphamide – not recommended for the 1st-line treatment of CLL.	x		13/08/2009	22	MMC approved for this indication (13/08/09). Haematology consultants confirmed compliance (15/01/10)
Lung cancer (non-small-cell, second line) - gefitinib (terminated appraisal) (**TA175**)	22/07/2009	NICE is unable to recommend the use in the NHS of gefitinib for the second-line treatment of locally advanced or metastatic non-small-cell lung cancer because no evidence submission was received from the manufacturer or sponsor of the technology	x		13/08/2009	22	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (13/08/09).
Head and neck cancer (squamous cell carcinoma) - cetuximab (**TA172**)	24/06/2009	**Cetuximab** with platinum-based chemotherapy – not recommended for the treatment of recurrent and/or metastatic squamous cell cancer of the head & neck.	x		09/07/2009	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (09/07/09).
Multiple myeloma - lenalidomide (**TA171**)	24/06/2009	**Lenalidomide** with **dexamethasone** – recommended as an option for the treatment of multiple myeloma only in people who have received two or more prior therapies.	x		08/05/2008	-412	MMC approved for this indication (08/05/08). Haematology consultants confirmed compliance (26/06/09)
Venous thromboembolism - rivaroxaban (**TA170**)	22/04/2009	**Rivaroxaban** – recommended as an option for the prevention of venous thromboembolism in adults having elective total hip replacement surgery or elective total knee replacement surgery.	x		10/09/2009	141	MMC approved for this indication (10/09/09).
			10	7			
			% "Yes"	**% "N/A"**	_	**Average implement time** (days)	
Adherence statistics for 2009-10			59%	41%		**-6**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS
NHS Foundation Trust

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2008-09							
Renal cell carcinoma - sunitinib (**TA169**)	25/03/2009	**Sunitinib** – recommended as 1st-line treatment option for people with advanced and/or metastatic renal cell carcinoma who are suitable for immunotherapy and have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.		x	09/04/2009	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (09/04/09). Consultants confirmed solid tumours dealt with at Christie & not applicable (03/09/09)
Influenza - zanamivir, amantadine and oseltamivir (review) (**TA168**)	25/02/2009	**Oseltamivir** & **zanamivir** – recommended for the treatment of influenza in adults & children as per licensed indications. **Amantadine** – is not recommended for the treatment of influenza.	x		12/03/2009	15	MMC approved for this indication (12/03/09)
Hyperuricaemia - febuxostat (**TA164**)	24/12/2008	**Febuxostat** – recommended as an option for the management of chronic hyperuricaemia in gout only for people who are intolerant of allopurinol or for whom allopurinol is contraindicated.	x		08/01/2009	15	MMC approved for this indication (12/08/10). Deemed applicable by MMC, prior to receiving application form (08/01/09)
Ulcerative colitis (acute exacerbations) - infliximab (**TA163**)	24/12/2008	**Infliximab** – recommended as an option for the treatment of acute exacerbations of severely active ulcerative colitis only in patients in whom ciclosporin is contraindicated or clinically inappropriate.	x		08/01/2009	15	MMC approved for this indication as per NICE (08/01/09). Gastro Consultants confirmed compliance (25/02/09)
Lung cancer (non-small-cell) - erlotinib (**TA162**)	26/11/2008	**Erlotinib** – recommended as an alternative to docetaxel as 2nd line treatment option for patients with non-small-cell lung cancer (NSCLC). **Erlotinib** – not recommended for the 2nd-line treatment of locally advanced or metastatic NSCLC in patients for whom docetaxel is unsuitable (that is, where there is intolerance of or contraindications to docetaxel) or for 3rd line treatment after docetaxel therapy.		x	11/12/2008	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (11/12/08).

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Pain (chronic neuropathic or ischaemic) - spinal cord stimulation (**TA159**)	22/10/2008	**Spinal cord stimulation** – recommended as a treatment option for adults with chronic pain of neuropathic origin who: ● continue to experience chronic pain (measuring at least 50 mm on a 0–100 mm visual analogue scale) for at least 6 months despite appropriate conventional medical management, and ● who have had a successful trial of stimulation as part of the assessment. **Spinal cord stimulation** – not recommended as a treatment option for adults with chronic pain of ischaemic origin except in the context of research as part of a clinical trial.		x	13/01/2009	83	The Trust does not have a Chronic Pain Team. Consultants confirmed not applicable (13/01/09). Guidance does not involve medicines and is not a service we offer to patients.
Influenza (prophylaxis) - amantadine, oseltamivir and zanamivir (**TA158**)	24/09/2008	**Oseltamivir** & **zanamivir** – recommended for the post-exposure prophylaxis of influenza. **Oseltamivir** & **zanamivir** – not recommended for seasonal prophylaxis of influenza. **Amantadine** – not recommended for the prophylaxis of influenza.	x		09/10/2008	15	MMC approved for this indication (09/10/08)
Venous thromboembolism - dabigatran (**TA157**)	24/09/2008	**Dabigatran etexilate –** recommended as an option for the primary prevention of venous thromboembolic events in adults who have undergone elective total hip replacement surgery or elective total knee replacement surgery	x		09/10/2008	15	MMC approved for this indication (09/10/08)
Macular degeneration (age-related) - ranibizumab and pegaptanib (**TA155**)	27/08/2008	**Ranibizumab** – recommended as an option for the treatment of wet age-related macular degeneration. **Pegaptanib** – not recommended for the treatment of wet age-related macular degeneration.	x		08/03/2007	-538	MMC approved for this indication (08/03/07). Compliance confirmed by MREH Consultants (30/04/09)
Pregnancy (rhesus negative women) - routine anti-D (review) (**TA156**)	27/08/2008	**Routine antenatal anti-D** prophylaxis – recommended as a treatment option for all pregnant women who are rhesus D (RhD) negative and who are not known to be sensitised to the RhD antigen.	x		08/03/2007	-538	MMC approved for this indication (08/03/07).
Hepatitis B - telbivudine (**TA154**)	27/08/2008	**Telbivudine** – not recommended for the treatment of chronic hepatitis B	x		13/10/2008	47	Not on Trust formulary. Gastroenterology consultants confirmed compliance (13/10/08)
Hepatitis B - entecavir (**TA153**)	27/08/2008	**Entecavir –** recommended as an option for the treatment of people with chronic HBeAg-positive or HBeAg-negative hepatitis B in whom antiviral treatment is indicated.	x		13/09/2007	-349	MMC approved for this indication (13/09/07). Gastroenterology consultants confirmed compliance (13/10/08)
Head and neck cancer - cetuximab (**TA145**)	25/06/2008	**Cetuximab** with radiotherapy – recommended as a treatment option only for patients with locally advanced squamous cell cancer of the head and neck whose Karnofsky performance-status score is 90% or greater and for whom all forms of platinum-based chemoradiotherapy treatment are contraindicated.		x	10/07/2008	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (10/07/08).

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Psoriasis - adalimumab (**TA146**)	25/06/2008	**Adalimumab** – recommended as a treatment option for adults with plaque psoriasis for whom anti-tumour necrosis factor (TNF) treatment is being considere. **Adalimumab** should be discontinued in people whose psoriasis has not responded adequately at 16 weeks.	x		10/07/2008	15	MMC approved for this indication (10/07/08). However, Dermatology Consultants confirmed that they do not prescribe these drugs (08/09/08)
Glioma (recurrent) - carmustine implants (terminated appraisal) (**TA149**)	25/06/2008	NICE is unable to recommend the use in the NHS of carmustine implants as an adjunct to surgery in patients with recurrent glioblastoma multiforme for whom surgical resection is indicated because no evidence submission was received from the manufacturer or sponsor of the technology	x		10/07/2008	15	Appraisal terminated, guidance not applicable. MMC deemed not applicable (10/07/08).
Lung cancer (non-small-cell) - bevacizumab (terminated appraisal) (**TA148**)	25/06/2008	NICE is unable to recommend the use in the NHS of bevacizumab in addition to platinum-based chemotherapy for the 1st-line treatment of patients with unresectable advanced, metastatic or recurrent NSCLC (other than predominantly squamous cell histology) because no evidence submission was received from the manufacturer	x		10/07/2008	15	Appraisal terminated, guidance not applicable. MMC deemed not applicable (10/07/08).
Anaemia (cancer-treatment induced) - erythropoietin (alpha and beta) and darbepoetin (**TA142**)	28/05/2008	**Erythropoietin** analogues – not recommended for routine use in the management of cancer treatment-induced anaemia, except: ● in combination with I.V. iron as an option for the management of cancer treatment-induced anaemia in women receiving platinum-based chemotherapy for ovarian cancer who have symptomatic anaemia with a haemoglobin level of 8g/100ml or lower. ● The use of erythropoietin analogues does not preclude the use of existing approaches to the management of anaemia, including blood transfusion where necessary. **Erythropoietin** analogues with I.V. iron may be considered for people who cannot be given blood transfusions and who have profound cancer treatment-related anaemia that is likely to have an impact on survival.	x		25/06/2008	28	Haematology Consultants confirmed that they do not prescribe these drugs, except in the case of patients who cannot be given blood transfusions. 25/06/2008
Ankylosing spondylitis - adalimumab, etanercept and infliximab (**TA143**)	28/05/2008	**Adalimumab** or **etanercept** – recommended as treatment options for adults with severe active ankylosing spondylitis.	x		12/06/2008	15	MMC approved for this indication (12/06/08).
Ulcerative colitis (subacute manifestations) - infliximab (**TA140**)	23/04/2008	**Infliximab** – not recommended for the treatment of subacute manifestations of moderately to severely active ulcerative colitis.	x		08/05/2008	15	Not on Trust formulary for this indication. Gastro consultants compliance confirmed (//). MMC deemed compliant and not applicable due to not on Trust formulary (08/05/08)
			15	4			
			% "Yes"	**% "N/A"**	_	**Average implement time** (days)	
Adherence statistics for 2008-09			79%	21%		**-56**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS
NHS Foundation Trust

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2007-08							
Asthma (in adults) - corticosteroids (**TA138**)	26/03/2008	For adults and children aged 12 years and older with chronic asthma in whom treatment with an inhaled corticosteroid (ICS) is considered appropriate, the least costly product that is suitable for an individual is recommended. For adults and children aged 12 years and older with chronic asthma in whom treatment with an ICS and long-acting beta-2 agonist (LABA) is considered appropriate	x		10/04/2008	15	MMC approved for this indication as per NICE (10/04/08). Respiratory Consultants not yet confirmed compliance
Lymphoma (follicular non-Hodgkin's) - rituximab (**TA137**)	27/02/2008	**Rituximab** with chemotherapy – recommended as an option for the induction of remission in people with relapsed stage III or IV follicular non-Hodgkin's lymphoma. **Rituximab** monotherapy as maintenance therapy – recommended as an option for the treatment of people with relapsed stage III or IV follicular non-Hodgkin's lymphoma in remission induced with chemotherapy with or without rituximab. **Rituximab** monotherapy – recommended as an option for the treatment of people with relapsed or refractory stage III or IV follicular non-Hodgkin's lymphoma, when all alternative treatment options have been exhausted.	x x		13/03/2008	15	MMC approved for this indication as per NICE (13/03/08). Haematology Consultants not yet confirmed compliance
Mesothelioma - pemetrexed disodium (**TA135**)	23/01/2008	**Pemetrexed** – recommended as a treatment option for malignant pleural mesothelioma only in people who have a World Health Organization (WHO) performance status of 0 or 1, who are considered to have advanced disease and for whom surgical resection is considered inappropriate.		x	14/02/2008	22	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (14/02/08). Consultants confirmed treatment dealt with at Christie & not applicable (//)
Psoriasis - infliximab (**TA134**)	23/01/2008	**Infliximab** – recommended as a treatment option for adults with plaque psoriasis. **Infliximab** – should be continued beyond 10 weeks only in people whose psoriasis has shown an adequate response to treatment within 10 weeks.	x		14/02/2008	22	MMC approved for this indication (14/02/08). However, Dermatology Consultants confirmed that they do not prescribe these drugs (08/09/08)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Asthma (in children) - corticosteroids (**TA131**)	28/11/2007	For children under the age of 12 years with chronic asthma in whom treatment with an inhaled corticosteroid (ICS) is considered appropriate, the least costly product that is suitable for an individual child is recommended. For children under the age of 12 years with chronic asthma in whom treatment with an ICS and long-acting beta-2 agonist (LABA) is considered appropriate	x		12/12/2007	14	MMC approved for this indication as per NICE (13/12/07). Paediatric Respiratory Consultants not yet confirmed compliance.
Asthma (uncontrolled) - omalizumab (**TA133**)	28/11/2007	**Omalizumab** – recommended as an option for the treatment of severe persistent allergic (IgE mediated) asthma as add-on therapy to optimised standard therapy, only in adults and adolescents (12 years and older) who have been identified as having severe unstable disease. **Omalizumab** add-on therapy should be discontinued at 16 weeks in patients who have not shown an adequate response to therapy.	x		13/12/2007	15	MMC approved for this indication as per NICE (13/12/07), MMC application approved (05/03/08). Paediatric Respiratory Consultants confirmed compliance (14/02/10)
Hypercholesterolaemia - ezetimibe (**TA132**)	28/11/2007	**Ezetimibe** monotherapy recommended as an option for the treatment of adults with primary (heterozygous-familial or non-familial) hypercholesterolaemia who would otherwise be initiated on statin therapy but who are unable to do so because of contraindications to initial statin therapy. **Ezetimibe** monotherapy is recommended as an option for the treatment of adults with primary (heterozygous-familial or non-familial) hypercholesterolaemia who are intolerant to statin therapy. **Ezetimibe** with initial statin therapy, is recommended as an option for the treatment of adults with primary (heterozygous-familial or non-familial) hypercholesterolaemia who have been initiated on statin therapy.	x		11/09/2003	-1539	MMC application approved for this indication (11/09/03), MMC approved as per NICE (13/12/07). Lipid clinic Consultants not yet confirmed compliance.
Multiple myeloma - bortezomib (**TA129**)	24/10/2007	**Bortezomib** monotherapy – recommended as an option for the treatment of progressive multiple myeloma in people who are at 1st relapse having received 1 prior therapy and who have undergone, or are unsuitable for, BMT.	x		11/01/2007	-286	MMC application approved for this indication (11/01/07), MMC approved as per NICE (08/11/07). Haematology Consultants confirmed compliance (25/08/09).

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Rheumatoid arthritis - adalimumab, etanercept and infliximab (**TA130**)	24/10/2007	**adalimumab**, **etanercept** & **infliximab –** recommended as options for the treatment of adults who have both: ● Active rheumatoid arthritis as measured by disease activity score (DAS28) greater than 5.1 confirmed on at least two occasions, 1 month apart. ● Have undergone trials of two DMARDs, including methotrexate (unless contraindicated). A trial of a DMARD is defined as being normally of 6 months, with 2 months at standard dose, unless significant toxicity has limited the dose or duration of treatment. **TNF-α inhibitors** should normally be used in combination with methotrexate. Where a patient is intolerant of methotrexate or where methotrexate treatment is considered to be inappropriate, adalimumab & etanercept may be given as monotherapy.	x		08/11/2007	15	MMC approved for this indication as per NICE (08/11/07). Rheumatology Consultants not yet confirmed compliance
Alzheimer's disease - donepezil, galantamine, rivastigmine (review) and memantine (**TA111**)	26/09/2007	**Donepezil**, **galantamine** & **rivastigmine –** recommended for mild to moderately severe Alzheimer's disease **Memantine** – recommended for moderately severe to severe Alzheimer's disease.	x		12/03/1998	-3485	Donepezil approved 12/03/98 and rivastigmine 12/11/98. All drugs are on formulary for this indication. Management of these patients is under Manchester Health & Social Care Trust. Discussed at MMC 11/10/07
Lung cancer (non-small-cell) - pemetrexed (**TA124**)	22/08/2007	**Pemetrexed** – not recommended for the treatment of locally advanced or metastatic non-small-cell lung cancer.	x		13/09/2007	22	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. MMC deemed not applicable (13/09/07).
Multiple sclerosis - natalizumab (**TA127**)	22/08/2007	**Natalizumab** – recommended as an option for the treatment only of rapidly evolving severe relapsing–remitting multiple sclerosis (RES). RES is defined by two or more disabling relapses in 1 year, and one or more gadolinium-enhancing lesions on brain MRI or a significant increase in T2 lesion load compared with a previous MRI.		x	13/09/2007	22	Not MMC approved for this indication. MMC approved as per NICE (13/09/07). Neurology Consultants confirmed treatment would not be offered at CMFT, prescribed @ Disease Modifying Treatment Clinic SRFT (13/08/09)
Smoking cessation - varenicline (**TA123**)	25/07/2007	**Varenicline** – recommended as an option for smokers who have expressed a desire to quit smoking. Varenicline should normally be prescribed only as part of a programme of behavioural support.		x	13/08/2007	19	Not MMC approved for this indication. MMC approved as per NICE (13/08/07).
Glioma (newly diagnosed and high grade) - carmustine implants and temozolomide (**TA121**)	27/06/2007	**Temozolomide** – recommended as an option for the treatment of newly diagnosed glioblastoma multiforme (GBM) in patients with a World Health Organization (WHO) performance status of 0 or 1. **Carmustine** implants – recommended as an option for the treatment of newly diagnosed high-grade glioma only for patients in whom 90% or more of the tumour has been resected. Carmustine implants – not recommended for the treatment of newly diagnosed high-grade glioma for patients in whom less than 90% of the tumour has been resected.		x	08/07/2007	11	Not MMC approved for this indication. MMC deemed not applicable (08/07/07). chemotherapy if recommended would be offered at the Christie hospital.

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Ischaemic stroke (acute) - alteplase (**TA122**)	27/06/2007	**Alteplase** – recommended for the treatment of acute ischaemic stroke when used by physicians trained and experienced in the management of acute stroke. It should only be administered in centres with facilities that enable it to be used in full accordance with its marketing authorisation.	x		11/03/2004	-1203	MMC application approved for this indication (11/03/04), MMC approved as per NICE (08/07/07). Stroke Consultants confirmed compliance (27/08/09).
			11	4			
			% "Yes"	**% "N/A"**	_	**Average implement time** (days)	
Adherence statistics for 2007-08			73%	27%		**-421**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS
NHS Foundation Trust

This spreadsheet enables self-audit of a medicines formulary for adherence to NICE Technology Appraisals. No copyright is asserted if used for non-commercial purposes within the NHS.

Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2006-07							
Leukaemia (lymphocytic) - fludarabine (**TA119**)	28/02/2007	**Fludarabine** monotherapy – not recommended for the 1st line treatment of chronic lymphocytic leukaemia.	x		08/03/2007	8	On Trust formulary, no MMC application received. Chemotherapy if recommended would most likely be offered at the Christie hospital
Breast cancer - gemcitabine (**TA116**)	24/01/2007	**Gemcitabine** with **paclitaxel** – recommended as an option for the treatment of metastatic breast cancer only when docetaxel monotherapy or docetaxel plus capecitabine are also considered appropriate.	x		08/02/2007	15	On Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (08/02/07)
Colorectal cancer (metastatic) - bevacizumab and cetuximab (**TA118**) (partially updated by TA242)	24/01/2007	**Bevacizumab** with 5-fluorouracil plus folinic acid, with or without irinotecan – not recommended for the 1st-line treatment of metastatic colorectal cancer. **Cetuximab** in combination with irinotecan – not recommended for the 2nd-line or subsequent treatment of metastatic colorectal cancer after the failure of an irinotecan containing chemotherapy regimen.	x		08/02/2007	15	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital (08/02/07)
Hyperparathyroidism - cinacalcet (**TA117**)	24/01/2007	**Cinacalcet** – not recommended for the routine treatment of 2RY hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy. **Cinacalcet** – recommended for the treatment of refractory 2RY hyperparathyroidism in patients with end-stage renal disease (including those with calciphylaxis)	x		08/07/2004	-930	MMC approved for this indication (08/07/04) as per NICE (08/02/07). Renal Consultants not yet confirmed compliance
Drug misuse - methadone and buprenorphine (**TA114**)	24/01/2007	**Methadone** & **buprenorphine** (oral), using flexible dosing regimens – recommended as options for maintenance therapy in the management of opioid dependence. **Methadone** & **buprenorphine** should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care.	x		08/02/2007	15	MMC approved for this indication as per NICE (08/02/07).
Drug misuse - naltrexone (**TA115**)	24/01/2007	**Naltrexone** – recommended as a treatment option in detoxified formerly opioid-dependent people who are highly motivated to remain in an abstinence programme.	x		08/02/2007	15	MMC approved for this indication as per NICE (08/02/07).

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Breast cancer (early) - hormonal treatments (**TA112**)	22/11/2006	**Anastrozole** – recommended for 1RY adjuvant therapy. **Exemestane** – recommended for adjuvant therapy following 2-3 years of adjuvant tamoxifen therapy. **Letrozole** – recommended for 1RY adjuvant therapy and extended adjuvant therapy following standard tamoxifen therapy.	x		14/12/2006	22	On Trust formulary, chemotherapy if recommended would be offered at the Christie hospital (14/12/06)
Breast cancer (early) - paclitaxel (**TA108**)	27/09/2006	**Paclitaxel** – not recommended for the treatment of women with early node-positive breast cancer.	x		12/10/2006	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (12/10/06)
Breast cancer (early) - docetaxel (**TA109**)	27/09/2006	**Docetaxel** with **doxorubicin** & **cyclophosphamide** – recommended as an option for the adjuvant treatment of women with early node-positive breast cancer.		x	12/10/2006	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (12/10/06)
Breast cancer (early) - trastuzumab (**TA107**)	23/08/2006	**Trastuzumab** – given at 3-week intervals for 1 year or until disease recurrence recommended as a treatment option for women with early-stage HER2-positive breast cancer following surgery, chemotherapy (neoadjuvant or adjuvant) & radiotherapy (if applicable).		x	14/09/2006	22	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (14/09/06)
Hepatitis C - peginterferon alfa and ribavirin (**TA106**)	23/08/2006	**Peginterferon alfa-2a** & **ribavirin** or **peginterferon alfa-2b** & **ribavirin** – recommended for the treatment of mild chronic hepatitis C. Monotherapy with **peginterferon alfa-2a** or **peginterferon alfa-2b** – recommended for the treatment of mild chronic hepatitis C for people who are unable to tolerate ribavirin, or for whom ribavirin is contraindicated.	x		11/09/2003	-1077	MMC approved for this indication (11/09/03) as per NICE (14/09/06). Gastroenterology Consultants confirmed compliance (14/08/09)
Psoriasis - efalizumab and etanercept (**TA103**)	26/07/2006	**Etanercept** – recommended at a dose not exceeding 25mg twice weekly for the treatment of adults with plaque psoriasis. **Efalizumab** – recommended for the treatment of adults with plaque psoriasis, only if psoriasis has not responded to etanercept or they are intolerant of, or have contraindications to etanercept.	x		08/08/2006	13	Etanercept MMC approved for this indication as per NICE (08/08/06). Efalizumab not on Trust formulary
Prostate cancer (hormone-refractory) - docetaxel (**TA101**)	28/06/2006	**Docetaxel** – recommended as a treatment option for men with hormone-refractory metastatic prostate cancer only if their Karnofsky performance-status score is 60% or more.		x	10/07/2006	12	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (10/07/06)
Colon cancer (adjuvant) - capecitabine and oxaliplatin (**TA100**)	26/04/2006	**Capecitabine** monotherapy – recommended as options for the adjuvant treatment of patients with stage III (Dukes' C) colon cancer following surgery. **Oxaliplatin** with **5-fluorouracil** & **folinic acid** – recommended as options for the adjuvant treatment of patients with stage III (Dukes' C) colon cancer following surgery		x	08/05/2006	12	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (08/05/06). Colorectal Consultants deemed not applicable (13/08/09)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Renal transplantation - immunosuppressive regimens for children and adolescents (**TA99**)	26/04/2006	**Basiliximab** or **daclizumab** – recommended as options for induction therapy in the prophylaxis of acute organ rejection in children & adolescents undergoing renal transplant. Drug with the lowest acquisition cost should be used, unless contraindicated. **Tacrolimus** – recommended as an alternative to ciclosporin when a calcineurin inhibitor is indicated as part of initial or a maintenance regimen for renal transplant in children & adolescents. **Mycophenolate mofetil** (MMF) – recommended as an option as part of an regimen for child & adolescent renal transplant recipients o **MMF** in corticosteroid reduction or withdrawal strategies for child & adolescent renal transplant recipients – recommended only within the context of randomised clinical trials. **Mycophenolate sodium** (MPS) – not recommended for use as part of an regimen in child or adolescent renal transplant recipients. **Sirolimus** – not recommended for children or adolescents undergoing renal transplantation except when proven intolerance to calcineurin inhibitors necessitates the withdrawal of these treatments.	x		09/09/1999	-2421	Basiliximab approved 09/09/99; Daclizumab withdrawn 10/04/08; Tacrolimus MR approved (13/09/07); MMF not MMC approved but on Trust formulary; MPS approved (14/04/05) but not on Trust formulary; Sirolimus approved (08/11/01). All drugs are on formulary for this indication. Paediatric Renal Consultants deemed guidance out of date and not applicable (11/04/12)
			11	4			
			% "Yes"	**% "N/A"**	_	**Average implement time** (days)	
Adherence statistics for 2006-07			73%	27%		**-283**	

NICE Technology Appraisals About Medicines: Formulary Adherence Checklist

Central Manchester University Hospitals NHS Foundation Trust

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Technology appraisal (TA) Titles are hyperlinks to full guidance	***Date of TA Release***	***Availability of medicine for NHS patients with this medical condition, as indicated by NICE***	***Adherence of local formulary to NICE***				
			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
2000-06							
Attention deficit hyperactivity disorder (ADHD) - methylphenidate, atomoxetine and dexamfetamine (review) (**TA98**)	22/03/2006	**Methylphenidate**, **atomoxetine** & **dexamfetamine** – recommended as options for the management of ADHD in children and adolescents	x		05/06/2002	-1386	Methylphenidate MMC approved (05/06/02); atomoxetine MMC approved (07/04/04). All drugs on Trust formulary for this indication. Compliance confirmed by Paediatric Psychiatry (13/06/12)
Hepatitis B (chronic) - adefovir dipivoxil and pegylated interferon alpha-2a (**TA96**)	22/02/2006	**Peginterferon alfa-2a** and **Adefovir dipivoxil** – recommended as options for the treatment of adults with chronic hepatitis B (HBeAg-positive or HBeAg-negative)	x		10/07/2003	-958	Peginterferon alfa-2a approved (11/09/03); Adefovir approved (10/07/03). Both drugs on Trust formulary for this indication. Gastroenterology consultants confirmed compliance
Cardiovascular disease - statins (**TA94**)	25/01/2006	**Statin** therapy is recommended for adults with clinical evidence of CVD	x		11/09/2003	-867	Rosuvastatin MMC approved (11/09/03). All drugs (simvastatin, atorvastatin, rosuvastatin & pravastatin) are on the formulary for this indication. MMC approved NICE guidelines (09/02/06). NICE compliance confirmed
Ovarian cancer (advanced) - paclitaxel, pegylated liposomal doxorubicin hydrochloride and topotecan (review) (**TA91**)	25/05/2005	**Paclitaxel** with **carboplatin** or **cisplatin** – recommended as an option for the 2nd-line (or subsequent) treatment of women with platinum (Pt) sensitive or partially Pt-sensitive advanced ovarian cancer, except in women who are allergic to Pt based compounds. **Paclitaxel; Pegylated liposomal doxorubicin hydrochloride (PLDH) & Topotecan** – recommended as an option for 2nd line (or subsequent) treatment of women with Pt-refractory or Pt-resistant advanced ovarian cancer, and for women who are allergic to Pt-based compounds.		x	09/06/2005	15	All drugs apart from cisplatin are non-formulary. chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (09/06/05)
Gastrointestinal stromal tumours - imatinib (**TA86**)	22/09/2004	**Imatinib** – recommended as 1st-line management of people with KIT (CD117)-positive unresectable and/or KIT (CD117)-positive metastatic gastro-intestinal stromal tumours (GISTs).		x	14/10/2004	22	Not MMC approved for this indication. Surgical Team confirmed that tumours referred to Christie Hospital for chemotherapy (20/01/10). MMC deemed not applicable (14/10/04)
Renal transplantation - immuno-suppressive regimens (adults) (**TA85**)	22/09/2004	**Basiliximab** or **daclizumab** – recommended as options for induction therapy in the prophylaxis of acute organ rejection in adults undergoing renal transplantation. **Tacrolimus**, **Mycophenolate mofetil** & **Sirolimus** – recommended for adults as an option as part of an immunosuppressive regimen	x		14/10/2004	22	Basiliximab MMC approved 09/09/99; Daclizumab withdrawn 10/04/08; Tacrolimus MR MMC approved (13/09/07); MMF not MMC approved but on Trust formulary; Sirolimus MMC approved (08/11/01). All drugs are on formulary for this indication. MMC approved NICE guidance (14/10/04). Renal Consultants confirmed compliance (18/08/09)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Atopic dermatitis (eczema) - topical steroids (**TA81**)	25/08/2004	**Topical corticosteroids** – recommended for once or twice daily application for atopic eczema. Where more than one alternative topical corticosteroid is considered clinically appropriate within a potency class, the drug with the lowest acquisition cost should be prescribed.	x		09/09/2004	15	Trust formulary contains mild, moderate, potent and very potent preparations of Hydrocortisone, Betamethasone & Clobetasone. MMC approved NICE (09/09/04). Dermatology Consultants conformed compliance (19/08/09).
Atopic dermatitis (eczema) - pimecrolimus and tacrolimus (**TA82**)	25/08/2004	**Tacrolimus** & **pimecrolimus** – not recommended for mild atopic eczema or as 1st-line treatments for atopic eczema of any severity. **Tacrolimus** – recommended as an option for the 2nd -lin treatment of moderate to severe atopic eczema in adults & children aged 2yrs & older that's not been controlled by topical corticosteroids. **Pimecrolimus** – recommended as an option for the 2nd line treatment of moderate atopic eczema on the face & neck in children aged 2 to 16 years that has not been controlled by topical corticosteroids.	x		14/11/2002	-650	Tacrolimus MMC approved (14/11/02); Pimecrolimus MMC approved (13/11/03). MMC approved NICE guidelines (09/09/04). Dermatology Consultants confirmed compliance (19/08/09)
Acute coronary syndromes - clopidogrel (**TA80**)	28/07/2004	**Clopidogrel** with low-dose aspirin – recommended for use in the management of non-STsegment-elevation ACS in people who are at moderate to high risk of MI or death.	x		12/08/2004	15	On Trust formulary for this indication. Clopidogrel first approved in (09/12/99) for stent patients intolerant of aspirin. MMC approved NICE (12/08/04). Cardiology Consultants confirmed compliance (21/08/09)
Insomnia - newer hypnotic drugs (**TA77**)	28/04/2004	Hypnotic drug therapy is considered appropriate for the management of severe insomnia interfering with normal daily life, it is recommended that hypnotics should be prescribed for short periods of time only, in strict accordance with their licensed indications.	x		13/05/2004	15	Zopiclone only drug on Trust formulary, however no MMC application received. MMC approved guidelines (13/05/04).
Hepatitis C - pegylated interferons, ribavirin and alfa interferon (**TA75**)	28/01/2004	**Peginterferon alfa** & **ribavirin** – recommended for the treatment of people aged ≥18yrs with moderate to severe chronic hepatitis C.	x		11/09/2003	-139	Peginterferon alfa-2a approved (11/09/03); Ribavirin approved (11/09/03). Both drugs on Trust formulary for this indication. MMC approved NICE guidance (12/02/04). Gastroenterology consultants confirmed compliance (14/08/09).
Leukaemia (chronic myeloid) - imatinib (**TA70**) (partially updated by TA241 and TA251)	22/10/2003	**Imatinib** – recommended 1st-line for Philadelphia-chromosome-positive CML in the chronic phase. **Imatinib** – recommended as an option for Philadelphia-chromosome-positive CML who initially present in the accelerated phase or with blast crisis. Additionally, as an option for people who present in the chronic phase & then progress to the accelerated phase or blast crisis if they have not received imatinib previously.	x		08/11/2001	-713	MMC approved for this indication (08/11/01). MMC approved NICE (09/10/03). Haematology consultants yet to confirm compliance.

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Macular degeneration (age-related) - photodynamic therapy (**TA68**)	24/09/2003	**Photodynamic therapy (PDT)** – recommended for the treatment of wet age-related macular degeneration for individuals who have a confirmed diagnosis of classic with no occult subfoveal choroidal neovascularisation (CNV) and best- corrected visual acuity 6/60 or better. **PDT** – not recommended for the treatment of people with predominantly classic subfoveal CNV associated with wet age-related macular degeneration.	x		09/10/2003	15	Verteporfin MMC approved (08/03/01). MREH Consultants stated guidance not applicable. MMC approved NICE guidelines (09/10/03)
Non-Hodgkin's lymphoma - rituximab (**TA65**)	24/09/2003	**Rituximab** recommended in combination with a regimen of **cyclophosphamide**, **doxorubicin**, **vincristine** and **prednisolone** (CHOP) for the 1st-line treatment of people with CD20-positive diffuse large-B-cell lymphoma at clinical stage II, III or IV. **Rituximab** is not recommended for use when CHOP is contraindicated.	x		09/10/2003	15	Not MMC approved for this indication. Rituximab is on Trust formulary. MMC approved NICE guidelines (09/10/03). Haematology Consultants confirmed compliance (21/08/09)
Growth hormone deficiency (adults) - human growth hormone (**TA64**)	27/08/2003	**Recombinant human growth hormone (somatropin)** – recommended for the treatment of growth hormone (GH) deficiency.	x		11/09/2003	15	On Trust formulary for this indication, no MMC application received. MMC approved NICE (11/09/03). Paediatric Endocrinology Consultants confirmed compliance (25/08/09)
Colorectal cancer - capecitabine and tegafur uracil (**TA61**)	28/05/2003	**Capecitabine** or **tegafur** with **uracil** (in combination with **folinic acid**) oral therapy is recommended as an option for the 1st-line treatment of metastatic colorectal cancer.		x	12/06/2003	15	Not on Trust formulary for this indication, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (12/06/03). Colorectal Consultants confirmed not applicable (13/08/09)
Ovarian cancer - paclitaxel (review) (**TA55**)	22/01/2003	**Paclitaxel** in combination with **cisplatin** or **carboplatin** recommended as alternatives for 1st line chemotherapy (following surgery) to treat ovarian cancer. **Paclitaxel** - **NOT RECOMMENDED as** 2nd line (or subsequent) therapy in women with ovarian cancer who have received the drug as part of their 1st line treatment. For women who have not received paclitaxel as part of 1st line treatment, it should be considered as one option alongside other drugs licensed for 2nd line treatment of ovarian cancer.		x	13/02/2003	22	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital. Deemed not applicable by MMC (13/02/03)
Diabetes (types 1 and 2) - long acting insulin analogues (**TA53**)	25/12/2002	**Insulin glargine** recommended as a treatment option for people with T1DM. **Insulin glargine** is not recommended for routine use for people with T2DM who require insulin therapy. **Insulin glargine** treatment should be considered only for those people with T2DM who require insulin therapy and require assistance from a carer or healthcare professional to administer their insulin; those whose lifestyle is significantly restricted by recurrent symptomatic hypoglycaemic episodes; those who would otherwise need twice-daily basal insulin injections in combination with oral antidiabetic drugs.	x		12/09/2002	-104	MMC approved for this indication (12/09/02). MMC approved NICE (09/01/03). Diabetes Centre Consultants confirmed compliance.

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Myocardial infarction - thrombolysis (**TA52**)	23/10/2002	The choice of thrombolytic drug (**alteplase**, **reteplase**, **streptokinase** or **tenecteplase**) should take account of: • the likely balance of benefit and harm (for example, stroke) to which each of the thrombolytic agents would expose the individual patient. Where pre-hospital delivery of thrombolytic drugs is considered a beneficial approach as part of an emergency care pathway for AMI, the practicalities of administering thrombolytic drugs in pre-hospital settings mean that the bolus drugs (reteplase or tenecteplase) are recommended as the preferred option.	x		14/11/2002	22	Alteplase MMC approved (11/03/04). Alteplase, reteplase, streptokinase & urokinase are on Trust formulary for this indication. MMC approved NICE guidelines (14/11/02)
Acute coronary syndromes - glycoprotein IIb/IIIa inhibitors (review) (**TA47**) (partially updated by CG94)	25/09/2002	**Glycoprotein IIb/IIIa (GP IIb/IIIa) inhibitors** should be considered part of the management pathway for unstable angina or NSTEMI (including other pharmacological intervention, early coronary angiography with a view to revascularisation either by PCI or CABG). IV glycoprotein IIb/IIIa (GP IIb/IIIa) inhibitor (**eptifibatide** or **tirofiban**), in addition to **aspirin** and **unfractionated heparin**, is recommended as part of the initial medical management of patients with unstable angina or NSTEMI who are at high risk of subsequent myocardial infarction	x		12/07/2001	-440	Eptifibatide MMC approved (12/07/01). All GP IIb / IIIa inhibitors on Trust formulary for this indication. MMC approve NICE guidelines (10/10/02). Cardiology Consultants confirmed compliance
Arthritis (juvenile idiopathic) - etanercept (**TA35**)	27/03/2002	**Etanercept** is recommended for children aged 4 to 17 years with active polyarticular-course juvenile idiopathic arthritis whose condition has not responded adequately to, or who have proved intolerant of, methotrexate.	x		11/01/2001	-440	Paediatric MMC approved (11/01/01). On Trust formulary for this indication. MMC approved guidelines (11/04/02). Paediatric Rheumatologists confirmed compliance (02/07/12)
Asthma (older children) - inhaler devices (**TA38**)	27/03/2002	It is recommended that in addition to therapeutic need (including drug & dose), the following be taken into account when choosing inhaler devices for individual children with chronic asthma: • the ability of the child to develop and maintain an effective technique with the specific device • the suitability of a device for the child's and carer's lifestyles, considering factors such as portability and convenience • the child's preference for and willingness to use a particular device.	x		11/04/2002	15	MMC approved guidelines (11/04/02). Paediatric Respiratory Consultants confirmed compliance (30/03/12)

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Breast cancer - trastuzumab (**TA34**)	27/03/2002	**Trastuzumab** in combination with **paclitaxel** is recommended as an option for people with tumours expressing HER2 scored at levels of 3+ who have not received chemotherapy for metastatic breast cancer & in whom anthracycline treatment is inappropriate. **Trastuzumab** monotherapy - recommended as an option for people with tumours expressing HER2 scored at levels of 3+ who have received at least two chemotherapy regimens for metastatic breast cancer. Prior chemotherapy must have included at least an anthracycline & a taxane where these treatments are appropriate. It should also have included hormonal therapy in suitable oestrogen receptor positive patients.		x	11/04/2002	15	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (11/04/02)
Multiple sclerosis - beta interferon and glatiramer acetate (**TA32**)	23/01/2002	**Beta interferon** and **glatiramer acetate** - **NOT RECOMMENDED** for the treatment of Multiple Sclerosis.	x		14/02/2002	22	Not on Trust formulary, Neurology consultants stated if prescribed would be at Disease Modifying Treatment Clinic, SRFT (13/08/09), deemed not applicable by MMC (14/02/02)
Leukaemia (lymphocytic) - fludarabine (**TA29**)	26/09/2001	**Fludarabine** (oral) - recommended as 2nd-line therapy for B-cell CLL for patients who have either failed, or are intolerant of, 1st-line chemotherapy, and who would otherwise have received combination chemotherapy of either: ● cyclophosphamide, doxorubicin, vincristine and prednisolone (CHOP) ● cyclophosphamide, doxorubicin and prednisolone (CAP) or ● cyclophosphamide, vincristine and prednisolone (CVP)g Oral formulation of fludarabine is preferred to the intravenous formulation on the basis of more favourable cost effectiveness. Intravenous fludarabine should only be used when oral fludarabine is contra-indicated.	x		11/10/2001	15	On Trust formulary for this indication. No MMC application. MMC approved NICE guidelines (11/10/01). Haematology Consultants confirmed compliance
Pancreatic cancer - gemcitabine (**TA25**)	23/05/2001	**Gemcitabine** - recommended as a treatment option for patients with advanced or metastatic adenocarcinoma of the pancreas and a Karnofsky performance score of 50 or more, where 1st line chemotherapy is to be used. **Gemcitabine** - not recommended for patients who are suitable for potentially curative surgery, or patients with a Karnofsky score of less than 50. G**emcitabine** - not recommended as 2nd-line treatment in patients with pancreatic adenocarcinoma.	x		14/06/2001	22	On Trust formulary. No adult MMC application. MMC approved NICE guidelines (14/06/01). Hepatobiliary Consultants confirmed chemotherapy if recommended would be offered at the Christie hospital (02/09/09).

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			Yes	***N/A***	***Date of local decision*** *(DD/MM/YY)*	***Time to implement*** *(days)*	***Notes*** *(e.g. rationale, method of making available)*
Brain cancer - temozolomide (**TA23**)	25/04/2001	**Temozolomide -** recommended for patients with recurrent malignant glioma who have failed 1st line chemo treatment with other agents. Such patients must have a histologically proven malignant glioma (WHO grades III and IV, or transformed grade II), Karnofsky performance status ≥70 and a projected life expectancy of 12 weeks or more. **Temozolomide** - not recommended for 1st line chemo in patients with malignant glioma who have failed primary therapy (surgery &/or radiotherapy), except in the context of a randomised controlled trial against a standard-treatment comparator.		x	12/04/2001	-13	Not on Trust formulary, chemotherapy if recommended would be offered at the Christie hospital, deemed not applicable by MMC (12/04/01)
Motor neurone disease - riluzole (**TA20**)	24/01/2001	**Riluzole** – recommended for the treatment of individuals with the amyotrophic lateral sclerosis (ALS) form of Motor Neurone Disease (MND).		x	08/02/2001	15	Not MMC approved, not on Trust formulary. MMC approved guidelines (08/02/01). Neurology Consultants confirmed treatment would not be offered at CMFT, prescribed @ Disease Modifying Treatment Clinic SRFT (13/08/09)
Asthma (children under 5) - inhaler devices (**TA10**)	23/08/2000	Children under the age of ≤5 yrs with chronic stable asthma both corticosteroids & bronchodilator therapy should be routinely delivered by pressurised metered dose inhaler (pMDI) & spacer system, with a facemask where necessary. Where this combination is not clinically effective for the child & depending on the condition, nebulised therapy may be considered & in the case of children aged 3 to 5 years, a dry powder inhaler (DPI) may also be considered.	x		14/09/2000	22	MMC approved guidelines (14/09/00). Paediatric Respiratory Consultants confirmed compliance (02/09/09)
			22	7			
			% "Yes"	**% "N/A"**	**_**	**Average implement time** (days)	
Adherence statistics for 2000-06			76%	24%		**-185**	